



Updated 4th March 2020

Guidance for COVID-19

Guidance for health and social care workers returning from risk areas or who have had contact with possible or confirmed cases of COVID-19

1. Introduction

On 31st December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province in China. Early in January 2020 it was announced that a novel coronavirus had been identified, linked to a Seafood Wholesale Market in Wuhan City.

Public Health Services have been working with colleagues in Jersey and the UK to provide information and advice as the situation regarding the coronavirus develops.

Updated information, including symptoms of COVID-19, can be found on

<https://www.gov.gg/coronavirus>.

The virus was originally referred to as 2019-nCoV novel coronavirus. On 11 February 2020 the International Committee on Taxonomy of Viruses designated a name to this new coronavirus - **Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2)**. On the same day, the World Health Organization named the disease that is caused by the SARS-CoV-2 as **COVID-19**.



2. Recommendations

It is important that health and social care workers should not attend a healthcare setting if there is a risk they could spread COVID19.

We are defining health and social care workers (HSCWs) as those staff working in an environment directly accessed by service users, whether in a hospital or community type environment. This includes both clinical and non-clinical staff. This also includes HSC staff where depletion of workforce as a result of a symptomatic case attending work would pose significant operational issues e.g. laboratory professionals.

- All staff who have travelled should check the status of the country/countries they have visited on www.gov.gg/coronavirus prior to returning to work.

The three main ways through which HCWs are at risk themselves are: travel to a risk area, healthcare or household exposures.

Recommendations regarding return to work for HCW in these categories of potential exposure to COVID-19 are set out in this guidance. Healthcare providers should use their communication systems to message all staff in their organisation, stating that if a HCW has travelled to or transited through a Group A or Group B country * and has returned to the UK in the past 14 days, the HCW should:

- Notify Public Health Services and their line manager immediately if they have already returned to work
- If not already at work, notify their line manager and occupational health manager before returning to work.

*Guidance on the advice to returning travellers is regularly updated and can be found on <https://www.gov.gg/coronavirus>.



3. HCW exclusion and self-isolation recommendations

a. HSCW exclusion and self-isolation recommendations (Table 1)

Type of Exposure		Asymptomatic HSCW with exposure within the past 14 days	Exclusion from work for 14 days after last exposure**	Other actions
Travel	1	Travel to Group A country / area	Yes	Self-isolation at home for 14 days after return to the UK
	2	Travel to a Group B area/ country	No	Inform line manager and Public Health Services. No restrictions unless advised by Public Health Services or IPACT
	3	Contact with a confirmed case in any country	Yes	Self-isolation at home for 14 days after return to Guernsey (PHS will advise on active or passive follow up)
	4	Exposure to healthcare settings (e.g. working in healthcare, admission or visit to hospital) in Group B areas	Yes (from last healthcare exposure)	No other restrictions unless advised by PHS or IPACT
Healthcare (Guernsey or UK)	5	Contact with a symptomatic possible case whilst wearing recommended PPE with no breaches	No	No restrictions
	6	Contact with a confirmed case whilst wearing recommended PPE with no breaches***	No	No restrictions, but passive follow up for 14 days after last exposure
	7	Contact with a symptomatic possible case without wearing recommended PPE	No	Exclusion and self-isolation may be recommended in certain circumstances based on a risk assessment by PHS and IPACT
	8	Contact with a confirmed case without wearing recommended PPE***	Yes	Self-isolation at home for 14 days after last contact (PHS will advise on follow-up)
Household or other setting outside of work	9	Contact with a possible case	No	Exclusion and self-isolation may be recommended in certain circumstances based on a risk assessment by PHS or IPACT
	10	Contact with a confirmed case***	Yes	Self-isolation at home for 14 days after last contact (PHS will advise on follow-up)



** Exclusion relates to work within healthcare premises, and for many staff there could be opportunities for home working that HSC may wish to explore.

*** All contacts with a confirmed case in the Bailiwick will be risk assessed by PHS or IPACT who will advise on exclusions and follow up of those HCWs in line with separate contact tracing guidance. Examples given above are listed as a general rule before such detailed contact tracing can be performed.

b. Symptomatic HSCWs

Any HCW with relevant exposure history and compatible symptoms must not attend any healthcare setting. They should remain at home and contact Public Health Services (on 725241) by phone immediately for advice.

4. Asymptomatic staff with household contacts who are possible cases

For asymptomatic staff who have a household member who has travelled to a country listed in Group A or B on www.gov.gg/coronavirus and is symptomatic, the member of staff should be excluded from work until the test results of the contact are available.

5. Self-isolation

If the HSCW is required to self-isolate, they should be advised to remain at home for 14 days following last exposure and avoid contact with other people.

Any staff member that is self-isolating for any of the reasons outlined in 1 – 10 (Table 1) MUST inform Public Health Services through the PEH switchboard.

The HCW should be advised of the symptoms of COVID-19 and guidance on self-isolation on www.gov.gg/coronavirus

If the HCW develops symptoms they should contact Public Health Services on 725241 immediately for advice. If urgent, they should phone 999 and make clear reference to their possible exposure to COVID-19. HSCWs need to inform occupational health and their line manager about their situation.



6. Occupational Health advice

Those HSCWs whose possible exposure does not require exclusion from work should be advised:

- of the symptoms of COVID-19, available on www.gov.gg/coronavirus
- that they can continue to practice or work as normal as long as they do not have any of these symptoms
- if they become unwell during the 14-day observation period (since last exposure), they must self-isolate and make phone contact with their GP immediately
- that they need to inform occupational health and their line manager if they become symptomatic

The healthcare provider may choose to provide a direct point of contact for the HSCW to use should they become unwell.

Occupational health or senior managers may need to reassure other work colleagues if they have been in contact with the HSCW in the work setting.

If the setting does not have an occupational health service the manager should be the first point of call.

7. Return to work

a. HSCWs who have been excluded from work

If the HSCW has remained well they can return to work at the end of their 14-day exclusion period.

If the HSCW has had symptoms during their exclusion period and has tested negative for COVID-19 they should remain excluded until the end of the 14 days, following which they can return to work if their symptoms have resolved.

If they are still symptomatic at the end of the 14 days, this should be assessed on a case by-case basis before return to work – Public Health Services or IPACT can provide advice.



b. HCWs who were not initially excluded from work but developed symptoms during their 14-day observation period

If during their 14-day observation period the HSCW has developed symptoms and tested negative for COVID-19, they can return to work only when their symptoms have resolved.

They should continue to monitor their health for the remainder of their 14-day observation period and be reassessed if they develop new symptoms.

If they are still symptomatic at the end of the 14 days, this should be assessed on a case-by-case basis before return to work - Public Health Services or IPACT can provide advice.

8. Household members of HSCWs caring for suspected or confirmed COVID-19 cases

As long as the appropriate PPE has been used by the HSCW, household members of HSCWs who are caring for patients with suspected or confirmed COVID-19 do not need to self-isolate and have no restrictions on any of their activities. Advice on individual cases can be provided by the Public Health Team.