



A NATION-WIDE APPROACH TO RESPOND TO THE COVID-19 SPREAD IN LEBANON

Risk Assessment of Employees Exposed to COVID-19 + cases & Return to Work of COVID-19 + Healthcare Workers

PREVENTION PREVENTION PREVENTION



SLOW THE SPREAD OF COVID-19

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



Wear a cloth face covering
in public spaces



Stay at least 6 feet
from other people



Frequently wash
your hands

PREVENTION PREVENTION PREVENTION



■ SOCIAL DISTANCING

- A new habit, a new mindset: people should try to stay at a distance of at least 1.8 m of each other
- Think of implications for employees: no more common lunch breaks; kitchen to be used by 1 or 2 persons at a time; meeting rooms should be much bigger or have virtual meetings

■ FREQUENT HANDWASHING

- Soap and Water or alcohol-based solution

■ Facemasks

PREVENTION PREVENTION PREVENTION

Importance of Face Masks



Health Care Workers (HCW) and patients must be always wearing a facemask



If your patient is unable to wear a facemask, protect your eyes with a face shield/goggles when you are:

- Close to your patient (< 2 meters away)
- Spending more than 15 min with your patient

Risk Assessment of Employees Exposed to COVID-19 + cases



- Employees might be exposed to a COVID-19 positive case:
 - Case is a patient before the patient is known positive
 - Case is a fellow employee, before known positive
 - Contact tracing: cases are contagious up to 2 days before they are symptomatic or test positive
- If measures described before are ensured, there should be minimal exposure

Risk Assessment of Employees Exposed to COVID-19 + cases



- Contact tracing if possible, should be performed
- Trace who was close to the case 48 hours before the case developed symptoms or was confirmed positive
- Use the following grid to determine exposure risk
- Based on the information, you determine if there is high or low risk of exposure

Health Care Worker Information

Name	Phone	Position	Unit/Dept	Date of Exposure	Procedure/Exact task performed with source	Distance from source		Time spent with source		Personal Protection Equipment				Hand Hygiene		Did the source have a facemask applied	
						<1.8m	>1.8m	<15min	>15min	Facemask	N 95	Face shield/ Goggles	Gloves	Gown	Before exposure to source		After exposure to source

Risk Assessment of Employees Exposed to COVID-19 + cases



- If the patient, visitor, or fellow HCW with confirmed COVID-19 **was not wearing a facemask and the HCW had a prolonged (>15 min) close contact (<1.8 meters) and was not wearing a facemask and eye protection (goggles or face shield) → the HCW is at high risk**
- If the HCW **performing an aerosol generating medical procedure (AGMP) was not wearing a gown, gloves, eye protection and N95 → the HCW is at high risk**
- HCW other than those with exposure risks described above are at low risk

Risk Assessment of Employees Exposed to COVID-19 + cases



Exposure	Personal Protective Equipment Used	Work Restrictions
<p>HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³</p> <p>> 15 min < 1.8 m</p>	<ul style="list-style-type: none"> HCP not wearing a respirator or facemask⁴ HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ 	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure⁵ Advise HCP to monitor themselves for fever or <u>symptoms consistent with COVID-19</u>⁶ Any HCP who develop fever or <u>symptoms consistent with COVID-19</u>⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to [Strategies to Mitigating HCP Staffing Shortages](#).

Risk Assessment of Employees Exposed to COVID-19 + cases



Exposure	Personal Protective Equipment Used	Work Restrictions
HCP other than those with exposure risk described above	<ul style="list-style-type: none">• N/A	<ul style="list-style-type: none">• No work restrictions• Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19⁶ and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19⁶ at the beginning of their shift.• Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Return to Work of COVID-19 + Healthcare Workers



RETURN TO WORK:

- **Symptom based strategy, except for a few cases like severe immunosuppression**

A symptom-based strategy is now recommended. The time period used depends on the HCP's severity of illness and if they are severely immunocompromised.

