

Implementing Safety Practices for Staff Members at the
Queen Elizabeth Hospital
In the Current Covid19 Pandemic

Interim Guidance on Staff Exposure



JANUARY 2, 2021
THE QUEEN ELIZABETH HOSPITAL

Table of Contents

Aim	3
Definitions and Action Items:.....	4
Defining contacts.....	4
Potential Exposure.....	4
Pre- Screening.....	4
Regular monitoring.....	4
Wear a mask.....	4
Physical Distancing.....	4
Exposure Assessment.....	5
Exposure to a Contact.....	5
Sick at work.....	6
Appendix 1	7
CHECKLIST FOR RISK ASSESSMENT AND DOCUMENTATION.....	7
High Risk.....	7
Low Risk	8
Fig 1 *ACTION if potential exposure is at WORK	9
Fig 2 *ACTION if potential exposure from the COMMUNITY.....	10

THE QUEEN ELIZABETH HOSPITAL	
SUBJECT: Implementing Safety Practices for Staff Members at the Queen Elizabeth Hospital In the Current Covid19 Pandemic	REFERENCE: DMS & HPIC
DEPARTMENT: Medical Services	EFFECTIVE: January 3rd 2020
APPROVED BY: Board of Directors	REVISED:
DATE APPROVED: January 3rd 2020	AUDITED:

Overview

The QEH Board approved on the evening of January 3rd 2020 a comprehensive COVID 19 Phase 2 Strategy & Plan. The plan is built on three pillars: Staff Safety, Patient Safety and maintaining service continuity. This Interim Guidance on how to deal with exposures is a critical plank in our response.

Juliette Bynoe-Sutherland

Executive Chair

January 3, 2021

Implementing Safety Practices for Staff Members at the
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Interim Guidance

1. Aim:

To provide a framework for risk-informed decision making for the workplace during the COVID-19 pandemic at QEH and all campuses.

To ensure health care worker safety, while maintaining continuity of operations of essential functions at the QEH and associated campuses.

1.2. This document applies to all staff employed by the Queen Elizabeth Hospital Board including:

- i. Clinical and non-clinical staff
- ii. Contract staff
- iii. Students
- iv. Volunteers
- v. External Contractors

1.3 All employees are required to wear a face mask at any of the Queen Elizabeth Hospital's facilities. (see mask wearing policy)

1.4 All established Infection, Prevention and Control policies and procedures must continue to be followed.

1.4.1 Prevention and mitigation measures

- Education
- Training
- Enhanced Environmental cleaning
- Social distancing
- Frequent handwashing (with soap and water)
- Rational use of PPE according to guidelines

2.0 Definitions and Action Items:

2.1 Defining contacts

A **CONTACT*** is defined as anyone with the following exposures to a COVID-19 case, from 2 days before to 14 days after the case's onset of illness:

- i. Being within 1 metre of a COVID-19 case for >15 minutes
- ii. Direct physical contact with a COVID-19 case
- iii. Providing direct care for patients with COVID-19 disease without using proper personal protective equipment (PPE)
- iv. Other definitions, as indicated by local risk assessments by MHW.

If confirmed cases are asymptomatic, contacts should be managed in the same way as for a symptomatic case with an exposure period from 2 days before the case was sampled, to 14 days after.

2.2 A **potential exposure** means being a household contact or having close contact within 1-2m (3-6 feet) of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

2.3 Pre-Screen: All staff will be subjected to temperature checks before entering the workplace.

2.4 Regular Monitoring: As long as the staff member does not have a temperature or symptoms, they should self-monitor under the supervision of their Supervisor/Head of Department and in collaboration with Occupational Safety and Health officer and Staff Clinic.

2.5 Wear a Mask: The staff member should wear a face mask at all times while in the workplace. (see Mask Wearing Policy)

2.6 Physical (Social) Distance: The staff member should maintain 6 feet and practice social distancing as work duties permit in the workplace.

2.7 Clean and Disinfect workspaces: Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely and highly touched surfaces like door handles frequently.

DO	DONT
Take your temperature before work	Stay at work if you become ill
Wear a face mask at all times * <i>see guidance on appropriate PPE use</i>	Congregate in the break room or other crowded places
Practice social distancing in the workplace as work duties permit	

3.0 Exposure Assessment

If the Staff Member learns of exposure to a Covid-19 patient*

Staff Members should:

1. On recognizing that the staff member is now technically 'a contact', notify their Supervisor/ Head of Department (HOD) and call the QEH Helpdesk 5364800!
2. Not attend work if they develop symptoms while at home (off-duty) and notify their Supervisor/Head of Department immediately.
3. If symptoms develop at work, put on a (medical grade/ surgical) face mask, immediately inform their Supervisor/HOD, call the QEH Helpdesk who will assist with assessing your re 'risk level' as they may be asked to return home to self-quarantine.
4. If the staff members develop symptoms or they do not get better, or their condition gets worse, they should call the QEH Helpdesk (536-4800). For a medical emergency they should call Emergency Ambulance Service at 511. Kindly provide the relevant information for the appropriate responses for care and treatment.
5. Report!

