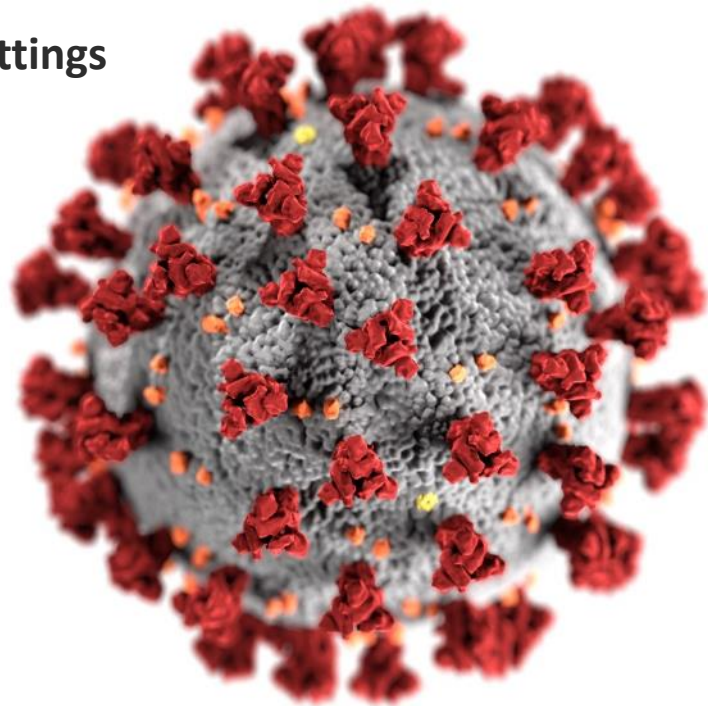


Operational Considerations for the Identification of Healthcare Workers and Inpatients with Suspected COVID-19

Intended for use in non-US healthcare settings

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cdc.gov/coronavirus

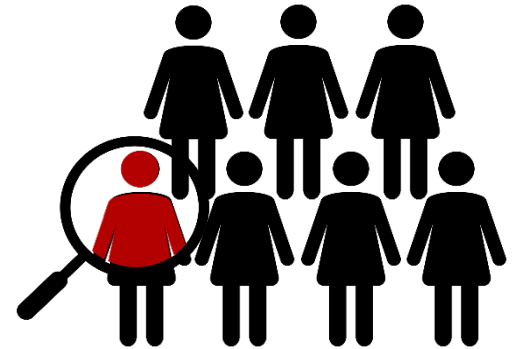
Disclosures

- No Disclosures: I have no financial relationships with commercial entities producing healthcare related products and/or services.



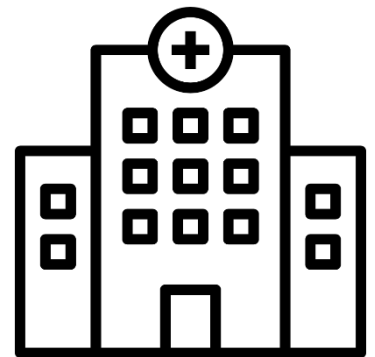
Learning Objectives

- Describe general strategies for the identification of healthcare workers and inpatients with suspected COVID-19:
 - Passive strategies
 - Enhanced passive strategies
 - Active strategies



The Value of Case Finding

- Healthcare facilities can act as COVID-19 amplification points
 - Urgent need to implement practices to protect patients and staff
- Preventing COVID-19 amplification in healthcare facilities:
 - Rapid identification of sick/symptomatic healthcare workers followed by work restriction until indicated
 - Identification of inpatients with suspected COVID-19 to guide infection prevention and control activities
- Pre(A)symptomatic spread:
 - Prevention: Distancing, masking, handwashing
 - Detection: Risk or exposure-based testing



General Best Practices for Case Finding Activities

- **Train and educate healthcare workers**
 - Example: Training on detection among inpatients and self-recognition of symptoms
- **Monitor and manage ill and exposed healthcare workers**
 - Example: Implement sick leave policies that are flexible and do not include punishment for missing work
- **Establish reporting within and between healthcare facilities and to public health authorities**
 - Example: Sharing data on case counts
 - Example: Rapid alerting of public health authorities of a case cluster