- **A test-based strategy is no longer recommended because, in majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.**

Return to Work of COVID-19 + Healthcare Workers



HCP with [mild to moderate illness](#) who are not severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Return to Work of COVID-19 + Healthcare Workers



HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

Return to Work of COVID-19 + Healthcare Workers



HCP with [severe to critical illness](#) or who are severely immunocompromised

- At least 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Remember



We should continue to emphasize the **STRICT ADHERENCE TO INFECTION PREVENTION AND CONTROL** measures.

For **regular patient care**:

- HCW should be **wearing facemasks all times and patients should be wearing facemasks**
- If the **patient is unable to wear a facemask**, HCW should protect their eyes with a **face shield/goggles**
- For **aerosol generating procedures**, HCW should be wearing all recommended PPE (gown, gloves, eye protection, N95)

Document Document Document



Document in the Employee Medical Record:

- Duration of sick leave
- When Employee returns to work
- Keep an email track: informing supervisor all the time
- Make sure the employees are informed

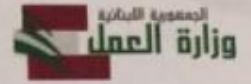


Lebanese Law: Ministry of Labor Circular



Ministry of law stipulates:

- Isolation days should be FULLY PAID, whether isolation takes place at home or in the hospital
- Employees who contract the virus follow law 136/1983 for work accidents



قرار رقم ١/٢٠

ان وزيرة العمل ،

نظراً للأوضاع الصحية المستجدة نتيجة انتشار فيروس كورونا،

وحيث أنّ العاملين في الجسم الطّبي (ممرّضات - ممرّضين - مستخدمين) هم أكثر عرضة للإصابة بهذا الفيروس، الأمر الذي حدا بالمستشفيات الى تطبيق نظام الحجر الصحيّ عليهم في المنزل أو المستشفى، وحيث أنّ إصابة أي منهم بهذا الفيروس مرتبط بقيامهم بعملهم مما يربّث على أصحاب المستشفيات تحمّل المسؤولية إنفاذاً للقوانين المرعية الاجراء لا سيّما لقانون العمل والمراسيم ذات الصلة، بناءً عليه،

تقرر ما يأتي

أولاً: يطلب الى أصحاب المستشفيات اعتبار مدة الحجر التي يقضيها العاملون في الجسم الطبي مدفوعة الأجر كاملاً سواء كان الحجر في المنزل أو المستشفى.
أما الذين يصابون بالفيروس فتطبق عليهم أحكام مرسوم طوارئ العمل رقم 136/1983.
ثانياً: تشمل أحكام هذا القرار جميع الحالات المذكورة أعلاه ابتداءً من تاريخ الأول من شهر شباط 2020.

وزيرة العمل
لعمىا يعين



٢٠ آذار ٢٠٢٠

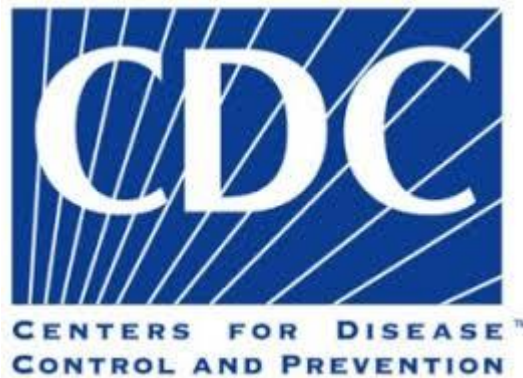
يبلغ الى:

- نقابة المستشفيات
- المستشفيات الحكومية
- نقابة الممرضين والممرضات

Remember



- **Keep checking the CDC and WHO as guidelines are evolving with the pandemic**



References



- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- <https://www.who.int/publications/i/item/risk-assessment-and-management-of-exposure-of-health-care-workers-in-the-context-of-covid-19-interim-guidance>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf>
- https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19_PPE_illustrations-p.pdf
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- <https://www.labor.gov.lb/Temp/Files/8edf2a1e-1c8d-42d6-83f8-d302b8c65d80.jpeg>
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