4.0 Exposure to a Contact

Second and third generation exposure (that is exposure to a contact (2nd) of a contact (3rd) etc., places the staff member at lower risk of contracting Covid-19, than if in contact with someone who is known to be acute Covid-19 positive.

If a staff member learns of exposure to a 'contact'.

- a) Do NOT panic!
- b) Recognize and assess your risk level
- c) Encourage your 'contact' to quarantine, call the Covid hotline (536-4500) and get tested
- d) Call the QEH Helpdesk (536 4800) for further advice
- e) High risk contact (see *Appendix 1*)
- f) Low risk contact (re staff member), you may be asked to continue to work while continuing to be vigilant, wearing a mask and other relevant PPE as appropriate, practicing good hand hygiene
- g) Ensure enhanced environmental cleaning practices.

5.0 If the Staff Member becomes sick at work

5.1 They should contact the Helpdesk. The helpdesk will: contact the staff clinic which will make arrangements to review the staff member. If after hours, the helpdesk may advise that the employee be sent home immediately OR depending on the symptoms may advise that they present to the Accident and Emergency Department.

5.2 Surfaces in their workspace should be cleaned and disinfected.

5.3 Information on persons who had contact with the ill staff member during the time the staff member had symptoms and 2 days prior to symptoms should be compiled.

5.4 Other persons at the Hospital with close contact within 6 feet of the staff member during this time would be considered exposed and should also contact the QEH Helpdesk.

Appendix 1

CHECKLIST FOR RISK ASSESSMENT AND DOCUMENTATION

High Risk

Recommendations for HCWs at high risk for infection:

- Stop all health care interactions with patients for a period of 5 days after the last day of exposure to a confirmed COVID-19 patient.
 - Be tested for COVID-19 same day and completion of quarantine period (day 5).
- Other health exposure risks are to be assessed as per QEH protocols for exposure e.g. HIV HTLV-1 Hep C etc.
- Quarantine for 5 days in a designated setting.
- Avoid contact with people at higher risk for severe illness
- Be alert for symptoms
 - Watch for fever*, cough, or shortness of breath
 - Take temperature if symptoms develop and inform hospital personnel
- Practice social distancing
 - Maintain 6 feet of distance from others
 - Stay out of crowded places as mandated by quarantine

** For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.4oF (38oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).*

- Health care facilities should:
 - Provide formal psychosocial support to HCW during quarantine, or throughout the duration of illness if HCW is confirmed to have COVID-19.
 - Provide review of IPC training for the health care facility staff, including HCWs at high risk for infection after 5-day quarantine period and prior to restart of employment

Low Risk

Recommendations for health care workers at low risk for COVID-19:

- Self-monitor temperature and respiratory symptoms daily for 14 days after the last day of exposure to a COVID-19 patient.
 - HCW can continue to work...
 - HCWs should CALL the QEH helpdesk OR Staff clinic if they develop any symptoms suggestive of COVID-19;
 - If symptoms develop at work, you **MUST** immediately leave the patient care area, isolate yourself and notify your supervisor

- Reinforce contact and droplet precautions when caring for all patients with acute respiratory illness and standard precautions for all patients.

- Reinforce airborne precautions for aerosol-generating procedures on all suspected and confirmed COVID-19 patients.

- Reinforce the rational, correct, and consistent use of personal protective equipment.

- Apply WHO's "*My 5 Moments for Hand Hygiene*" before touching a patient, before any clean or aseptic procedure, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings.

- Practice respiratory etiquette at all times.

