



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 2, 2020

DEPARTMENT MEMORANDUM
No. 2020 - 0185

FOR: ALL UNDERSECRETARIES AND ASSISTANT SECRETARIES; DIRECTORS OF BUREAUS, SERVICES, AND CENTERS FOR HEALTH DEVELOPMENT (CHD); MINISTER OF HEALTH – BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOM-BARMM); EXECUTIVE DIRECTORS OF SPECIALTY HOSPITALS; CHIEFS OF MEDICAL CENTERS, HOSPITALS AND SANITARIA; AND ALL OTHERS CONCERNED

SUBJECT: Interim Guidelines for Nursing Service in Temporary Treatment and Monitoring Facilities for the Management of Suspect, Probable, and Confirmed Cases of Coronavirus Disease 2019 (COVID-19)

I. BACKGROUND

The Department of Health (DOH) issued Department Memorandum No. 2020-0123 on March 16, 2020 in order to enhance the surge capacity of existing health facilities and reduce exposure of the general population to Coronavirus Disease 2019 or COVID-19 patients. With the conversion of public and private spaces such as auditoriums, gymnasiums, classrooms, vacant hotels, courts, open fields with tents, and the like as temporary treatment and monitoring facilities to manage suspect, probable and confirmed cases of COVID-19 in accordance with the latest case definition for surveillance of COVID-19 patients. The DOH hereby issues the guidelines to be used by nurses who shall render their tour of duty to care for patients in these converted temporary treatment and monitoring facilities.

II. OBJECTIVE

This issuance shall provide guidance to nurses who shall manage suspect, probable, and confirmed cases of COVID-19 in temporary treatment and monitoring facilities.

III. SCOPE AND COVERAGE

These guidelines shall cover all temporary treatment and monitoring facilities for suspect, probable, and confirmed cases of COVID-19 with mild signs and symptoms following the interim guidelines set by Department Memorandum No. 2020-0123 (*Annex A*).

IV. GENERAL GUIDELINES

- A. Nursing care shall be provided to suspect, probable, and confirmed COVID-19 patients placed in temporary treatment and monitoring facilities for 24 hours, 7 days a week. The classification of cases is based on the new COVID-19 case definitions for surveillance as per Department Memorandum No. 2020-0138 (*Annex B*).
- B. Infection prevention and control protocols must be strictly implemented in the nursing care of patients at all times. Confirmed COVID-19 cases may be cohorted in shared spaces or rooms while suspect or probable cases shall be placed in a single-occupancy room or in separated/enclosed spaces.
- C. There shall be dedicated nurses for the care of confirmed COVID-19 patients with mild signs and symptoms. A different set of nurses shall be assigned to provide care for suspect or probable cases to prevent cross-contamination.

V. SPECIFIC GUIDELINES

A. Workflow Arrangement

- 1. The recommended nurse to patient ratio shall not exceed 1:12.
- 2. Eight (8)-hour shifting schedule for nurses is ideal to provide safe and quality nursing care. A 12-hour shifting may be implemented provided that the standard 40-hour work week is followed.
- 3. The frontline staff in the temporary treatment and monitoring facilities shall be provided with proper accommodation and nutritious diet to improve immunity.
- 4. The health condition of all nurses shall be monitored regularly, including monitoring of respiratory symptoms and body temperature.
- 5. If the nurse manifests symptoms consistent with that of COVID-19 such as fever, cough, colds, difficulty of breathing, he or she must be immediately isolated and screened following the prescribed protocol.
- 6. After the nurses' work in the temporary treatment and monitoring facilities and before returning to normal life, risk assessment and management of exposure to COVID-19 must be done following the interim guidance of the World Health Organization or WHO (*Annex C*).

