



REPUBLIC OF NAMIBIA

# MINISTRY OF HEALTH AND SOCIAL SERVICES

Ministerial Building  
Harvey Street  
Private Bag 13198  
Windhoek

OFFICE OF THE EXECUTIVE DIRECTOR

Tel: No: 061 -2032500  
Fax No: 061-304 145  
t\_kandetu@yahoo.com

Ref: 2/P  
Enquiries: Dr. Theo-Ben Kandetu

28 July 2020

CIRCULAR No. 53 OF 2020

**TO: NATIONAL AND REGIONAL DIRECTORS  
MEDICAL SUPERINTENDENTS OF REFERRAL HOSPITALS  
CHIEF MEDICAL DIRECTORS  
SENIOR MEDICAL OFFICERS-IN-CHARGE OF DISTRICT HOSPITALS  
NURSE MANAGERS-IN-CHARGE OF HEALTH CENTERS AND CLINICS**

## **RISK CATEGORIZATION AND MANAGEMENT OF EXPOSURES OF HEALTH CARE WORKERS IN THE CONTEXT OF COVID-19**

Current evidence suggests that SARS-CoV-2 is transmitted between people through close contact and droplets. However, aerosol-generating procedures may be associated with increased risk of infection which would require additional personal protective equipment (PPE). This inevitably places health care workers (HCWs) at high risk of infection. Protecting HCWs is of paramount importance to Namibia. Additionally, protecting the general public from HCWs is also a critical part of controlling COVID-19.

Against this background, the Ministry of Health and Social Services developed a document titled "**Risk Categorization and Management of Exposures of Health Care Workers in the Context of Covid-19**". The document (attached hereto) provides a framework to classify the HCWs into either High or Low Risk, depending on the level and nature of exposure. **High Risk HCWs are required to be quarantined** in line with the SOPs and **Low Risk HCWs are NOT required to be quarantined**.

I urge and request that this document be brought to the attention of all relevant staff for immediate implementation.

  
BEN NANGOMBE  
EXECUTIVE DIRECTOR



All official correspondence must be addressed to the Executive Director.





**MINISTRY OF HEALTH AND SOCIAL SERVICES**

**RISK CATEGORIZATION AND MANAGEMENT OF EXPOSURE OF  
HEALTH CARE WORKERS IN THE CONTEXT OF COVID-19**

**July, 2020**

*NS*

## BACKGROUND

Current evidence suggests that SARS-CoV-2 is transmitted between people through close contact and droplets. However, aerosol-generating procedures may be associated with increased risk of infection for health care workers (HCWs). This requires additional personal protective equipment (PPE) for health workers. Protecting HCWs is of paramount importance to Namibia. Additionally, protecting the general public from infection that may emanate from HCWs is a critical part of controlling and suppressing the spread of COVID-19.

## INSTRUCTIONS

This tool aims to provide guidance on how to determine the risk categorization of each HCW after exposure to a COVID-19 patient and provides recommendations for their management. The relevant forms must be completed by the Infection Prevention Control (IPC) team within the healthcare facility for all HCWs who have been exposed to a patient with confirmed COVID-19.

The document provides a framework to classify the HCW as either High or Low Risk. **High Risk HCWs are required to be quarantined** as per existing SOPs. **Low Risk HCWs are NOT required to be quarantined.**

For each HCW, follow the following steps:

1. Fill out **Baseline Information (page 3-4)**
2. Work through the **Flow Chart (page 5)**
  - a. Determine if exposure was **non-aerosol generating** or **aerosol generating**, and follow the flow.
  - b. Aerosol-generating procedures include:
    - i. Intubation, extubation and related procedures such as manual ventilation and open suctioning
    - ii. Tracheotomy/tracheostomy procedures (insertion/open suctioning/decannulation)
    - iii. Bronchoscopy
    - iv. Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
    - v. High-flow nasal oxygen (HFNO), also called high-flow nasal cannula (HFNC)
    - vi. Induction of sputum
    - vii. Medication administration via continuous nebulizer
    - viii. Dental/maxillofacial procedures
3. If determined to be **LOW RISK**, turn to **Section A** and follow instructions (**page 6**)
4. If determined to be **RISK UNCERTAIN**, turn to **Section B** and follow instructions (**page 7-8**)
5. If determined to be **HIGH RISK**, turn to **Section C** and follow instructions (**page 9**)
6. **Fill out Final HCW Categorization to complete the Tool (page 4)**