Fig 1 *ACTION if potential exposure is at WORK

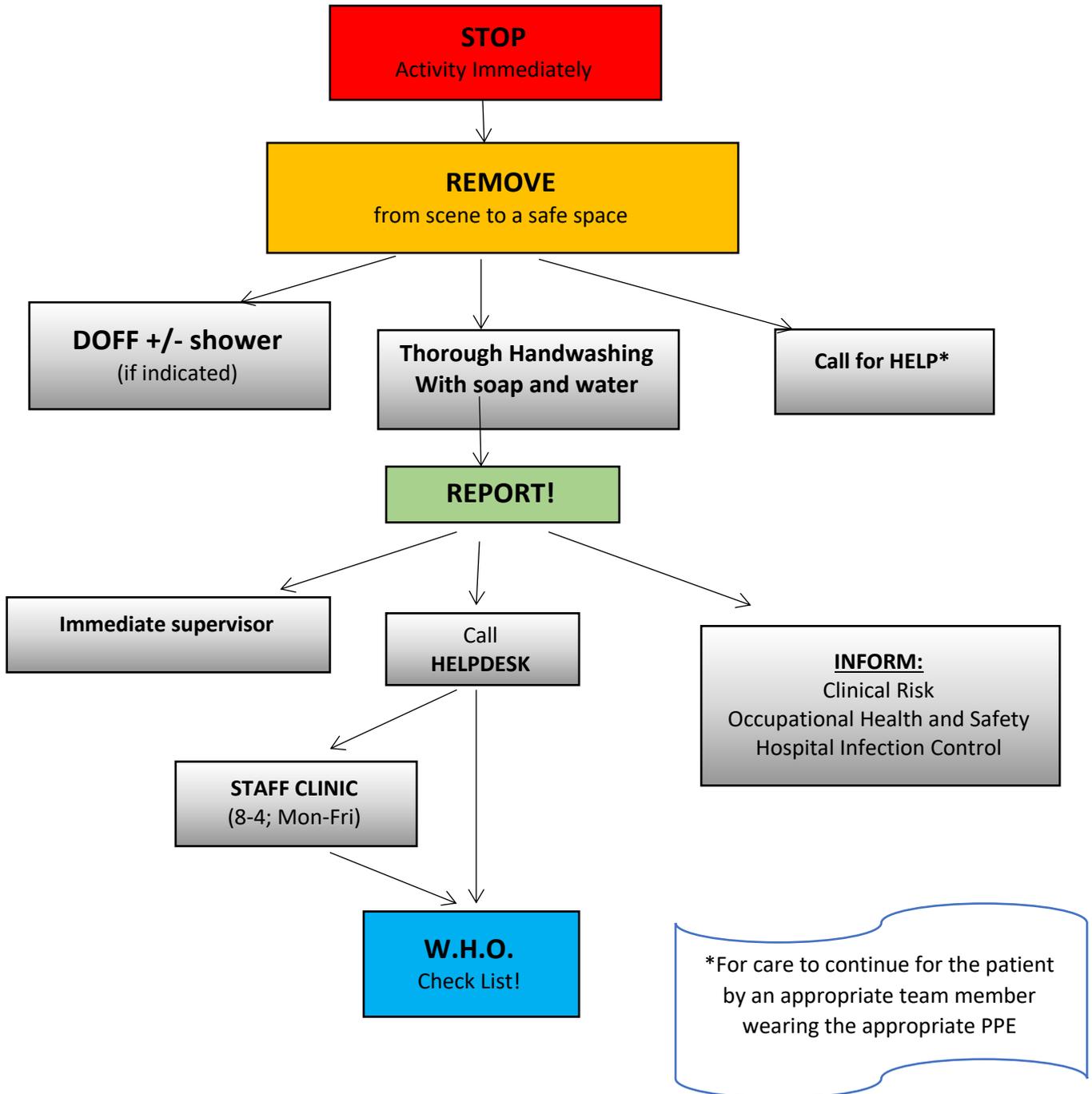
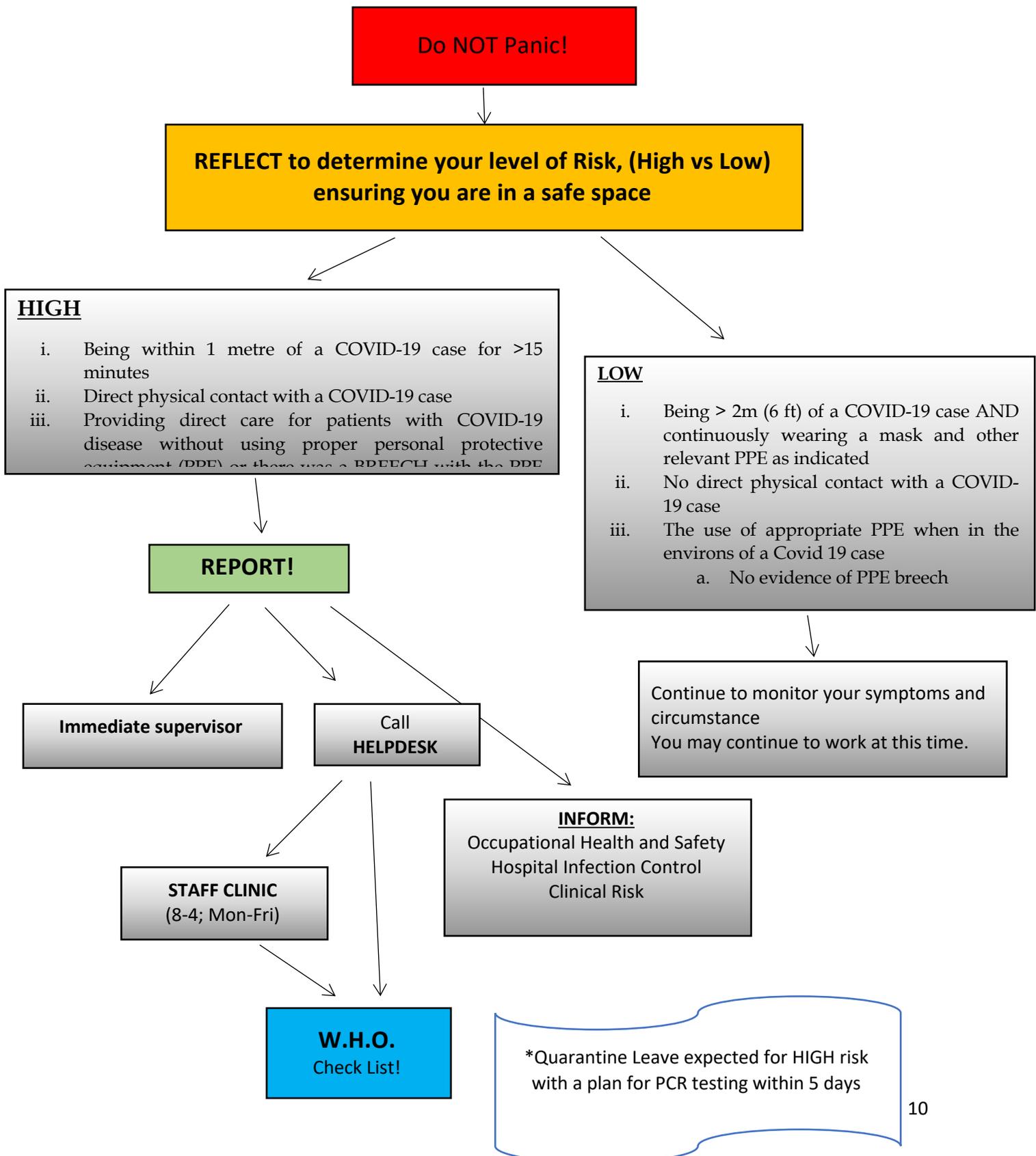


