

**DIRECTORATE OF HEALTH SERVICES, ODISHA**  
**Health and Family Welfare Department, Government of Odisha**

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No. 10485 /HA-MISC-01/2020, BBSR Dated: 15 / 05 /2020

**From,**

**Dr. Bijay Kumar Mohapatra, M.S.**  
**Director of Health Services, Odisha**

**To**

**The Directors Capital Hospital & RGH Rourkela.**  
**All CDM&PHOs.**

**Sub:** Revised Guideline on Risk Assessment of Health Care Workers with Potential Workplace exposure to COVID-19 in regards to post duty quarantine period.

**Madam / Sir**

Inviting reference to the subject cited above I am enclosing here with the Revised Guideline as recommended by technical committee on Risk Assessment of Health Care Workers with Potential Workplace exposure to COVID-19 in regards to post duty quarantine period for information and necessary risk assessment for health care workers deployed in COVID-19 Health facilities.

Further you are requested to widely circulate the above Guideline amongst all health care institutions (both Govt./ Pvt) for guidance and execution.

  
**Director of Health Services, Odisha**

**Memo. No. 10486 BBSR**

Date. 15.05.2020

Copy submitted to Addl. Chief Secretary, Health & F.W. Dept, Govt. of Odisha, Bhubaneswar for information.

  
**Director of Health Services, Odisha**

**Memo. No. 10487 BBSR**

Date. 15.05.2020

Copy submitted to Mission Director, NHM, Bhubaneswar for information.

  
**Director of Health Services, Odisha**  
Date. 15.05.2020

**Memo. No. 10488 BBSR**

Copy to all Collector cum DMs for information

  
**Director of Health Services, Odisha**

**GUIDELINE ON STRATEGIES TO MITIGATE HEALTH CARE  
PROFESSIONALS STAFFING SHORTAGE TAKING INTO  
CONSIDERATION OF "RISK ASSESSMENT OF HEALTH CARE WORKERS  
WITH POTENTIAL WORKPLACE EXPOSURE TO COVID-19"**

**OBJECTIVES:**

This Guideline aims:

- A. To Assess Risk of Health Care Personnel (HCP) with potential workplace exposure to COVID-19.
- B. To Determine the Risk Categorization of HCP after exposure to a COVID-19 Patient
- C. To Recommend Strategies to Mitigate the Risk of exposed HCP, based on Risk Category.
- D. To Suggest Precautions of Exposed HCP on Return To Work from Quarantine.

**GUIDELINES:**

**A. RISK ASSESSMENT OF HEALTH CARE PERSONNEL WITH POTENTIAL  
WORKPLACE EXPOSURE TO COVID-19".**

The Health Care Personnel (HCP) will be considered as being exposed to COVID-19 virus depending on the following information and satisfying the following criteria given below:

**I. General Information**

- 1. Whether the HCP had a history of working in the same facility or environment with a confirmed COVID-19 patient.
- 2. Does the HCP have history of travelling together in close proximity (within 1 meter) with a confirmed COVID- 19 patient in any kind of conveyance?

**II. Place of Interaction:**

- 1. COVID Hospital
- 2. COVID Health Centre
- 3. COVID Care Centre
- 4. Hospital (For Non-COVID Patients)
- 5. OPD Clinic
- 6. Primary Health Centre
- 7. Isolation Ward / Quarantine Homes
- 8. Others


### III. Activity Performed :

1. Did the HCP provide direct care to a confirmed COVID-19 patient? (Yes/No/Unknown)
2. Was the HCP in face-to-face contact (within 1 metre) with a confirmed COVID-19 patient in a health care facility? (Yes/No/Unknown)
3. Was the HCP present in the situation where any aerosol-generating procedure was being performed on the patient? (Yes/ No)

(If Yes : The Type of procedure being performed to be specified –  
(Tracheal intubation/ Nebulizer treatment/ Open airway suctioning/ Collection of sputum/  
Tracheostomy/ Bronchoscopy/ Cardiopulmonary resuscitation (CPR)/ Others).

4. Was the HCP in direct contact with the environment where the confirmed COVID-19 patient was cared for? E.g. bed, linen, medical equipment, bathroom, etc. (Yes/No/Unknown)
5. During the period of exposure was the HCP involved in health care interaction(s) (paid or unpaid) in another health care facility? (Yes/No)

### IV. Adherence To IPC Procedures

1. During a health care interaction with a COVID-19 patient, did the HCP wear personal protective equipment (PPE)? (Yes/No)
2. If Yes, for Each Item of PPE how often he/she used it ?

- ✓ '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. Single-use gloves - .....
- b. Medical mask - .....
- c. Face shield or goggles/protective glasses - .....
- d. Disposable gown - .....
- e. Shoes - .....



