

දුරකථන) 0112669192 , 0112675011
தொலைபேசி) 0112698507 , 0112694033
Telephone) 0112675449 , 0112675280

ෆැක්ස්) 0112693866
பெக்ஸ்) 0112693869
Fax) 0112692913

විද්‍යුත් තැපෑ,) postmaster@health.gov.lk
மின்னஞ்சல் முகவரி)
e-mail)

වෙබ් අඩවිය) www.health.gov.lk
இணையத்தளம்)
website)



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சுகாதாரம் மற்றும் சுதேசவைத்தியஅமைச்சு
Ministry of Health & Indigenous Medical Services

All Provincial Directors and Regional Directors of Health Services
All Heads of Institutions

Screening and management of healthcare workers following exposure to a confirmed/suspected case of COVID-19 (V2 dated - 01.04.2020)

With possible increase in the number of COVID-19 cases, frontline healthcare workers (HCW) are at higher risk of exposure.

This circular is to provide a standard screening tool and disposition for healthcare workers who have been exposed to a confirmed/suspected case of COVID-19. It will provide appropriate quarantine and testing to ensure the safety of HCW and build confidence in continuing to work. Disposition of the HCW following exposure to confirmed/ suspected case of COVID-19 will depend on their level risk of exposure and development of symptoms in the HCW. This circular has three parts:

1. Assessment of the level of risk associated with the exposure
2. Protocol for Asymptomatic HCW/ member of staff according to the level of risk
3. Protocol for Symptomatic HCW/ member of staff according to the level of risk

1. Assessment of the level of risk associated with the exposure of a HCW/Member of staff exposed to a confirmed*/ probable# COVID 19 patient

***confirmed COVID 19 patient** - A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

#probable COVID 19 patient - A suspect case for whom testing for the COVID-19 virus is inconclusive. ('Inconclusive' herein refers to an inconclusive result of the test reported by the laboratory or a suspect case for whom testing could not be performed for any reason)

For a HCW to be considered as having been exposed, the exposure should have taken place within a period of 48 hours before the onset of the symptoms and up to 14 days after the onset of symptoms in the patient.

In the event of an exposure to an asymptomatic case, the period of contact is measured as the 48 hours before the date on which the sample which led to confirmation was taken and up to 14 days after the date of which the sample was taken.

Assessing the “risk of exposure”

Should be done preferably by a committee appointed by the hospital

This committee should comprise of the head of the institution, consultant microbiologist/ virologist, consultant physician/ respiratory physician, intensivist/anaesthetist, and infection control medical/nursing officer of the hospital.

To assess the risk of exposure the following 5 questions should be asked:

1. Did you have **face-to-face contact (within 1 metre)** with a confirmed or probable COVID-19 patient for more than 15 minutes, without you and/or the patient wearing surgical face masks?
2. Did you have a **direct physical contact** when providing care to a confirmed or probable COVID-19 patient without wearing appropriate PPE?
3. Were you present when any **aerosol-generating procedures** were performed on a confirmed or probable COVID 19 patient, without wearing appropriate PPE?
4. Was there a **splashing of secretions on to the mucus membrane** when providing care for a confirmed or probable COVID 19 patient?
5. Did you have any health care interactions with a confirmed or probable COVID 19 patient **without** appropriate personal protective equipment (PPE)? (for PPE refer, updated guidelines on rational use of PPE at www.epid.gov.lk)

The level of risk is determined as follows:

High risk	If the answer is YES to ANY of the above questions for a confirmed COVID 19 patient
Moderate risk	If the answer is YES to ANY of the above questions for a probable COVID 19 patient
Low risk (protected exposure)	If the answer is NO to ALL of the above questions for a probable or confirmed COVID 19 patient And Other situations as indicated by local risk assessments

Further management of the HCW is as follows:

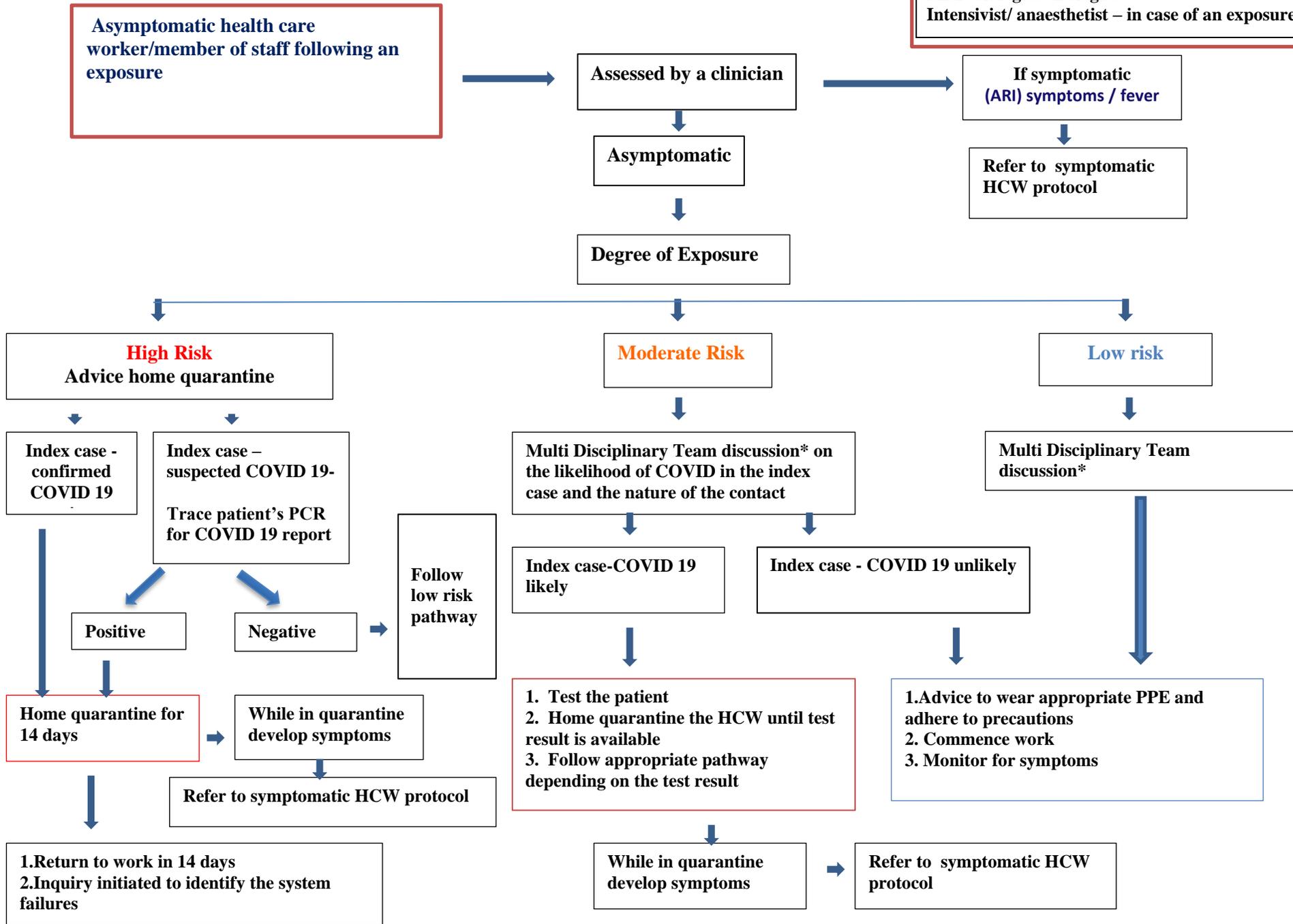
If Asymptomatic → Asymptomatic HCW flow chart

If Symptomatic → Symptomatic HCW protocol

Exposures of healthcare workers should be directly notified immediately to the Epidemiology Unit (Annexure 1).

2. Asymptomatic HCW protocol:

***MDT team – Head of institution/Respiratory Physician/
Second physician
Microbiologist/virologist
Intensivist/ anaesthetist – in case of an exposure in the ICU**



3. Symptomatic health care worker/member of staff protocol

HCW - Unwell with Acute Respiratory Infection (ARI) symptoms / fever with an exposure to a confirmed/ suspected COVID 19 patient

Should be assessed by a committee appointed by the hospital

This committee should comprise of the head of the institution, consultant physician/ respiratory physician, intensivist/anaesthetist, consultant microbiologist/virologist and infection control-nursing officer of the hospital

