## Health Workers (HWs) AT-RISK for COVID-19

HWs can move from one group to another group depending on the activities they do

Fully vaccinated HWs decrease their risk of severe illness and death from COVID -19

**HIGH-RISK** exposure HWs are those who have had prolonged (>15 minutes) close contact with (<1m away from) known or unknown COVID-19 patients where the patient. HWs doing aerosolgenerating procedures (AGPs) are considered high-risk as well

**MEDIUM-RISK** exposures include HWs who had prolonged close contact with known or unknown COVID-19 patients who were wearing a medical mask or where the HW was exposed to potentially infectious bodily fluids with SARS-CoV-2

**LOW-RISK** exposures refer to HWs with brief interactions with known or unknown COVID-19 patients or prolonged close contact with COVID-19 patients who were wearing a medical mask while HWs were also wearing a medical mask or respirator

Who are these HWs: Frontline, Emergency and In-patient HWs, Dentists and Dental Assistants, Laboratory personnel handling suspected COVID-19 specimens, Mortuary Workers, Cleaners, Porters, Laundry Workers, Waste Management Workers, Allied HWs, security staff, HWs working in medical wards

All EMPLOYERS should undertake a WORKPLACE ASSESSMENT and a WORKFORCE ASSESSMENT to reduce the risk to HWs

WORKPLACE ASSESSMENT





WORKFORCE ASSESSMENT

## **Workforce Vulnerability Assessment**

## **Very High Vulnerability**

- Solid organ transplant recipients
- People on immunosuppressive Rx
- · People with blood or bone cancers or on cancer
- Severe respiratory conditions (cystic fibrosis, severe asthma/COPD/TB)
- Inborn errors of metabolism that ↑ risk of
- Pregnant women with significant congenital or acquired heart disease

## **High Vulnerability**

- Age >60 years
- Chronic lung problems (moderate severe asthma, previous complicated TB, etc.)
- Serious heart conditions
- Severe obesity (BMI >40)
- Moderate to intermittent immunocompromised
- Underlying medical condition- not well controlled e.g. (diabetes, hypertension, renal or liver failure)
- >28 weeks pregnant

## **Medium and Low Vulnerability**

- <28 weeks pregnant, but healthy</li>
- 40-60 years with controlled medical conditions (e.g. hypertension, diabetes mellitus, cardiovascular disease, etc.)
- Previous lung TB, but recovered without complications
- LOW VULNERABILITY
- · Healthy, young

## **Workplace Assessment (Hierarchy of Controls)**

- Installing high-efficiency air filters.
- Increasing ventilation rates in the work environment particularly in isolation rooms
- Controlled access to high risk areas and the use of screens in reception areas
- Disinfection devices (e.g. UVGI) **Engineering** 
  - Dentists can consider use of rubber dams to limit AGPs

#### • A workplace plan of action including, HW education & training, self symptom monitoring (report to supervisor if symptoms of COVID-19) and medical surveillance programme

- Encourage workers to vaccinate or that vaccination status is "Up to date", and give access to vaccination support services.
- Appropriate and rapid triage and proper patient placement and isolation.
- Controlled access to high risk areas and laboratories
- Adequate staff to patient ratios, appropriate working hours and breaks need to be maintained
- Limit AGPs on COVID-19 patients unless medically indicated
- N95 respirators or FFP2 for high-risk procedures such as AGPs. Consider surgical masks for all less risky procedures
- Eye protection (goggles or face shield)
- Gloves and gowns
- Aprons should also be used if gowns are not fluid resistant for high-risk procedures

### Please note

COVID-19 is but one biological hazard for HWs like TB.

The use of PPE should be informed by the risk assessment taking into account all hazards, with all infection prevention control measures in place.

A healthcare worker's vaccination is considered "Up to date" if they have received all recommended COVID-19 vaccine doses, including a booster dose if eligible.

### Example of PPE used for a high-risk HW



Admin

**PPE** 

www.nioh.ac.za

World Health Organization. Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages, 6 April 2020. World Health Organization; 2020.

Protecting HCWs-strategy for the frontline against COVID-19 v2 (UKZN document)

Atnafie SA, Ayalew Anteneh D, Kumilachew D, Id Y, Demelash Z, Id K. Assessment of exposure risks to COVID-19 among frontline health care workers in Amhara Region, Ethiopia: A cross-sectional survey. 2021; Available from: https://doi.org/10.1371/journal.pone.0251000Health Care Worker Isolation and Quarantine Recommendations https://www.health.state.mn.us/o us/hcp/exposure.html#utd .Last accessed 01 February 2022



# COVID-19 Workplace Preparedness & Prevention HEALTHY, SAFE & SUSTAINABLE WORKPLACES

Workplace Holline: 0800 2121 75

General queries for data submision: 0723215503 | 0713981169 | OHSWorkplace@nioh.ac.za info@nioh.ac.za



NATIONAL HEALTH LABORATORY SERVICE

Occupational Health Surveillance System [OHSS]

Information in this fact-sheet is correct as at 19 April 2022. Please consult Department of Health, Department of Employment and Labour, NICD, NIOH, WHO and CDC websites regularly for updated information. ORT2022 V3

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