Identification of Healthcare Workers with Suspected COVID-19

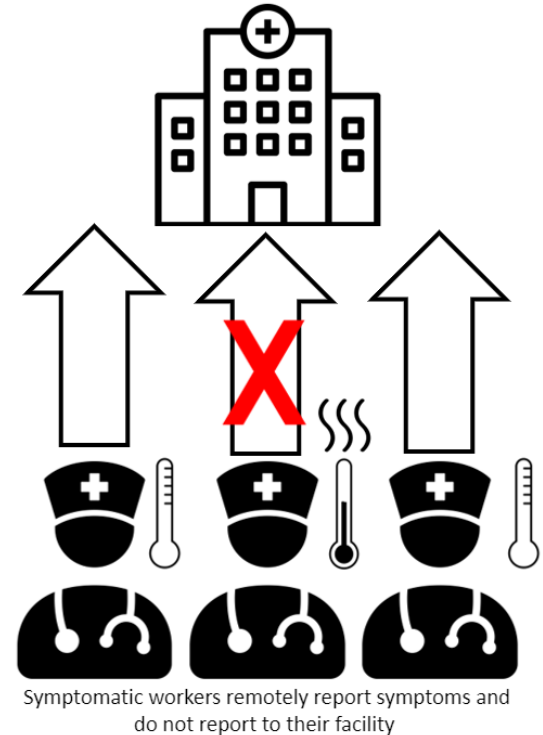


Identification of Ill Healthcare Workers with Suspected COVID-19

- **Objective: Prevent exposure of patients and staff to symptomatic COVID-19 positive healthcare workers**
- Passive strategy
- Enhanced passive strategy (Automated or Manual)
- Active strategy
 - In-person
 - Remote

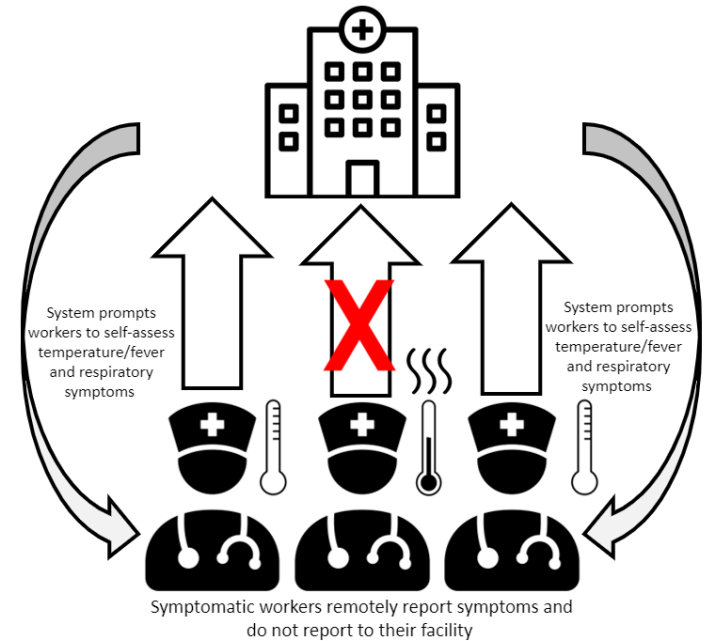
Passive Strategy

- All healthcare workers self-assess for fever and/or a defined set of newly present symptoms that are indicative of COVID-19
- If a healthcare worker has a fever or respiratory symptoms, they should:
 - **NOT** report to their facility
 - Remotely report their symptoms
 - Be provided with immediate medical assessment and follow-up actions



Enhanced Passive Strategy

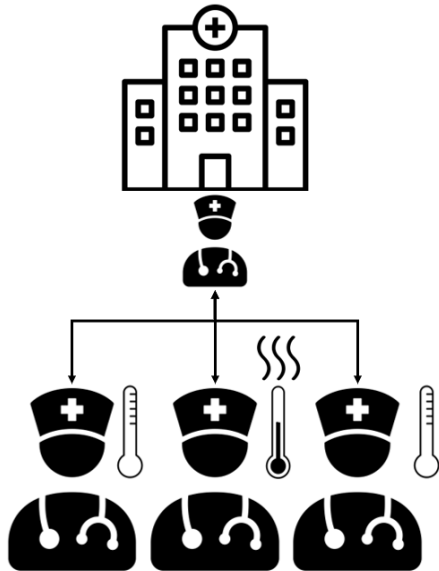
- In addition to the passive strategy, establishes a plan to **remind or prompt workers** to self-assess for symptoms consistent with COVID-19
- Common reminders include automated text messages or phone calls