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***For the following questions, the frequency with which the HCP wore the PPE should be quantified as below:***

- ✓ *'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%.*

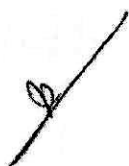
3. During a health care interaction with the COVID-19 patient, did the HCP remove and replace his/her PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc.)?
4. During a health care interaction with the COVID-19 patient, did he/she perform hand hygiene before and after touching the COVID-19 patient (whether or not he/she was wearing gloves)?
5. During a health care interaction with the COVID-19 patient, did the HCP 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.)?
6. During a health care interaction with the COVID-19 patient, did the HCP perform hand hygiene after exposure to body fluid?
7. During a health care interaction with the COVID-19 patient, did the HCP perform hand hygiene after touching the patient's surroundings (bed, door handle, etc.), regardless of whether he/she was wearing gloves?
8. During a health care interaction with the COVID-19 patient, were high-touch surfaces decontaminated frequently (at least three times daily)?

**V. Adherence To IPC Procedures During Performance Of Aerosol Generating Procedures In A Covid-19 Patient:**

1. During aerosol-generating procedures on a COVID-19 patient, did the HCP wear personal protective equipment (PPE)? If Yes, how often each item of PPE was used ?

- ✓ *'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. Single-use gloves - .....
- b. N95 mask (or equivalent respirator) - .....
- c. Face shield or goggles/protective glasses - .....
- d. Disposable gown - .....
- e. Waterproof apron - .....



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Maharajan Patnaik  
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***For the following questions, the frequency with which the HCP wore the PPE should be quantified as below:***

- ✓ *'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%.*

2. During aerosol-generating procedures on the COVID-19 patient, did the HCP remove and replace his/her PPE according to protocol (e.g. when medical mask became wet, disposed the wet PPE in the waste bin, performed hand hygiene, etc.)?
3. During aerosol-generating procedures on the COVID-19 patient, did the HCP perform hand hygiene before and after touching the COVID-19 patient, regardless of whether he/she was wearing gloves?
4. During aerosol-generating procedures on the COVID-19 patient, did the HCP perform hand hygiene before and after any clean or aseptic procedure was performed?
5. During aerosol-generating procedures on the COVID-19 patient, did the HCP perform hand hygiene after touching the patient's surroundings (bed, door-handle, etc), regardless of whether he/she was wearing gloves?
6. During aerosol-generating procedures on the COVID-19 patient, were high-touch surfaces decontaminated frequently (at least three times daily)?

**VI. Accidental Contact With Biological Material:**

1. During a health care interaction with a COVID-19 patient, did the HCP have any type of accidental contact with body fluid/respiratory secretions? (Yes/No)
2. If Yes, the Type of Accidental Contact-
  - ✓ Splash of biological fluid/respiratory secretions in the mucous membrane of eyes
  - ✓ Splash of biological fluid/respiratory secretions in the mucous membrane of mouth/nose
  - ✓ Splash of biological fluid/respiratory secretions on non-intact skin
  - ✓ Puncture/sharp accident with any material contaminated with biological fluid/respiratory secretions



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**B. RISK CATEGORIZATION OF HEALTH CARE PERSONNEL WITH POTENTIAL WORKPLACE EXPOSURE TO COVID-19**

**I. HIGH RISK for COVID-19 virus infection**

The HCP who did **not** respond - '*Always, as recommended*' to the Criteria:

1. IV (1-8) and V (1-6)
2. Or responded 'Yes' to VI (1)

are considered as High Risk for COVID-19 virus infection

**II. LOW RISK for COVID-19 virus infection**

The HCP who responded in - '*All other answers*'

are considered as Low Risk for COVID-19 virus infection

**C. STEPS TO MITIGATE RISK OF EXPOSURE TO HEALTH CARE PROFESSIONALS**

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

**I. Recommendations for HCPs at HIGH RISK for infection:**

1. Stoppage of all health care interactions with patients for a period of 14 days after the last day of exposure to a confirmed COVID-19 patient;
2. HCP to be tested for COVID-19 on 5<sup>th</sup> day and if develops symptoms during quarantine period.
3. HCP to be Quarantined for 14 days in a designated setting/may opt for home quarantine & self monitoring.
4. If, HCP will be tested positive or develops symptoms during quarantine period, the protocol for management will be followed

Health care facilities should:

1. Provide psychosocial support to HCP during quarantine, or throughout the duration of illness if HCP is confirmed to have COVID-19;
2. Provide duty leave 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;
3. Provide review of IPC Training and Re-Training for the health care facility staff, including HCPs at high risk for infection after 14-day quarantine period.