Fig 2 *ACTION if potential exposure from the COMMUNITY

If you have been informed that you were in contact with someone who is diagnosed as Covid-19 POSITIVE or being tested as a SUSPECTED case...



6.0 Staff Return to Work Criteria

6.1 Staff who test **NEGATIVE** for Covid-19 can return to work if they are medically fit to do so, following discussion with their Head of Department in conjunction with Safety and Health and Staff Health and appropriate local risk assessment.

Interpret negative results with caution together with clinical assessment.

6.2 Staff members who test **POSITIVE** for Covid-19 can return to work following two negative tests 24 hours apart and symptom free for 14-days and in consultation with the Infectious Disease (ID) consultant.

The clinical management and care area of staff members will be determined in conjunction with the ID consultant and the patient's clinical condition.

6.3 Staff members reassigned to work with Covid-19 patients do not require viral testing prior to returning to regular work duties. The advice is to wear a surgical mask when interfacing with patients as described above.

6.4 Currently it is unknown how long any immunity to COVID-19 might last. If staff become unwell again, they should self-isolate and may need to be tested again.

6.5 Counseling and psychosocial support is available and arranged with the department of Psychiatry and the Social Work department. This should be arranged by the Staff clinic service and or the Occupational Health and Safety officer (once notified). Other counseling services can be arranged by the Employee Relations Section of the Human Resources department.

7.0 References

1. World Health Organization. Clinical management of COVID-19 (Interim Guidance) <https://www.who.int/publicationsdetail/clinical-management-of-covid-19>, published 27 May 2020.
2. World Health Organization. Coronavirus disease (COVID-19) Situation Report – 129. 28 May 2020. Available at: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200528-covid-19-sitrep129.pdf?sfvrsn=5b154880_2
3. World Health Organization. Criteria for releasing COVID-19 patients from isolation 17 June 2020
4. Guidelines for Referral for testing of Suspected COVID-19 Cases. Ministry of Health and Wellness, Barbados Revised: April 22, 2020
5. World Health Organization. Contact tracing in the context of COVID-19. 10 May 2020

CJW/Jan-21