

MANAGEMENT OF HEALTHCARE WORKER (HCW) POTENTIALLY EXPOSED TO COVID-19

Infection Control Unit
Medical Development Division

General Considerations

- HCW should adhere to strict infection control procedures as per recommendations including the use of appropriate PPE.
- HCW who are providing care for confirmed COVID-19 or PUI will be **monitored daily by the OSH Unit or Safety and Health Committee** of the healthcare facility. HCW monitored must be **recorded in a database** for contact tracing purpose.
- Assessment and **psychological of mental health first aid** shall be conducted by the Mental Health and Psychosocial Support Team (such as psychiatric and counsellor).

Reporting

All HCWs who are positive for COVID-19 must be reported to all these **3 reporting system**:

1. Communicable Diseases Notification using the **Communicable Diseases Notification Form Annex 7**
2. Occupational Health Notification using **WEHU L1/L2 form**
3. **Monitoring form** for personnel exposed to COVID-19 at healthcare facility level and State Health Department level

Monitoring Form for Personnel Potentially Exposed To COVID-19

Name	:	
I/C number	:	
Telephone numbers	:	Mobile: Home:
Job title	:	
Work location	:	
Date(s) of Exposure*	:	
Type of contact with patient with potential COVID-19 infection, with patient's environment or with virus / clinical specimen		:

* List ALL, use back of page if necessary

Was the following personal protective equipment (PPE) used during the encounter whereby the status of the respective patient is yet to be categorized confirmed for COVID-19?

Type of PPE	Yes	No	Don't Know
Gown			
Gloves			
Particulate respirator			
Medical mask			
Eye protection			
Other (please specify):			

List any possible non-occupational exposures (e.g. exposure to anyone with severe acute febrile respiratory illness, excluding the potential patient or the relevant clinical specimen):

.....

Daily Monitoring Table

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....
AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):
PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):
ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()
Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....	Date/...../.....
AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):	AM Temp. (°C):
PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):	PM Temp. (°C):
ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()	ILI symptoms: No () Yes ()

NOTE:

- *The influenza-like illness (ILI) symptoms include fever ($\geq 38^{\circ}\text{C}$), cough, sore throat, arthralgia, myalgia, prostration and gastrointestinal symptoms (e.g. diarrhoea, vomiting, abdominal pain).*
- *The number of days needs to be increased if the personnel have repeated encounters / exposures to the respective patient.*

NOTIFICATION OF OCCUPATIONAL LUNG DISEASE

**WEHU - L1
(JKKP 7)**

Send to:
Pegarah Kesihatan Negeri
Jabatan Kesihatan Negeri _____

Part A - Notifier
(Regulation 7(2) Registered Medical Practitioner)

Name _____

Designation _____

Address of clinic / hospital

Contact no. _____

Part B - Affected person

Name _____

Date of Birth _____ New IC/ Passport no. _____
DD / MM / YY

Nationality _____ Gender Male Female

Ethnic Group _____ Occupation _____

Name and address of organization

District _____ State _____

Location of incident _____

Part C - Occupational Lung Disease

Date of diagnosis _____
DD / MM / YY

Diagnosis/ Provisional diagnosis _____

Part D

a) What kind of work did the patient do which may be associated with the disease?
(Describe the work activities)

b) What was the hazard or agent been exposed to the patient?

c) How long had the patient been exposed to the hazard or agent?

d) How long had the patient been experiencing the symptoms?

Signature of Notifier _____

Date _____

Name and address of attending doctor (Official Stamp)

Aktiviti Saringan Awal Kesihatan Mental Bagi Petugas Kesihatan Wabak COVID-19

Minggu Epid: _____ 2020

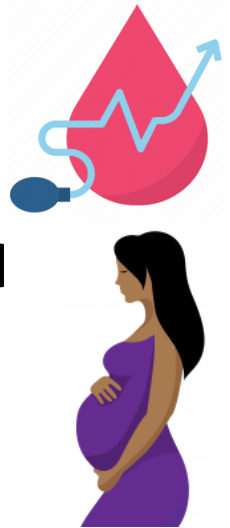
		Keputusan Bil Anggota Kesihatan yang menjalani Saringan DASS												Bil Anggota Yang Dirujuk kepada Pasukan MHPSS	
Bil	Negeri	Bil Anggota Kesihatan dalam Pemantauan	Saringan Stres				Saringan Anzieti				Saringan Kemurungan				
			Normal	Ringan	Sederhana	Teruk/ Sangat Teruk	Normal	Ringan	Sederhana	Teruk/ Sangat Teruk	Normal	Ringan	Sederhana		Teruk/ Sangat Teruk
1	Johor														
2	WPKL														
3	Melaka														
4	Selangor														
5	Kedah														
6	Negeri Sembilan														
7	Pahang														
8	Pulau Pinang														
9	Perak														
10	Terengganu														
11	Kelantan														
12	Perlis														
13	Sabah														
14	Sarawak														
15	WP Labuan														
16	Hospital K. Lumpur														
17	IMR														
18	MKAK														
TOTAL															

RISK ASSESSMENT & MANAGEMENT OF HCW WITH POTENTIAL EXPOSURE IN A HEALTHCARE SETTING TO PATIENTS WITH COVID-19

- HCW **SHOULD NOT** attend a healthcare setting if there is a **risk that they could spread COVID-19**



- HCW involves in **providing care to patient with confirmed COVID-19** should:
 - **NOT** be having **uncontrolled medical comorbidities / immunocompromised state**
 - **NOT** be **pregnant**



A. HCW with Relevant International Travel History

- HCW who **intend to travel** or have **returned from affected countries**, should **declare to** respective **head of department / unit** promptly.