Active Strategy

In-person active strategy

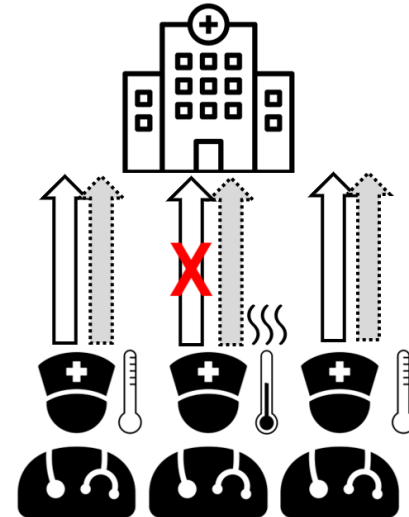
All healthcare workers are assessed for symptoms prior to each shift



All workers are assessed for symptoms before starting their shift

Remote active strategy

All healthcare workers required to report presence or lack of symptoms remotely prior to each shift



All workers report presence or lack of symptoms prior to each shift. Workers with symptoms do not report to their facility. Failure to report is followed-up.

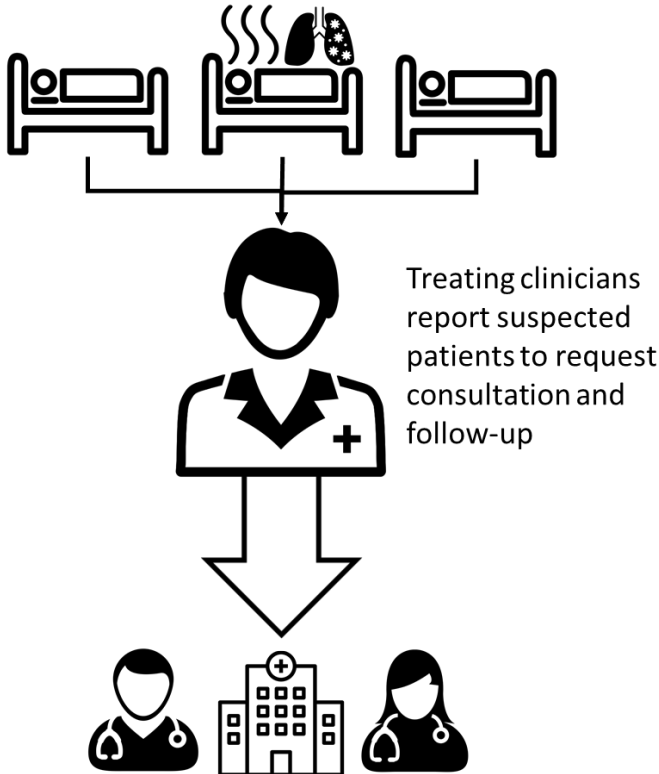
Identification of Inpatients with suspected COVID-19



Identification of Inpatients with Suspected COVID-19

- **Objective: Identify inpatients with suspected COVID-19 and guide infection prevention and control (IPC) strategies to prevent transmission**
- Passive strategy
- Enhanced passive strategy
- Active strategy

