Interim Guidance about the Coronavirus Disease (COVID-19) for Healthcare Worker Safety in the Caribbean

March 23, 2020

This document provides information on the COVID-19 for healthcare workers in the Caribbean. This information is based on currently available scientific evidence and expert opinion and is subject to change as new information becomes available. It should be read in conjunction with relevant national legislation, regulations and policies. This document has been adapted for the Caribbean situation, and therefore may differ from guidance developed by other agencies. This guidance will be updated as more information becomes available on the outbreak.

Key Points

- There is an outbreak of pneumonia caused by a new coronavirus, which is a family of viruses that includes the common cold, named COVID-19.
- Person-to-person spread is occurring in multiple countries, increasing the risk of international spread by travellers.
- The immediate health risk from COVID-19 to the general public in the Caribbean is very high as sustained community transmission has been reported in countries with direct flights to Member States.
- Travel warnings have been issued by the US Center for Diseases Control (CDC)
- Many Caribbean countries have issued travel restrictions for countries with sustained community transmission
- Travellers to Caribbean countries may be asked questions about their health and travel history upon arrival and may be quarantined by port authorities when they arrive.
- This notice will be updated as more information becomes available on the outbreak.

Background

On 11 March 2020, the Director-General of the World Health Organization (WHO) declared the outbreak of a novel coronavirus, COVID-19 as Pandemic. Whilst most cases are from China, in just two months the virus has rapidly spread to over 100 countries. The International Health Regulations ‘Emergency Committee is not recommending trade or travel restrictions at this time. The US CDC has issued travel advisories in countries where there is demonstrated sustained transmission1.

The majority of Caribbean countries have reported at least one confirmed case of COVID-19. CARPHA has assessed the risk of disease transmission to the Caribbean Region to Very High. Countries are strongly urged to strengthen their health sector response and move to a state of readiness and
rapid response. Health authorities must be ready to respond to possible importation of cases and subsequent local transmission. The aim for all countries now, is to stop transmission and prevent the spread of the virus.

What is the coronavirus disease (COVID-19)?

The virus belongs in the same family of coronaviruses as Severe Acute Respiratory Syndrome (SARS), 2002/03 outbreak (Reuters, CDC) and Middle East Respiratory Syndrome (MERS-CoV), 2012 outbreak. The COVID-19 virus is a new strain of coronavirus that has not been previously identified in humans and has tested negative for both SARS and MERS-CoV. ¹, ²

What are common signs and symptoms of infection?

A person infected may have the following symptoms:
- Fever
- Shortness of breath/breathing difficulties
- Persistent Cough
- Diarrhoea
- Other flu like symptoms

How is it transmitted?

The source of the outbreak is yet to be identified. Person-to-person transmission has been demonstrated in many countries. Precautions must therefore be taken to prevent human-to-human transmission of the disease. Currently, COVID-19 has been shown to spread by:
- Large respiratory droplets often produced by coughing or sneezing which land on a person or surface and transferred to the mouth or nose
- Direct or indirect contact with body fluids (e.g., blood, sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea)
- There have been some instances when airborne transmission of other coronaviruses was thought to have taken place through exposure to aerosols of respiratory secretions and sometimes faecal material³
- The COVID-19 may be spread by individuals that exhibit no symptoms
- There is no evidence that COVID-19 is spread by water, mosquitoes or food.

Infection Prevention and Control³

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Infection control procedures include administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE). All of these are necessary to prevent infections from spreading during healthcare delivery and should be in place already. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. All healthcare facilities must ensure that their personnel are correctly trained and capable of implementing infection control procedures; individual healthcare personnel should ensure they understand and can adhere to infection control requirements.

Before Arrival
- When scheduling appointments, instruct patients and persons who accompany them to notify you if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever) and to take appropriate preventive actions (e.g., wear a facemask upon entry to contain cough, follow triage procedures).
- If a patient is arriving via transport by emergency medical services (EMS), the driver should contact the receiving emergency department (ED) or healthcare facility and follow previously agreed upon local or regional transport protocols. This will allow the healthcare facility to prepare for receipt of the patient.

