ASSESSMENT OF
Healthcare Staff with COVID-19 Contact

Date of Update 09.04.2020

Current evidence suggests that COVID-19 is transmitted through close contact and droplets among people. Those at the highest risk of getting this disease are the ones who have contact with the patient or those who care for them. Therefore, healthcare staff who care for these patients are considered to be at high risk for this infection and protection of healthcare staff is considered to be one of the top priorities. In this section, it will be explained how the healthcare staff who come into contact with the COVID-19 patient should be categorized according to the actions and the measures they take during the contact and how they should be evaluated.

Table 1: Assessment of Healthcare Staff’s Contact with COVID-19 Patient

<table>
<thead>
<tr>
<th>Healthcare Staff’s Use of Personal Protective Equipment (PPE)</th>
<th>Contact Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intense contact with COVID-19 patient wearing a Surgical Mask</strong></td>
<td></td>
</tr>
<tr>
<td>No Medical Mask or N95 used, or medical mask used only in case of N95 indication</td>
<td>Moderate</td>
</tr>
<tr>
<td>No eye protection used</td>
<td>Low</td>
</tr>
<tr>
<td>No gloves and gown used</td>
<td>Low</td>
</tr>
<tr>
<td>All PPE used properly</td>
<td>Not Considered Risky</td>
</tr>
<tr>
<td><strong>Intense contact with COVID-19 patient not wearing a Surgical Mask</strong></td>
<td></td>
</tr>
<tr>
<td>No Medical Mask or N95 used</td>
<td>High</td>
</tr>
<tr>
<td>Use of medical mask in case of N 95 indication</td>
<td>Moderate</td>
</tr>
<tr>
<td>No eye protection used</td>
<td>Moderate</td>
</tr>
<tr>
<td>No gloves and gown used</td>
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</tbody>
</table>

Short talks at the triage desk, short-term entrances to the patient room without contact with the patient and entry to the patient’s room, who is discharged, are not considered risky.

» A healthcare staff who accompanies the patient during walking, does not come in contact with the patient and his extractions, and does not enter the patient room is not considered risky.

» There is no risk of contact in healthcare staff who do not directly contact the patient, do not enter rooms where the patient is actively cared for, and comply with routine safety measures.

Intense contact with the COVID-19 patient includes contacts that occur during any of the following procedures.
Collecting respiratory tract sample
Intubation
Aspiration of respiratory secretions
Non-invasive ventilation
High flow oxygen therapy
Cardiopulmonary resuscitation
Use of nebulizer
Endoscopic procedures
Bronchoscopy
Videolaryngoscopy
Dentistry applications
Mouth-throat-nose examination
Ophthalmological examinations
Insertion of central catheter

LABORATORY ALGORITHM TO BE APPLIED ACCORDING TO RISK CATEGORIES FOR HEALTHCARE STAFF WITH COVID-19 CONTACT

Healthcare Staff with Contact

High Risk
- Start hydroxychloroquine (for 3 days*), isolated and monitored for 7 days at home with active symptom
- Follow-up: PCR test is run if symptom develops on the day of the symptom, otherwise on day 7 if symptom does not develop
- PCR Test positive: Managed according to definition of absolute case. The interrupted chloroquine treatment is completed to 5 days.
- PCR Test negative: Works with mask in a way to complete the total duration to 14 days after contact and active symptom is followed up.
- Follow-up is terminated if no symptom develops

Moderate Risk
- Works with mask, monitored with active symptom follow-up. PCR test is run if symptom develops on the day of the symptom, otherwise on day 7 if symptom does not develop.
- PCR Test positive: Managed according to definition of absolute case.
- PCR Test negative: PCR Test is run 48 hours after the first test if symptom does not improve

Low Risk
- Works with mask in a way to complete the total duration to 14 days after contact and symptom is followed up
- PCR Test is run if symptom develops
- Follow-up is terminated if no symptom develops

PCR Test Positive
- Managed according to definition of absolute case

PCR Test Negative
- Resting is suggested until symptom improves

* 3 days totally, 2x200 mg
* Although there is no strong evidence indicating that the use of hydroxychloroquine is effective in prophylaxis, it has been suggested for high-risk contacts.
* G6PD deficiency must be investigated before use of hydroxychloroquine.