## BASELINE INFORMATION:

1. Interviewer information	
A. Interviewer name (surname, first name):	
B. Interview date (DD/MM/YYYY):	___/___/___
C. Interviewer phone number:	

2. Health worker information	
A. Surname:	
B. First name:	
C. Age	
D. Sex:	
E. City:	
F. Contact details (phone number):	
G. Type of health care personnel:	<input type="checkbox"/> Specialist Physician <input type="checkbox"/> Other Specialist <input type="checkbox"/> Medical doctor / General practitioner <input type="checkbox"/> Registered nurse / midwife (or equivalent) <input type="checkbox"/> Assistant nurse, nurse technician (or equivalent) <input type="checkbox"/> Radiology /X-ray technician <input type="checkbox"/> Nutritionist/dietitian <input type="checkbox"/> Pharmacist <input type="checkbox"/> Pharmacy technician or dispenser <input type="checkbox"/> Laboratory personnel <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Dentist/oral maxilla-facial specialist <input type="checkbox"/> Social worker <input type="checkbox"/> Admission/reception clerk <input type="checkbox"/> Cleaner <input type="checkbox"/> Other (specify) _____
H. Type of health care facility:	Tick all that apply: <input type="checkbox"/> Outpatient <input type="checkbox"/> Emergency <input type="checkbox"/> Medical unit <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Cleaning services <input type="checkbox"/> Laboratory <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other, specify _____
3. Health worker interactions with COVID-19 patient information	

A. Date of health worker first exposure to confirmed COVID-19 patient:	Date (DD/MM/YYYY): ___/___/____ <input type="checkbox"/> Not known
B. Name of health care facility where patient received care:	
C. Type of health care setting:	<input type="checkbox"/> Hospital <input type="checkbox"/> Health Centre / Clinic <input type="checkbox"/> COVID19 Isolation facility <input type="checkbox"/> Intensive care unit <input type="checkbox"/> Home care for patients with mild symptoms <input type="checkbox"/> Other (specify):
D. City:	
E. Multiple COVID-19 patients in health care facility	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, number of patients (approximate if exact number not known):

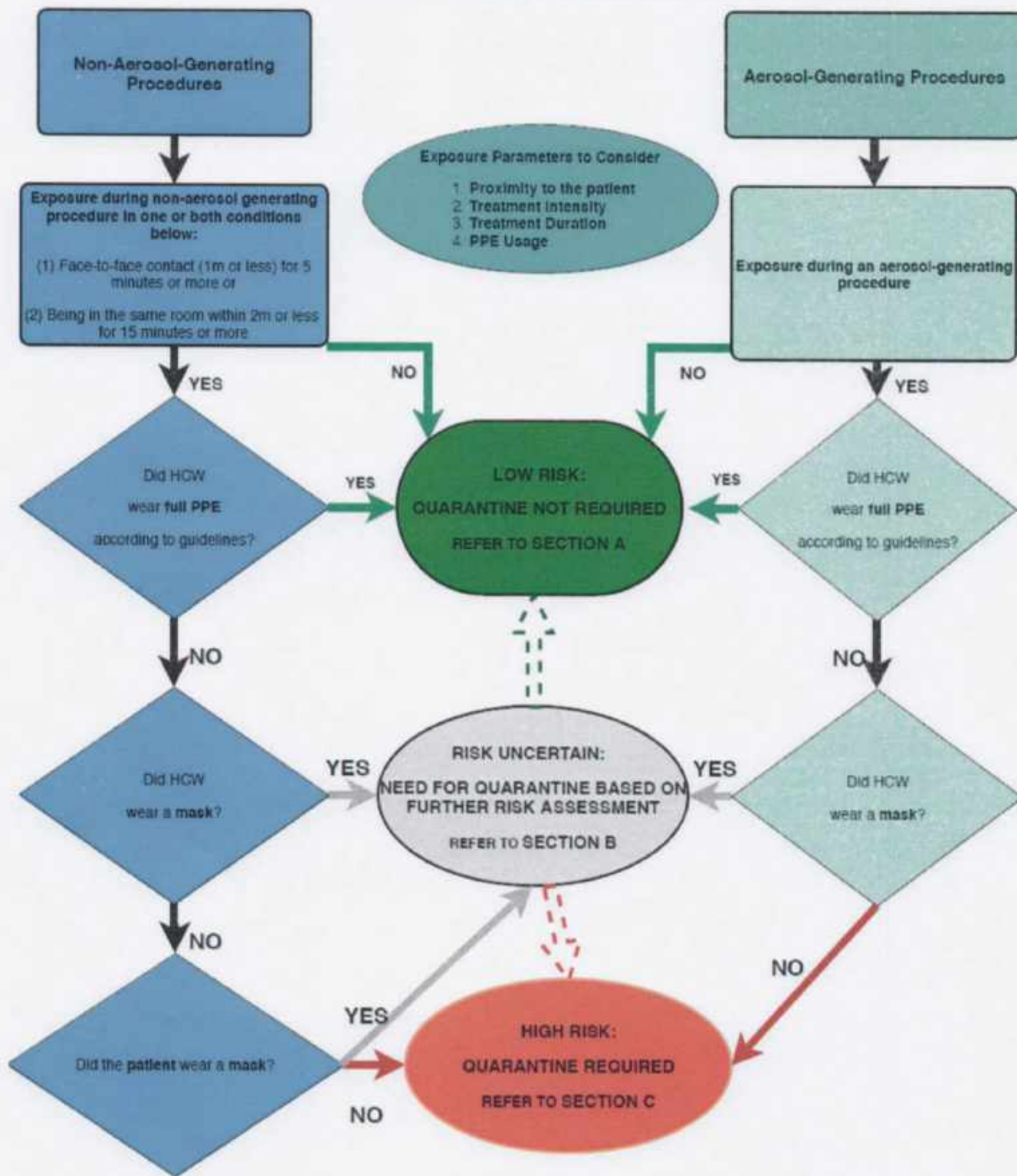
4. Final HCW Risk Categorization (fill out AFTER working through TOOL)	
Final HCW Risk Categorization:	<input type="checkbox"/> HIGH RISK <input type="checkbox"/> LOW RISK