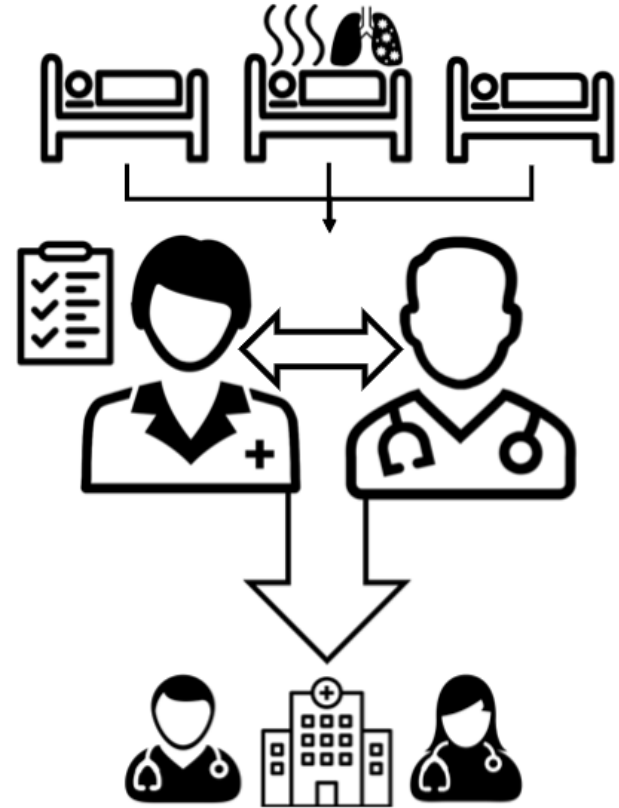
Passive Strategy



- Clinicians are kept informed of:
 - Current case definitions
 - Latest description of clinical presentation
 - Relevant local epidemiology
 - Facility admission triage and cohorting practices
- Clinicians must be made aware of what to do if they suspect COVID-19 in a hospitalized patient

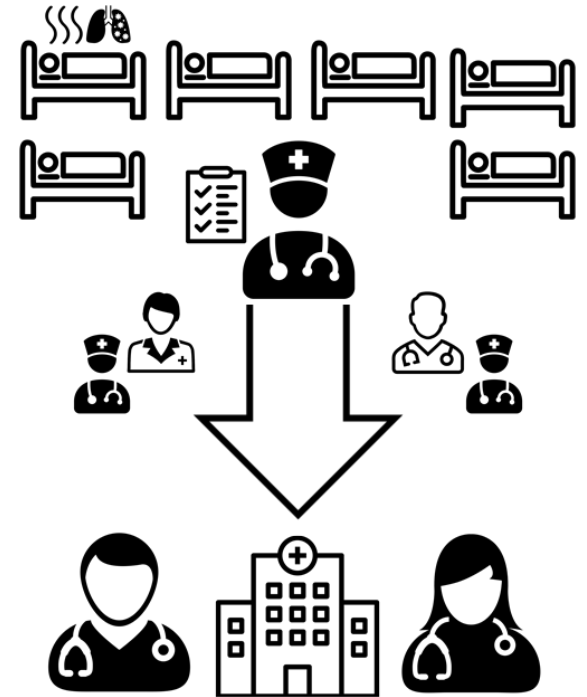
Enhanced Passive Strategy

- Establishing systems that prompt or require clinicians to regularly review all patients for likelihood of COVID-19
- Examples:
 - Incorporating consideration of COVID-19 into sign out reporting
 - Requiring units to provide a daily clinician-generated list of suspected cases, including if there are zero cases
 - Specific daily request to clinicians to report and discuss encountered patients with symptoms/history consistent with COVID-19



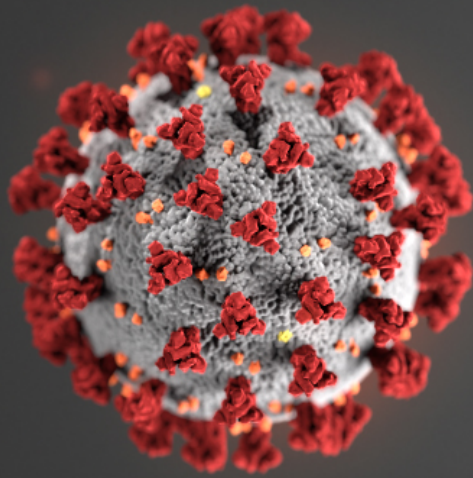
Active Strategy

- Targeted data collection and review of patient information by groups specifically responsible and trained for the identification of suspected COVID-19 cases
- Examples of responsible groups:
 - Facility infection prevention and control teams
 - Ministries of Health
 - Sub-national/local public health authorities



References

- U.S. CDC: [Operational Considerations for the Identification of Healthcare Workers and Inpatients with Suspected COVID-19 in non-US Healthcare Settings](https://tinyurl.com/vv4jagf) (<https://tinyurl.com/vv4jagf>)
- WHO: [Global Surveillance for human infection with coronavirus disease \(COVID-19\)](#)



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