7. Interventions for mental health and psychosocial well-being, on-site or through linkage, must be provided to nurses.

B. Infection Prevention and Control

1. Standard and transmission-based precautions must be applied when providing nursing care to suspect, probable, and confirmed COVID-19 patients.
2. The nurses shall undergo orientation or training on donning and doffing of personal protective equipment (PPE) prior to deployment to the temporary treatment and monitoring facilities. Sequence for putting on PPE: gown, mask, goggles or face shield, and gloves. To safely remove PPE, the sequence shall be: gloves, goggles or face shield, gown, and mask. Hand hygiene shall be done immediately after removing all PPE (*Annex D*).
3. The nurses providing direct care to patients shall rationally use the minimum prescribed PPE: surgical mask, gowns, goggles/face shields, N95 respirators and gloves.
4. The nurses shall apply the “5 Moments for Hand Hygiene” by the WHO; before touching the patient, before any clean or aseptic procedure, after exposure to body fluid, after touching the patient, and after touching a patient’s surroundings.
5. Moving and transporting patients out of their room or area must be avoided unless medically necessary. Patients shall be required to wear masks.
6. Visitors shall not be allowed to enter the temporary treatment and monitoring facilities at any time. The facilities shall be limited only to the healthcare providers and patients.
7. Single-use or disposable, and dedicated equipment such as stethoscopes, blood pressure cuffs and thermometers must be used for each patient especially for suspect or probable cases. If equipment needs to be shared among patients, proper disinfection must be done between use for each individual patient.
8. Reusable medical devices and equipment shall be disinfected in accordance with safe routine procedures.
9. All wastes generated from care of suspect, probable, and confirmed COVID-19 patients shall be considered as infectious medical wastes and disposed of properly.
10. Environmental cleaning and disinfection procedures shall be followed correctly and consistently.

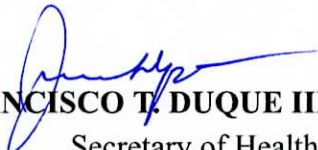
C. Nursing Care Management

1. Dependent, independent, and collaborative nursing care shall be provided to the patient in accordance with safe and routine procedures with due consideration of infection prevention and control protocols. Nursing care process shall be

- consistently utilized which includes assessment, nursing diagnosis, planning, intervention and evaluation (A-D-P-I-E).
2. Assess all referred patients to temporary treatment and monitoring facilities upon admission.
 3. The vital signs of the patients shall be continuously monitored, noting changes in respiratory rate, and oxygen saturation.
 4. Provide surgical masks to patients. Health teaching on respiratory and cough etiquette shall be provided to all patients under the nurses' care.
 5. Nursing assessment must be done consistently especially by observing symptoms such as cough, chest tightness, dyspnea, and cyanosis.
 6. Timely recognition of any signs and symptoms manifesting deterioration of a patient's condition shall be a priority to adjust strategies and nursing care management, including but not limited to oxygen therapy, medication administration, and other nursing procedures with due consideration of the physician's order.
 7. For patients receiving oxygen therapy, the following nursing care management shall be implemented:
 - 7.1. Provide detailed information of oxygen therapy to get the patient's cooperation before administration.
 - 7.2. Choose appropriate oxygen delivery device. Proper placement shall be done.
 - 7.3. Maintain the water level in the humidifier chamber.
 - 7.4. Adjust the oxygen flow rate according to the physician's order or patient's respiratory demand and tolerance.
 8. Provide health teachings to patients to help them prevent further spread of COVID-19, and provide instructions on how to wear surgical masks, proper handwashing, cough etiquette, and symptom observation.
 9. Pressure-induced skin injuries must be prevented.
 10. "Bundling" of activities (e.g. vital signs taking, medication administration, or performing other care) may be considered to minimize exposure.
 11. Nursing care rendered shall be documented using the F-D-A-R or Focus-Data-Action-Response method or a simplified documentation method with checklist of patient problems or "focus" with corresponding actions implemented and patient's response to management.
 12. Nurses shall have clinical understanding of each patient's individual condition and shall be able to manage mild symptoms. If patients develop symptoms that may correspond to moderate and severe or critical disease or complications, inform the physician on duty to ensure rapid referral to the hospital. The receiving hospital shall be notified of any necessary precautions before patient arrival.
 13. Nurses transporting patients shall observe necessary infection prevention and control measures such as compliance to proper hand hygiene and appropriate use of PPE.