3.1 Management of the HCW

In case of a “High risk” exposure – test the HCW

- The health care worker should be assessed and investigated in an isolation area
- Swabs for PCR for COVID 19 and other appropriate investigations should be sent and traced as early as possible.
- Until the result is known the HCW be kept in the isolation area.
- If the PCR for COVID 19 is positive – **All confirmed cases should be transferred to a COVID-19 Treatment Centre.**
- If the PCR for COVID 19 is negative,
 - Investigate and continue appropriate management
 - Assess fitness for discharge from hospital
 - If not fit for discharge, manage in an isolation area
 - If fit for discharge - should be home quarantined for 14 days

In case of “Moderate risk” exposure – test the HCW

- The health care worker should be assessed and investigated for COVID 19 and other possible causes in an isolation area
- Swabs for PCR for COVID 19 should be sent and traced as early as possible.
- Until the result is known the HCW be kept in the isolation area and managed appropriately
- If the PCR for COVID 19 is positive – **All confirmed cases should be transferred to a COVID-19 Treatment Centre.**
- If the PCR for COVID 19 is negative,
 - test the index case (probable COVID suspect)
 - assess for another cause
 - assess fitness for discharge from hospital
 - If not fit for discharge, manage in an isolation area until the COVID status of the index case is determined

- if the index case is COVID positive or the status of the index case cannot be determined – quarantine the HCW for 14 days
- If the index case is negative for COVID 19, and the HCW is fit to work, report to work. (Quarantine is not necessary)

In case of a “Low risk” exposure – Do not test the HCW

- Investigate and treat the underlying cause
- Quarantine is not necessary
- Continue working if fit to work

3.2 Document in the Incident register (Annexure 02)

All healthcare centers should have an incident register.

Any health care worker presenting with symptoms suggestive of an acute respiratory infection +/- fever with an exposure to confirmed/suspected COVID 19 patient should be registered in the incident register (Annexure 02)

The names and contact details of the HCW (in both symptomatic and asymptomatic categories) for whom quarantine is recommended should be sent to the epidemiology unit (see Annexure 01).

3.3 Procedure for granting Leave

When a HCW is quarantined for a duration of 14 days he/she is entitled to special leave with full pay.

When a HCW is kept for testing for COVID 19, the duration taken for testing is covered with special leave.

However, if he/she has no evidence of COVID 19 but does not report for work due to ill health he/she has to provide a medical certificate to qualify for medical leave.

Decision to approve the leave – should be done by a multidisciplinary team (MDT). The members of the MDT team should comprise of technical members and administrative members of the health care institution, led by the head of the institution.

All PDHS/RDHS and Hospital Directors should make the necessary arrangements according to this circular, and note that this circular may be updated according to the condition of the country and will be informed accordingly.

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 Dr. Anil Jasinghe
 Director General of Health Services

Dr. Anil Jasinghe
 Director General of Health Services
 Ministry of Health & Indigenous Medicine Services
 "Suwasiripaya"
 385, Rev. Baddegama Wimalawansa Thero Mawatha,
 Colombo 10.

CC: Secretary of Health
 All additional secretaries
 All DDGs
 Chief Epidemiologist
 Director of Health Promotion Bureau

Director (MS)
 Presidents of relevant professional colleges

Annexure 01: Notification Form (Proposed Template)

Name	Age	Gender	Designation	Contact number	Present address	Permanent address	Date of last exposure	Place of quarantine

Exposures of Healthcare workers should be immediately notified to the Epidemiology Unit by the attending clinician/head of institution by phone (011-2695112, 011-4740490, 011-4740491, 011-4740492, 011-2681548).

Annexure 02:

Proposed Incident Form – Following exposure to a COVID 19 confirmed/suspected patient

General information

Date:
Name:
Date of Birth:
Sex:
Permanent Address:
Current Address:
Telephone No.
Designation
Place of work

Details of the exposure –

Date:/...../..... Time: a.m./p.m.
Duration: Nature of exposure:
Institution/department/place that the exposure occurred:
Details of the COVID-19 suspected/confirmed patient:
.....

Type of PPE used – please tick

- Full PPE
- N95mask
- Medical mask
- Goggles
- No PPE

Symptoms at presentation with duration

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Details of other members that were exposed at the same time:

Names/symptoms at presentation with duration.

(A separate incident form should be filled for each HCW)

Name	Symptoms	Duration