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## II. Recommendations for HCPs at LOW RISK for COVID-19:

1. They will be under home/institutional quarantine for 5 days after which the test will be done. If result negative, they can return to work. If result positive, treatment done as per the guidelines.
2. They must reinforce contact and droplet precautions when caring for all patients with Severe Acute Respiratory Illness and follow standard precautions for all patients;
3. Reinforce airborne precautions for aerosol-generating procedures on all suspected and confirmed COVID-19 patients;
4. Reinforce the rational, correct, and consistent use of personal protective equipment
5. 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;
6. Practice respiratory etiquette at all times.

## D. PRECAUTIONS OF EXPOSED HCP ON RETURN TO WORK FROM QUARANTINE

If the HCP develops respiratory symptoms suggestive of COVID-19 on return to work, he/she should be tested for COVID-19 and necessary protocol to be followed accordingly.

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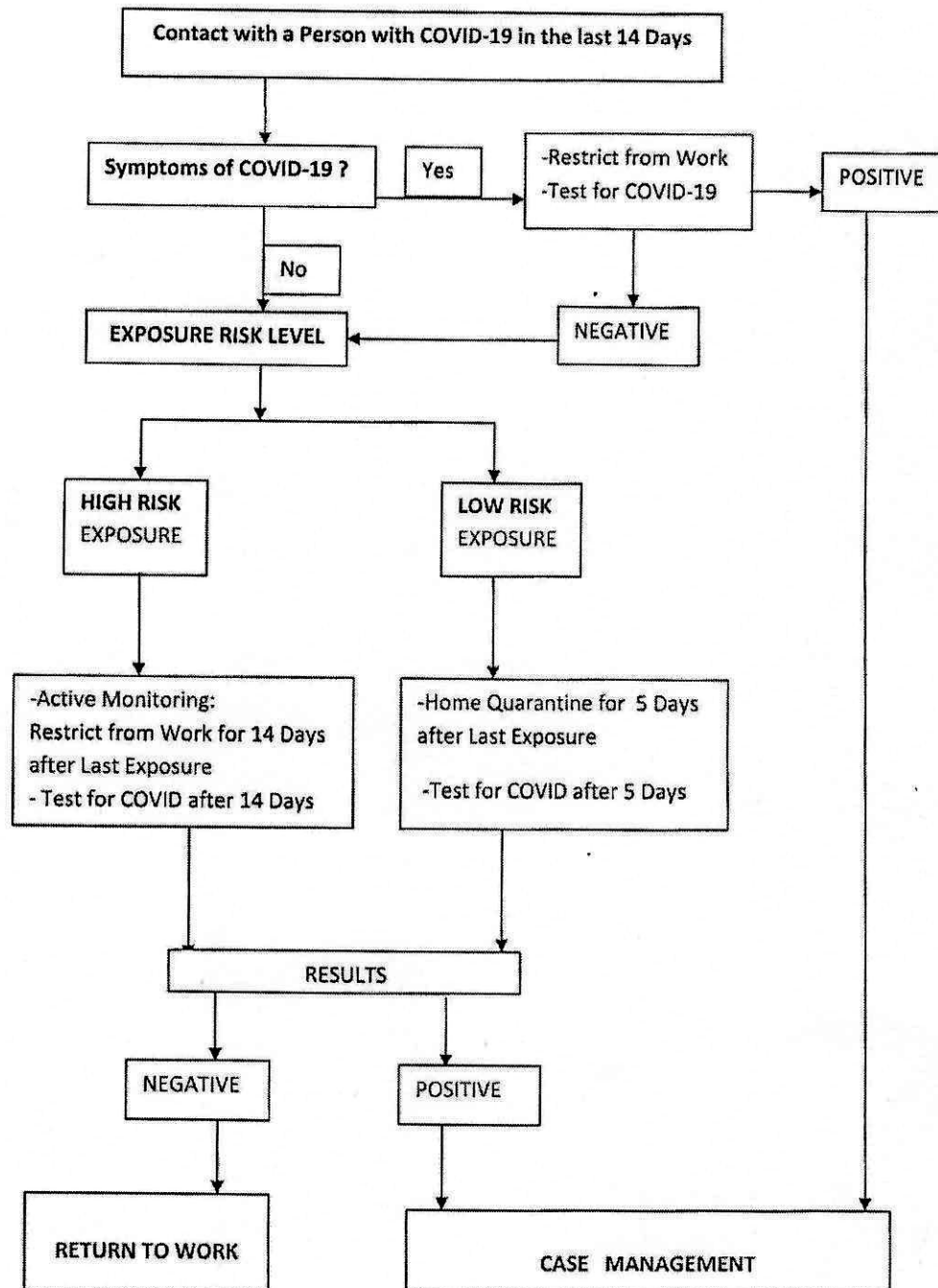
Hemant Kumar Pattnaik

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9/12/20

**Fig: FLOWCHART OR MANAGEMENT OF HCP WITH EXPOSURE TO A PERSON WITH COVID-19.**

1. HCP to be Quarantined for 14 days in a designated setting.



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