14. Discharge instructions of the physician in accordance with strict standards must be carried-out. Discharge instructions and follow-up visits must be reinforced by the nurse.

For strict compliance and dissemination to all concerned.

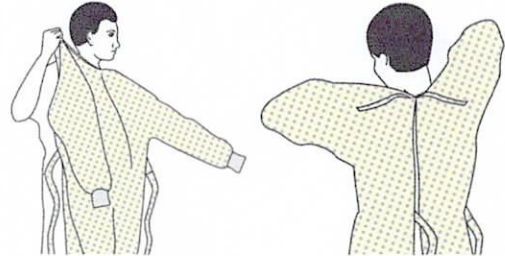

FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

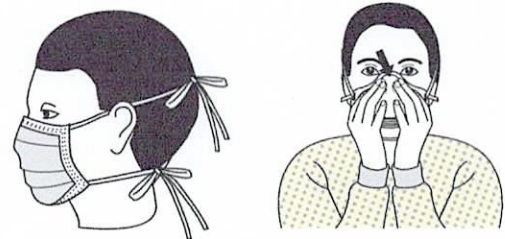
1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



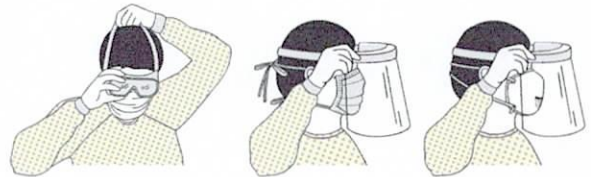
2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



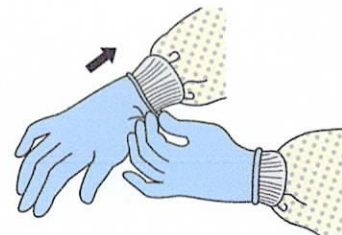
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

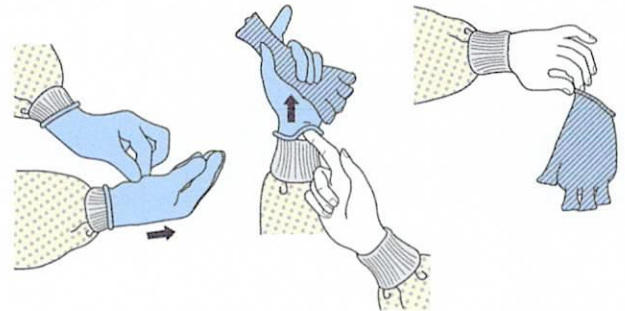


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



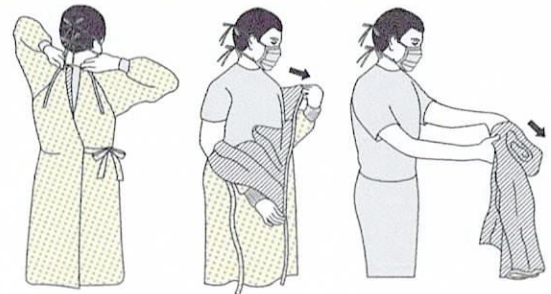
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