-
- HCW should **follow the current rules** on international travel in accordance to the government policy.



Asymptomatic HCW with exposure within the past 14 days	Actions
<p>Travelled to affected countries within the last 14 days before arriving in Malaysia</p>	<ul style="list-style-type: none"> • HCW to inform OSH and respective Head of Department / Unit • 1 sample of nasopharyngeal and oropharyngeal for RT-PCR shall be taken • OSH to provide home assessment tool • HCW shall be on home surveillance order for 72 hours pending result • HCW will update daily health status to OSH and respective Head of Department / Unit • HCW will be referred and investigated further if he / she develop symptoms suggestive of COVID-19 • Symptomatic HCW will be reviewed as per assessment of PUI
<p>Return to work: If first swab sample is negative Refer to (E) Return to Work Practices and Work Restrictions</p>	

B. Asymptomatic HCW with Household Contact Who are Being Investigated as PUI for COVID-19

- For **asymptomatic HCW** who has a **household member** being investigated as **PUI for COVID-19**, the **HCW should inform supervisor immediately** and be **excluded from work** until **first PCR result of the PUI** is available.
 - If the **PCR result is negative**, the HCW can **return to work** immediately.
 - If the **PCR result is positive**, follow **management for close contact**.

C. HCW who were Exposed to Patient with Confirmed COVID-19

When **assigning risk, factors to be considered** include:

1. The **duration of exposure** (e.g., longer exposure will increase the level of risk exposure)
 2. Clinical **symptoms of the patient** (e.g., coughing will increase the level of risk exposure)
 3. Whether the **patient was wearing a facemask** (which can efficiently block respiratory secretions from contaminating others and the environment)
 4. Whether an **aerosol generating procedure was performed**
 5. The **type of PPE used by HCW**
- **Psychological support and assistance** are to be considered for HCW when need arises.

Exposure Risk Assessment

Category of risk exposure	Circumstances
High-risk exposures	<ul style="list-style-type: none"> • HCW who performed or were present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled* on patients with COVID-19 AND • when the healthcare providers' eyes, nose, or mouth were not protected.
Medium-risk exposures	<ul style="list-style-type: none"> • HCW who had prolonged close contact with a confirmed COVID-19 case, AND • where HCW mucous membranes or hands were exposed to potentially infectious materials for COVID-19.
Low-risk exposures	<ul style="list-style-type: none"> • Any inconsistencies in adherence to PPE while in close contact with a confirmed COVID-19 case.
No identifiable risk	<ul style="list-style-type: none"> • HCW without direct close contact with a confirmed COVID-19 case • No entry into active patient's area • HCW who adhere to recommended PPE

1. Management of HCW with High-risk Exposures

Symptomatic

- **Exclude from work** for at least **1 week (7 days)** with **MC, home surveillance** order and **home assessment** tool. Allow return to work if fulfilled the following criteria:
 - at least **72 hours** have passed since **recovery** defined as resolution of **fever and** improvement in **respiratory symptoms** (e.g., cough, shortness of breath), **AND**
 - **negative RT-PCR** for at least **two consecutive nasopharyngeal swab** specimens collected **48 hours apart** (total of two negative specimens)

Asymptomatic

- **Exclude from work** for at least **1 week** with **home surveillance** order and **home assessment** tool. Allow return to work when:
 - **Negative RT-PCR** for at least **two consecutive nasopharyngeal swab** specimens collected **48 hours apart** (total of two negative specimens)

2. Management of HCW with Medium and Low-risk Exposures

Symptomatic

- Exclude from work with **MC for 3 days, home surveillance** order and **home assessment** tool UNTIL:
 - **Negative RT-PCR** for at least **two consecutive nasopharyngeal swab** specimens collected **48 hours apart** (total of two negative specimens, **AND**
 - **Resolution of fever and** improvement in **respiratory symptoms** (e.g., cough, shortness of breath)

Asymptomatic

- Exclude from work with **home surveillance** order UNTIL:
 - **Negative RT-PCR** for at least **two consecutive nasopharyngeal swab** specimens collected **48 hours apart** (total of two negative specimens)

3. Management of HCW with no identifiable risk

- HCW in the no identifiable risk category do not require testing, monitoring or restriction from work.

D. Crisis Strategies to Mitigate Staffing Shortages

- In the event of **staffing shortages** and the **recommended approaches cannot be followed**, HCW should be **evaluated by OSH officer** to determine appropriateness of earlier return to work than recommended above.
- If the HCW return to work earlier, they should still adhere to the **Return to Work Practices and Work Restrictions** recommendations.

E. Return to Work Practices and Work Restrictions

HCW shall be allowed to return to work, however the following guideline should be adhered:

- i. HCW must strictly wear a surgical mask at all time while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- ii. HCW should adhere to hand hygiene, respiratory hygiene, and cough etiquette
- iii. HCW shall be restricted from participating in the care of immunocompromised patients until 14 days after the last exposure or from illness onset

E. Return to Work Practices and Work Restrictions

HCW shall be allowed to return to work, however the following guideline should be adhered:

- iv. Strictly daily monitoring of temperature and respiratory symptoms by OSH Officer*
- v. If HCW develop new onset of symptoms (even mild) or worsening of symptoms and consistent with COVID-19, they must immediately stop patient care activities and notify their supervisor or OSH officer prior to leaving work.
 - OSH assumes responsibility for establishing regular communication at least daily with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat).
 - Adapted from Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance) US CDC, 16th March 2020

THANK YOU