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MANAGEMENT OF COVID-19 EXPOSURE IN A HEALTHCARE SETTING

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BACKGROUND

Health-care workers (HCWs) are a vulnerable population for coronavirus disease 2019 (COVID19), and their protection is a priority to maintain health-care provision for the public.

All healthcare workers **<u>must strictly adhere</u>** to the public health measures when in close contact settings and standard plus disease based precautions when at work.

The COVID-19 vaccine has provided health workers with additional element of protection to be used in conjunction with these aforementioned precautions.

Vaccines will prevent the progression of the disease to its severe form which may lead to death and <u>ALL</u> HCW must be encouraged to be fully vaccinated.

HCW will be considered fully vaccinated when they have received 2 doses of any two dose series or 1 dose of the single dose series and 2 weeks should have lapsed since last dose.

All Healthcare workers <u>must</u> continue to practice universal masking even after being fully vaccinated as infections in fully vaccinated people (breakthrough infections) can occur.

Most breakthrough infections tend to be mild-moderate, reinforcing that vaccines are an effective and a critical tool for bringing the pandemic under control.

The Ministry of Health and Wellness has produced this guideline to

- Remind all health workers of the principles and practices to be used to minimize infection
- Guide Infection Prevention and Control Focal points in managing these persons

COVID-19 EXPOSURES

Everyone can be exposed to COVID-19 in the context of community spread and this includes the healthcare worker.

For persons who are exposed, the risk of infection is lower for vaccinated persons as well as in situations where personal protective equipment is used.

INFECTION PREVENTION AND CONTROL (IPC) PRINCIPLES

All healthcare workers must adhere to the appropriate infection prevention and control principles and practices while operating in a healthcare setting to minimize the transmission of infection



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HCW must use personal protective equipment based on the risk of exposure (e.g., type of activity) and the transmission dynamics of the pathogen (e.g., contact, droplet or aerosol).

Staff must comply with the following when in a health setting:

Universal masking

- Universal masking means wearing a mask at all times.
- Masks used as part of universal masking are used to protect others from the wearer.
- Persons wearing a mask must also ensure physical distancing of at least two metres (six feet) to prevent exposing themselves to droplets.

Physical distancing

- Physical distancing helps limit the spread of COVID-19
- Keep a distance of at least two metres (6 feet) from each other
- Avoid crowded places or groups.

Standard precautions

Standard precautions reduce the risk of transmission of blood borne and other pathogens from both recognized and unrecognized sources. They are the basic level of infection control precautions which are to be used, as a minimum, in the care of all patients.

Standard precautions consist of the following practices:

- hand hygiene before and after all patient contact
- the use of personal protective equipment, which may include gloves, impermeable gowns, plastic aprons, masks, face shields and eye protection
- the safe use and disposal of sharps
- the use of aseptic "non-touch" technique for all invasive procedures, including appropriate use of skin disinfectants
- reprocessing of reusable instruments and equipment
- routine environmental cleaning
- waste management
- respiratory hygiene and cough etiquette
- appropriate handling of linen.



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Transmission based Precautions

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

They include:

- 1. Droplet precautions
- 2. Contact precautions
- 3. Aerosol / Airborne precautions

STANDARD OPERATING PROCEDURE FOR MANAGING EXPOSURES

1) REPORT

Use appendix 1 to report to any breach with PPE to the IPC Clinician or Nurse / Occupational Health focal point.

2) MONITOR

Health care workers are to monitor themselves after an exposure for development of symptoms. An exposure will not result in immediate disease or ability to transmit the disease. No test is required.

Persons are to continue to

- utilize PPE
- adhere to IPC measures
- continue work
- check themselves daily for symptoms

3) TREAT symptoms

If the HCW develops symptoms of COVID-19

If and when symptoms develop, HCW are to

• Stay home and isolate



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- Seek medical advice and treat symptoms accordingly
- Report illness to the IPC focal point or the facility management

4) TEST

If symptoms develop, persons will be advised to do a test.

- Test for COVID-19 by MOHW testing algorithm using PCR or Antigen**
 - **NB. Any HCW who is ill and receives a Negative result for an Antigen test must be retested by PCR

If the COVID-19 test is Positive

The HCW will enter the COVID-19 care pathway and MOHW Case investigation for COVID-19 is to be filled out by the IPC focal point or the Health department

HCW will be discharged from isolation based on the MOHW discharge protocol

If the COVID-19 test is NEGATIVE

HCW will be discharged from isolation and be asked see their private physician for review and assessment.

A sick leave may be generated based on clinical criteria.



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PPE BREACH REPORTING FORM APPENDIX 1

Date of Report:				-
First NameLast Name		Age	Sex	
Email Address	_Phone Number			
Department	Facility	Job Title		
Please indicate any symptoms you are currently experiencing				
 () No symptoms at this time () Cough () Fever () Shortness of Breath () Others: Date symptoms began: 				
Dates believed to have been in contact v	•	-	patient:	
Start Date:	End Date			
Was care directly being rendered to person/patient identified as COVID-19 positive, during this time? () Yes () No If Yes then describe () Prolonged close contact () Direct contact with secretions from nose and mouth () Aerosol Generating procedure Please indicate what Personal Protective Equipment (PPE) was being used at the time of potential exposure?				
 () No PPE was used () Proceedural () Pr	Surgical Mask			



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Appendix 2. Health facility exposure process flow





RKA BUILDING, 10-16 GRENADA WAY

□ 45-47 BARBADOS AVENUE □ 24-26 GRENADA CRESCENT □ 10^A CHELSEA AVENUE

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References

- WHO reference number: WHO/2019-nCov/HCW_risk_assessment/2020.1
- 3 WHO Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected: Interim guidance 25 January 2020 (<u>https://www.who.int/publications-detail/infection-preventionand-</u> control-during-health- care-when-novel-coronavirus-(ncov)-infection-issuspected-20200125).
- 4 WHO guidelines on hand hygiene in health care: first global patient safety challenge clean care is safer care. Geneva: World Health Organization; 2009 (<u>https://apps.who.int/iris</u>)