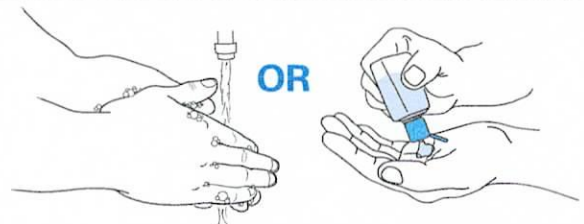


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



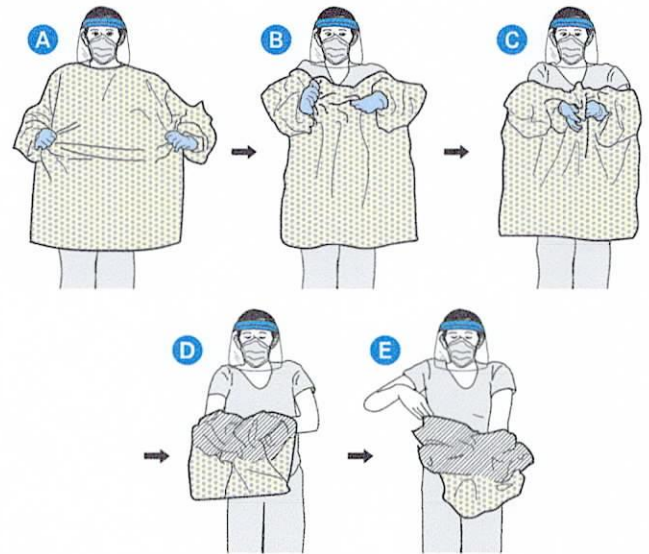
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

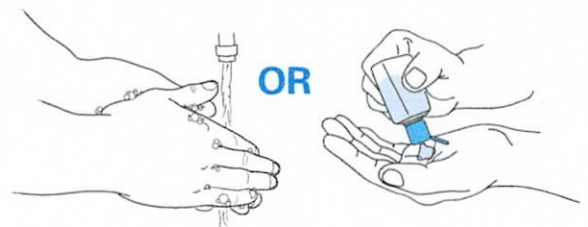


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Risk assessment and management of exposure of health care workers in the context of COVID-19

Interim guidance
19 March 2020



Current evidence suggests that the virus that causes COVID-19 is transmitted between people through close contact and droplets. People most at risk of acquiring the disease are those who are in contact with or care for patients with COVID-19. This inevitably places health care workers (HCWs) at high risk of infection. Protecting HCWs is of paramount importance to WHO. Understanding how HCW exposure to COVID 19 virus translates into risk of infection is critical for informing infection prevention and control (IPC) recommendations. This data collection form and risk assessment tool can be used to identify IPC breaches and define policies that will mitigate HCW exposure and nosocomial infection.

This tool is for health care facilities with COVID 19 patients. The form should be completed for all HCWs who have been exposed to a patient with confirmed COVID-19. This tool aids in the risk assessment for HCWs after exposure and provides recommendations for their management.

The objectives are:

- To determine the risk categorization of each HCW after exposure to a COVID-19 patient (see below Part 1: COVID-19 virus exposure risk assessment form for HCWs);
- To inform the management of the exposed HCWs based on risk (see below Part 2: Management of health worker exposed to COVID-19 virus).

Facilities using these forms are encouraged to share deidentified data with WHO to guidance related to IPC. Data shared with WHO should not include any personally identifiable information (Questions 2A, 2B and 2G).

Part 1: COVID-19 virus exposure risk assessment form for HCWs

1. Interviewer information	
A. Interviewer name:	
B. Interview date (DD/MM/YYYY):	__/__/____
C. Interviewer phone number:	
D. Does the HCW have a history of staying in the same household or classroom environment with a confirmed COVID-19 patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Does the HCW have history of traveling together in close proximity (within 1 meter) with a confirmed COVID-19 patient in any kind of conveyance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Yes, to questions 1 D – 1E is considered **community exposure to COVID-19**. HCWs should be managed as such. The management recommendations in Part 2: Management of health workers exposed to COVID-19 virus apply only to exposure in health care settings.