Republic of Namibia

Ministry of Health and Social Services

**FLOW CHART TO DETERMINE WHETHER QUARANTINE IS REQUIRED FOLLOWING HEALTH CARE WORKER (HCW) EXPOSURE TO A PATIENT WITH CONFIRMED COVID-19**





## SECTION A: LOW RISK FOR COVID-19 – QUARANTINE NOT REQUIRED

### Recommendations for health care workers at LOW RISK for COVID-19:

- CONTINUE attending to patients
- Self-monitor temperature and respiratory symptoms daily until 14 days after the last day of exposure to a COVID-19 patient.
- Reinforce contact and droplet precautions when caring for all patients with acute respiratory illness and standard precautions for all patients;
- Reinforce airborne precautions for aerosol-generating procedures on all suspected and confirmed COVID-19 patients;
- Reinforce the rational, correct, and consistent use of personal protective equipment;
- 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;
- Practice respiratory etiquette at all times.
- HCWs should stay at home and call the hotline if they develop any symptoms suggestive of COVID-19; Remember to inform the duty station supervisor immediately

## SECTION B: RISK UNCERTAIN - NEED FOR QUARANTINE BASED ON FURTHER RISK ASSESSMENT

Non-aerosol generating procedure	Aerosol-generating procedure
	
For each item of PPE below, indicate how often you used it:	For each item of PPE below, indicate how often you used it:
Single-use gloves <input type="checkbox"/> Always <input type="checkbox"/> Not Always	Single-use gloves <input type="checkbox"/> Always <input type="checkbox"/> Not Always
Medical mask <input type="checkbox"/> Always <input type="checkbox"/> Not Always	N95 mask (or equivalent respirator) <input type="checkbox"/> Always <input type="checkbox"/> Not Always
Face shield or goggles/protective glasses <input type="checkbox"/> Always <input type="checkbox"/> Not Always	Face shield or goggles/protective glasses <input type="checkbox"/> Always <input type="checkbox"/> Not Always
Disposable gown <input type="checkbox"/> Always <input type="checkbox"/> Not Always	Disposable gown <input type="checkbox"/> Always <input type="checkbox"/> Not Always
	Waterproof apron <input type="checkbox"/> Always <input type="checkbox"/> Not Always
Did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed of the wet PPE in the waste bin, performed hand hygiene, etc.)? <input type="checkbox"/> Always <input type="checkbox"/> Not Always	Did you remove and replace your PPE according to protocol (e.g. when medical mask became wet, disposed of the wet PPE in the waste bin, performed hand hygiene, etc.)? <input type="checkbox"/> Always <input type="checkbox"/> Not Always
Did you perform hand hygiene before and after touching the COVID-19 patient? <input type="checkbox"/> Always <input type="checkbox"/> Not Always	Did you perform hand hygiene before and after touching the COVID-19 patient? <input type="checkbox"/> Always <input type="checkbox"/> Not Always
Did you 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.)? <input type="checkbox"/> Always <input type="checkbox"/> Not Always	Did you 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.)? <input type="checkbox"/> Always <input type="checkbox"/> Not Always
Did you perform hand hygiene after exposure to body fluid? <input type="checkbox"/> Always <input type="checkbox"/> Not Always	Did you perform hand hygiene after touching the patient's surroundings (bed, door handle, etc), regardless of whether you were wearing gloves? <input type="checkbox"/> Always <input type="checkbox"/> Not Always
Did you perform hand hygiene after touching the patient's surroundings (bed, door handle, etc.), regardless of whether you were wearing gloves? <input type="checkbox"/> Always <input type="checkbox"/> Not Always	During aerosol-generating procedures on the COVID-19 patient, were high-touch surfaces decontaminated frequently (at least three times daily)? <input type="checkbox"/> Always <input type="checkbox"/> Not Always
During a health care interaction with the COVID-19 patient, were high-touch surfaces decontaminated frequently (at least three times daily)? <input type="checkbox"/> Always <input type="checkbox"/> Not Always	
Accidents with biological material	
Did you have any type of accident with body fluid/respiratory secretions?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Classify as HIGH RISK for COVID-19**  
**(QUARANTINE REQUIRED)**