Upon Arrival and During the Visit
- Ensure all persons adhere to respiratory hygiene, cough etiquette, and hand hygiene, throughout the duration of the visit. Consider posting visual alerts (see Appendix A) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients instructions about hand hygiene, respiratory hygiene, and cough etiquette.
- Provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.
- Identify patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility. Ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.
- Ensure that patients with symptoms of suspected COVID-19 are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 1-2 metres, with easy access to respiratory hygiene supplies. In some settings, medically-stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
- Inform public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19.
- Restrict movement of the patient between rooms and departments as much as possible to avoid unnecessary contact with other patients and staff and to reduce contamination of the facility and equipment. Use single rooms, or cohort patients with the same diagnosis.
Adherence to Standard, Contact, and Airborne Precautions, Including the Use of Eye Protection

- **Hand Hygiene**
  - Perform hand hygiene using alcohol-based hand sanitizer (ABHS) before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHS.
  - Healthcare facilities should ensure that hand hygiene supplies are readily available in every care location.

- **Personal Protective Equipment**
  Healthcare workers must receive training on when to use PPE; what PPE is necessary; how to properly don, use, and doff PPE in a manner to prevent self-contamination; how to properly dispose of or disinfect and maintain PPE; and the limitations of PPE. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. See Appendix B for a guide on level of PPE needed according to the level of patient interaction.
  - **Gloves**
    - Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.
    - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
  - **Gowns**
    - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
  - **Respiratory Protection**
    - Use a medical mask if working within 1-2 metres of the patient.
    - When available use N95 filtering facepiece respirator when performing procedures that could create aerosolized secretions.
    - Disposable masks and respirators should be removed and discarded after exiting the patient’s room or care area and closing the door. Perform hand hygiene after discarding the respirator.
    - If reusable respirators are used, they must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.
    - Respirator use must be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (**29 CFR 1910.134external icon**). Staff should be medically cleared and fit-tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.
Eye Protection
- Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

Dedicated Equipment
- Dedicated medical equipment (stethoscopes, blood pressure cuffs and thermometers) should be used for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s instructions and facility policies.

Use Caution When Performing Aerosol-Generating Procedures
- Some procedures performed on COVID-19 patients could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.
- If performed, these procedures should take place in an AIIR and personnel should use respiratory protection as described above. In addition:
  - Limit the number of people present during the procedure to only those essential for patient care and procedural support.
  - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Diagnostic Respiratory Specimen Collection
- Collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) are likely to induce coughing or sneezing. Individuals in the room during the procedure should, ideally, be limited to the patient and the healthcare provider obtaining the specimen.
- These procedures should take place with the door closed. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.

Manage Visitor Access and Movement Within the Facility
- Restrict visitors from entering the room of known or suspected COVID-19 patients. Alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should be explored. Facilities can consider exceptions based on end-of-life situations or when a visitor is essential for the patient’s emotional well-being and care.
- Visitors to patients with known or suspected COVID-19 should be scheduled and controlled to allow for:
  - Screening visitors for symptoms of acute respiratory illness before entering the healthcare facility.
  - Facilities should evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions.
Facilities should provide instruction, before visitors enter patients’ rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient’s room.

Facilities should maintain a record (e.g., log book) of all visitors who enter patient rooms.

Visitors should not be present during aerosol-generating procedures.

Visitors should be instructed to limit their movement within the facility.

Exposed visitors (e.g., contact with COVID-19 patient prior to admission) should be advised to report any signs and symptoms of acute illness to their health care provider for a period of at least 14 days after the last known exposure to the sick patient.

All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.

Train and Educate Healthcare Personnel

- Provide staff with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that staff are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Instruct staff that have come into contact with COVID-19 patients to monitor their own health and the health of their loved ones. Staff should assess their risk according to the table in Appendix C. Any staff that have symptoms of COVID-19 should report these symptoms immediately and isolate themselves. They should be instructed on where to seek medical treatment should their symptoms become severe.

Environmental Infection Control

- Dedicated medical equipment should be used for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s instructions and facility policies.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Used linen, cloths, eating utensils, laundry and any other item in contact with a patient’s body fluids should be collected and disinfected in such a way as to avoid any contact with persons or contamination of the environment. Surfaces or objects contaminated with blood, other body fluids, secretions or excretions should be cleaned and disinfected as soon as possible using standard detergents/disinfectants. Manage
laundry, food service utensils, and medical waste in accordance with safe routine procedures\(^4\), \(^5\).