2. Health worker information	
A. Last name:	
B. First name:	
C. Age	
D. Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer
E. City:	
F. Country:	
G. Contact details (phone number):	
H. Type of health care personnel:	<input type="checkbox"/> Medical doctor <input type="checkbox"/> Physician assistant <input type="checkbox"/> Registered nurse (or equivalent) <input type="checkbox"/> Assistant nurse, nurse technician (or equivalent) <input type="checkbox"/> Radiology /X-ray technician <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Physical therapist <input type="checkbox"/> Respiratory therapist <input type="checkbox"/> Nutritionist/dietitian <input type="checkbox"/> Midwife <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy technician or dispenser <input type="checkbox"/> Laboratory personnel <input type="checkbox"/> Admission/reception clerk <input type="checkbox"/> Patient transporter <input type="checkbox"/> Catering staff <input type="checkbox"/> Cleaner <input type="checkbox"/> Other (specify):
I. Type of health care facility:	Tick all that apply: <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Medical unit <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Cleaning services <input type="checkbox"/> Laboratory <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, specify:
3. Health worker interactions with COVID-19 patient information	
A. Date of health worker first exposure to confirmed COVID-19 patient:	Date (DD/MM/YYYY): ___/___/____ <input type="checkbox"/> Not known
B. Name of health care facility where patient received care:	
C. Type of health care setting:	<input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient clinic <input type="checkbox"/> Primary health centre <input type="checkbox"/> Home care for patients with mild symptoms <input type="checkbox"/> Other (specify):
D. City:	
E. Country:	
F. Multiple COVID-19 patients in health care facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, number of patients (approximate if exact number not known):

4. HCW activities performed on COVID-19 patient in health care facility	
A. Did you provide direct care to a confirmed COVID-19 patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
B. Did you have face-to-face contact (within 1 metre) with a confirmed COVID-19 patient in a health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
C. Were you present when any aerosol-generating procedures were performed on the patient? See below for examples	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
- If yes, what type of procedure?	<input type="checkbox"/> Tracheal intubation <input type="checkbox"/> Nebulizer treatment <input type="checkbox"/> Open airway suctioning <input type="checkbox"/> Collection of sputum <input type="checkbox"/> Tracheotomy <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Cardiopulmonary resuscitation (CPR) <input type="checkbox"/> Other (specify):
D. Did you have direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom etc	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
E. Were you involved in health care interaction(s) (paid or unpaid) in another health care facility during the period above?	<input type="checkbox"/> Other health care facility (public or private) <input type="checkbox"/> Ambulance <input type="checkbox"/> Home care <input type="checkbox"/> No other health care facility

If the health worker responds 'Yes' to any of the Questions 4A – 4D the health worker should be considered as being **exposed to COVID-19 virus.**

5. Adherence to IPC procedures during health care interactions	
For the following questions, please quantify the frequency with which you wore PPE, as recommended: 'Always, as recommended' means more than 95% of the time; 'Most of the time' means 50% or more but not 100%; 'occasionally' means 20% to under 50% and 'Rarely' means less than 20%.	
A. During a health care interaction with a COVID-19 patient, did you wear personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, for each item of PPE below, indicate how often you used it:	
- 1. Single-use gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 2. Medical mask	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 3. Face shield or goggles/protective glasses	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 4. Disposable gown	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

B. During a health care interaction with the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc.)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
C. During a health care interaction with the COVID-19 patient, did you perform hand hygiene before and after touching the COVID-19 patient (whether or not you were wearing gloves)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
D. During a health care interaction with the COVID-19 patient, did you perform hand hygiene before and after any clean or aseptic procedure was performed (e.g. while inserting a peripheral vascular catheter, urinary catheter, intubation, etc.)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
E. During a health care interaction with the COVID-19 patient, did you perform hand hygiene after exposure to body fluid?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
F. During a health care interaction with the COVID-19 patient, did you perform hand hygiene after touching the patient's surroundings (bed, door handle, etc.), regardless of whether you were wearing gloves?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
G. During a health care interaction with the COVID-19 patient, were high-touch surfaces decontaminated frequently (at least three times daily)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