- The HCW DID NOT RESPOND "Always" to ALL questions
- OR**
- The HCW responded "Yes" to Accidents with biological material

**Manage as High Risk as in SECTION C below**

**Classify as LOW RISK for COVID-19**  
**(QUARANTINE NOT REQUIRED)**

- The HCW RESPONDED "Always" to ALL questions
- AND**
- The HCW responded "No" to Accidents with biological material

**Manage as LOW RISK as in SECTION A above**

## SECTION C: HIGH RISK FOR COVID-19 - QUARANTINE REQUIRED

### Recommendations for HCWs at HIGH RISK for COVID-19:

- STOP all health care interactions with patients for a period of 14 days after the last day of exposure to a confirmed COVID-19 patient;
- Be tested for COVID-19;
- Quarantine as per National Guidelines

### Health care facilities should:

- Provide psychosocial support to HCWs during quarantine, or throughout the duration of illness if HCW is confirmed to have COVID-19;
- Provide paid sick leave days for the period of quarantine and for the duration of illness (if not on a monthly salary) or contract extension for duration of quarantine;
- Provide review of infection prevention and control (IPC) training for the health care facility staff, including HCWs at high risk for infection after quarantine period.



REPUBLIC OF NAMIBIA

# MINISTRY OF HEALTH AND SOCIAL SERVICES

Ministerial Building  
Harvey Street  
Private Bag 13198  
Windhoek

OFFICE OF THE EXECUTIVE DIRECTOR

Tel: No: 061 -2032500  
Fax No: 061-304 145  
t\_kandetu@yahoo.com

Ref: 2/P  
Enquiries: Dr. Theo-Ben Kandetu

28 July 2020

CIRCULAR No. 53 OF 2020

**TO: NATIONAL AND REGIONAL DIRECTORS  
MEDICAL SUPERINTENDENTS OF REFERRAL HOSPITALS  
CHIEF MEDICAL DIRECTORS  
SENIOR MEDICAL OFFICERS-IN-CHARGE OF DISTRICT HOSPITALS  
NURSE MANAGERS-IN-CHARGE OF HEALTH CENTERS AND CLINICS**

## **RISK CATEGORIZATION AND MANAGEMENT OF EXPOSURES OF HEALTH CARE WORKERS IN THE CONTEXT OF COVID-19**

Current evidence suggests that SARS-CoV-2 is transmitted between people through close contact and droplets. However, aerosol-generating procedures may be associated with increased risk of infection which would require additional personal protective equipment (PPE). This inevitably places health care workers (HCWs) at high risk of infection. Protecting HCWs is of paramount importance to Namibia. Additionally, protecting the general public from HCWs is also a critical part of controlling COVID-19.

Against this background, the Ministry of Health and Social Services developed a document titled "**Risk Categorization and Management of Exposures of Health Care Workers in the Context of Covid-19**". The document (attached hereto) provides a framework to classify the HCWs into either High or Low Risk, depending on the level and nature of exposure. **High Risk HCWs are required to be quarantined** in line with the SOPs and **Low Risk HCWs are NOT required to quarantine.**

I urge and request that this document be brought to the attention of all relevant staff for immediate implementation.

  
.....  
**BEN NANGOMBE**  
**EXECUTIVE DIRECTOR**



All official correspondence must be addressed to the Executive Director.

