Interim Guidance for Frontline Workers in Healthcare Settings
March 23, 2020

Overview
This document provides interim guidelines for anyone that is a frontline worker in a healthcare setting. This category includes receptionists, nurses, phlebotomists, security staff, cleaning staff, and any other persons with direct contact with potentially ill patients. This information is based on currently available scientific evidence and expert opinion and is subject to change as any new information becomes available. It should be read in conjunction with relevant national public health and clinical guidelines for patient care. The information in this document has been adapted for the Caribbean situation, and therefore may differ from guidance developed by other international agencies.

Background
On 11 March 2020, the Director-General of the World Health Organization (WHO) declared the outbreak of a novel coronavirus, COVID-19, as a Pandemic. Whilst the outbreak started out with the majority of cases concentrated in China, the virus has rapidly spread to over 100 countries. 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 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?\textsuperscript{1}

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 material
- The COVID-19 virus \textbf{may} be spread by individuals that exhibit no symptoms
- \textbf{There is no evidence that COVID-19 is spread by water, mosquitoes or food.}

Infection Prevention and Control\textsuperscript{2}

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 staff at healthcare facilities play an important role in infection control procedures. Each staff member should ensure they understand and can adhere to infection control requirements.

Before Arrival of a Patient

- When scheduling appointments, ask patients and persons who accompany them 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, follow triage procedures).
- If a patient is arriving via transport by emergency medical services (EMS), ask the driver if the patient has symptoms of a respiratory infection. Instruct the driver to place a mask on the patient before arrival. If they do not call ahead, you can do this upon arrival.

Upon Arrival of a Patient and During the Visit

- Identify patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility. Ensure that all patients and visitors are asked about the presence of symptoms of a respiratory infection and history of travel to areas

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experiencing transmission of COVID-19 or contact with known or possible COVID-19 patients.

- Ensure that those with symptoms of COVID-19 are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting separation by 1-2 metres. 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.

- 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.

- 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.

- 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.

- Instruct visitors on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient’s room.

- Maintain a record (e.g., log book) of all visitors who enter the COVID-19 patient’s rooms.

- 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.

**Adherence to Standard, Contact, and Airborne Precautions**

- **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**
  - 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.
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 clean your hands.

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 for close contact with the patient. Don before entry into the patient room or care area.
- 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.

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
- Medical equipment (stethoscopes, blood pressure cuffs and thermometers) should be dedicated for use for care of a COVID-19 patient.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s instructions and facility policies.

Diagnostic Specimen Collection
- Use PPE for diagnostic tests. This includes sample collection (e.g. blood, urine), x-rays, sonograms, EKGs and any procedure that will bring you within 1-2 metres of the patient.
- 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.
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.

Environmental Infection Control (Cleaning Staff)

- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying 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\(^3\), \(^4\).
  - Double 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 \(>160\,\text{F} (>71\,\text{C})\) for \(>25\) 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.

What if staff members become ill?


\(^4\) 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)
Staff members may become ill from exposures at work or outside of work. Any staff member who exhibits symptoms while at home, should stay home. Working while sick could expose other staff members, patients, and visitors. Staff that start to experience symptoms while at work should seek medical care according to normal procedures.

Appendix A

The following infographics from CARPHA illustrate, some important messages for travelers and anybody using and Port of Entry.
## Appendix B

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>X</td>
<td>X</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>X</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></td>
<td></td>
<td></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>
<td></td>
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</tr>
<tr>
<td>Other areas of patient transit (e.g., wards, corridors) without contact with COVID-19 patient</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative areas that do not involve contact with COVID-19 patients</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>