- Bag or otherwise contain contaminated textiles and fabrics at the point of use
- Handle contaminated textiles and fabrics with minimum agitation to avoid contamination of air, surfaces, and persons
- Use leak-resistant containment for textiles and fabrics contaminated with blood or body substances
- Identify bags or containers for contaminated textiles with labels, colour coding, or other alternative means of communication as appropriate
- Don’t use laundry chutes
- If hot-water laundry cycles are used, wash with detergent in water \(>160^\circ\text{F} (>71^\circ\text{C})\) for \(\geq25\) minutes

- Wear a disposable facemask, gown, and gloves when you touch or have contact with an infected person’s blood, body fluids and/or secretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhoea.
  - Throw out disposable facemasks, gowns, and gloves after using them. Do not reuse.
  - Wash your hands immediately after removing your facemask, gown, and gloves.

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\(^5\) CDC 2003. Guidelines for Environmental Infection Control in Health-Care Facilities [https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm)
Appendix A
The following infographics from CARPHA and the WHO illustrate some important messages.
Clean hands with soap and water or alcohol-based hand rub

Cover nose and mouth when coughing and sneezing with tissue or flexed elbow

Avoid close contact with anyone with cold or flu-like symptoms

Thoroughly cook meat and eggs
Not all tasks require the same level of PPE. The chart below shows what PPE is needed for different levels of interaction with patients.

<table>
<thead>
<tr>
<th>Level of care</th>
<th>Hand Hygiene</th>
<th>Gown</th>
<th>Medical Mask</th>
<th>Respirator (N95 or FFP2)</th>
<th>Goggle (eye protection) OR Face shield (facial protection)</th>
<th>Gloves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage (more than 1 metre)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Triage (within 1 metre)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collection of specimens for laboratory diagnosis</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected or confirmed case of COVID-19 requiring healthcare facility admission and NO aerosol-generating procedure</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Suspected or confirmed case of COVID-19 requiring healthcare facility admission and WITH aerosol-generating procedure</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cleaner entering the room of COVID-19 patients</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visitors entering the room of COVID-19 patients</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Other areas of patient transit (e.g., wards, corridors) without contact with COVID-19 patient</td>
<td>X</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Administrative areas that do not involve contact with COVID-19 patients</td>
<td>X</td>
<td></td>
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</tbody>
</table>
### Epidemiologic risk factors

<table>
<thead>
<tr>
<th>Exposure category</th>
<th>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptomatic staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> Staff not wearing PPE who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).</td>
<td>High</td>
<td>Active</td>
</tr>
<tr>
<td><strong>B.</strong> Staff who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) and not using a gown and gloves. Note: If the staff person’s eyes, nose, or mouth were also unprotected they would fall into the high-risk category above.</td>
<td>Medium</td>
<td>Active</td>
</tr>
<tr>
<td><strong>C.</strong> Staff with unprotected eyes, nose, or mouth who have prolonged close contact with a</td>
<td>Medium</td>
<td>Active</td>
</tr>
<tr>
<td>Epidemiologic risk factors</td>
<td>Exposure category</td>
<td>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</td>
</tr>
<tr>
<td>----------------------------</td>
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<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **patient who was not wearing a facemask.**  
Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario because (even if a respirator or facemask was worn) the eyes remain uncovered while having prolonged close contact with a patient who was not wearing a facemask. | Medium | Active | Exclude from work for 14 days after last exposure |
| **D. Staff with unprotected eye, nose, and mouth who have prolonged close contact with a patient who was wearing a facemask.** | Medium | Active | Exclude from work for 14 days after last exposure |
| **E. Staff not wearing gloves who have direct contact with the secretions/excretions of a patient and the staff member failed to perform immediate hand hygiene**  
Note: If the HCP performed hand hygiene immediately after contact, this would be considered low risk. | Medium | Active | Exclude from work for 14 days after last exposure |
<p>| <strong>F. Staff wearing a facemask or respirator only who have prolonged close contact with a</strong> | Low | Self with delegated supervision | None |</p>
<table>
<thead>
<tr>
<th>Epidemiologic risk factors</th>
<th>Exposure category</th>
<th>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptomatic staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>patient <em>who was wearing a facemask</em></td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as <em>low-risk</em> because the patient was wearing a facemask for source control.</td>
<td></td>
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<tr>
<td>G. Staff using all recommended PPE while caring for or having contact with the secretions/excretions of a patient</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>H. Staff not using all recommended PPE who have brief interactions with a or patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>I. Staff who walk by a patient or who have no direct contact with the patient or their</td>
<td>No identifiable risk</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Epidemiologic risk factors</td>
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<tr>
<td>secretions/excretions and no entry into the patient room</td>
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