6. Adherence to IPC measures when performing aerosol-generating procedures (e.g. tracheal intubation, nebulizer treatment, open airway suctioning, collection of sputum, tracheotomy, bronchoscopy, cardiopulmonary resuscitation (CPR), etc.).	
For the following questions, please quantify the frequency with which you wore PPE, as recommended: 'Always, as recommended' means more than 95% of the time; 'Most of the time' means 50% or more but not 100%; 'occasionally' means 20% to under 50% and 'Rarely' means less than 20%.	
A. During aerosol-generating procedures on a COVID-19 patient, did you wear personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, for each item of PPE below, indicate how often you used it:	
- 1. Single-use gloves	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 2. N95 mask (or equivalent respirator)	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 3. Face shield or goggles/protective glasses	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 4. Disposable gown	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
- 5. Waterproof apron	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

B. During aerosol-generating procedures on the COVID-19 patient, did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc.)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
C. During aerosol-generating procedures on the COVID-19 patient, did you perform hand hygiene before and after touching the COVID-19 patient, regardless of whether you were wearing gloves?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
D. During aerosol-generating procedures on the COVID-19 patient, did you perform hand hygiene before and after any clean or aseptic procedure was performed?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
E. During aerosol-generating procedures on the COVID-19 patient, did you perform hand hygiene after touching the patient's surroundings (bed, door handle, etc), regardless of whether you were wearing gloves?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely
F. During aerosol-generating procedures on the COVID-19 patient, were high-touch surfaces decontaminated frequently (at least three times daily)?	<input type="checkbox"/> Always, as recommended <input type="checkbox"/> Most of the time <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely

7. Accidents with biological material	
A. During a health care interaction with a COVID-19 patient, did you have any type of accident with body fluid/respiratory secretions? See below for examples	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, which type of accident?	<input type="checkbox"/> Splash of biological fluid/respiratory secretions in the mucous membrane of eyes <input type="checkbox"/> Splash of biological fluid/respiratory secretions in the mucous membrane of mouth/nose <input type="checkbox"/> Splash of biological fluid/respiratory secretions on non-intact skin <input type="checkbox"/> Puncture/sharp accident with any material contaminated with biological fluid/respiratory secretions

Risk categorization of health workers exposed to COVID-19 virus

1. High risk for COVID-19 virus infection

The HCW did not respond 'Always, as recommended' to Questions:

- 5A1 – 5G, 6A – 6F
- Or responded 'Yes' to 7A.

2. Low risk for COVID-19 virus infection

All other answers

Part 1: Management of HCWs exposed to COVID-19 virus

The management of HCWs exposed to COVID-19 varies according to the risk categorization, as above.

Recommendations for HCWs at high risk for infection:

- Stop all health care interactions with patients for a period of 14 days after the last day of exposure to a confirmed COVID-19 patient;
- Be tested for COVID-19;
- Quarantine for 14 days in a designated setting.¹

Health care facilities should:

- Provide psychosocial support to HCW during quarantine, or throughout the duration of illness if HCW is confirmed to have COVID-19;
- Provide compensation for the period of quarantine and for the duration of illness (if not on a monthly salary) or contract extension for duration of quarantine/illness;
- Provide review of IPC training for the health care facility staff, including HCWs at high risk for infection after 14-day quarantine period.

Recommendations for health workers at low risk for COVID-19:

- Self-monitor temperature and respiratory symptoms daily for 14 days after the last day of exposure to a COVID-19 patient. HCWs should call the health care facility if they develop any symptoms suggestive of COVID-19;
- Reinforce contact and droplet precautions when caring for all patients with acute respiratory illness² and standard precautions for all patients;
- Reinforce airborne precautions for aerosol-generating procedures on all suspected and confirmed COVID-19 patients;
- Reinforce the rational, correct, and consistent use of personal protective equipment;³
- Apply WHO's "My 5 Moments for Hand Hygiene" before touching a patient, before any clean or aseptic procedure, after exposure to body fluid, after touching a patient, and after touching a patient's surroundings;⁴
- Practice respiratory etiquette at all times.

References

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2. WHO Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected: Interim guidance 25 January 2020 ([https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)).
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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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WHO reference number: [WHO/2019-nCov/HCW_risk_assessment/2020.2](https://www.who.int/publications-detail/WHO/2019-nCov/HCW_risk_assessment/2020.2)