

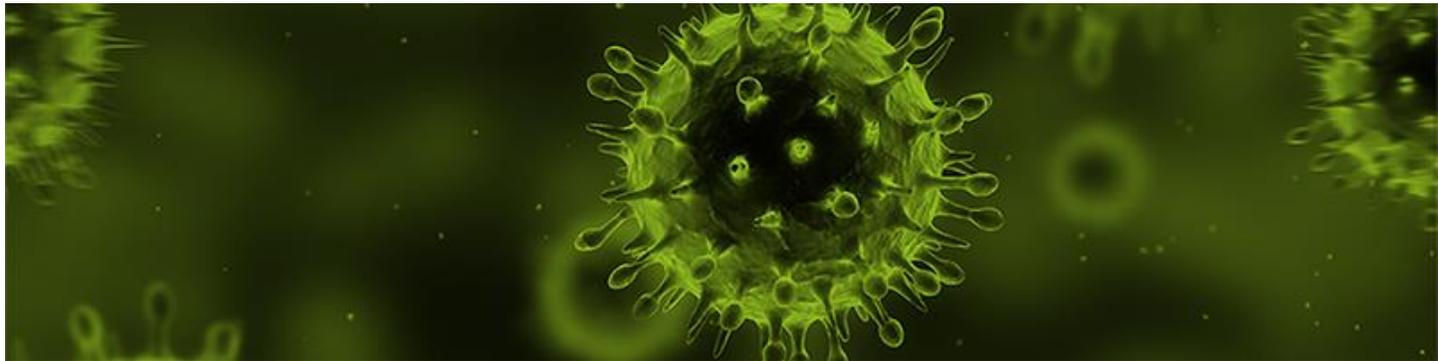


National Health Insurance



SOCIAL SECURITY BOARD

COVID- 19



GUIDELINES FOR THE NUMBER OF SICK DAYS PRESCRIBED FOR INSURED PERSONS WITH SUSPECTED OR CONFIRMED COVID-19

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Benefits Policy & Programs

***Social Security Board, Ministry of Health &
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INTRODUCTION:

This guideline has been prepared to assist physicians as they are faced with the challenges of triaging, diagnosing, treating and certifying days of incapacity for patients with suspected or confirmed COVID-19. The World Health Organization announced COVID-19 outbreak as a pandemic on 11 March 2020; the first case was confirmed in Belize on the 23 March 2020. This new disease or the emergency public health prevention measures is expected to impact workers, employers, the community, our economy and certainly the Social Security fund. The Social Security Board wants to ensure Insured Person's benefits are paid to those who qualify and are required to abstain from work or are incapable of work due to the exposure or infection by the virus.

Sickness Benefit is paid if an insured person is incapable of work as a result of a specific disease, illness or injuries sustained not as a result of employment, provided that the qualifying conditions are met. Sickness Benefit for isolation or quarantine is payable if the person is incapable of work for any day in which he is required to abstain from work because he is a suspected carrier, or has been in contact or is a confirmed case of an infectious disease, in this case, COVID 19.

The Social Security Board has amended the legislation to extend coverage to uninsured Persons who became unemployed due to the public health measures implemented on or after March 1st,2020 and became infected with COVID-19, thereafter; provided qualifying conditions are met. For further details on qualifying conditions go to: <https://www.socialsecurity.org.bz/benefits/>

CASE DEFINITIONS FOR SURVEILLANCE OF COVID -19

(*WHO* Public health surveillance for COVID-19 Interim guidance, 7 August 2020)

Suspected COVID-19 case (two suspected case definitions A or B):

A. A person who meets the clinical **AND** epidemiological criteria:

Clinical criteria:

1. Acute onset of fever **AND** cough;

OR

2. Acute onset of **ANY THREE OR MORE** of the following signs or symptoms: fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea, altered mental status.

AND

Epidemiological criteria:

1. Residing or working in an area with high risk of transmission of the virus: for example, closed residential settings and humanitarian settings, such as camp and camp-like settings for displaced persons, any time within the 14 days prior to symptom onset;

OR

2. Residing in or travel to an area with community transmission anytime within the 14 days prior to symptom onset;

OR

3. Working in health setting, including within health facilities and within households, anytime within the 14 days prior to symptom onset.

B. A patient with severe acute respiratory illness (SARI: acute respiratory infection with history of fever or measured fever of $\geq 38\text{ C}^\circ$; and cough; with onset within the last 10 days; and who requires hospitalization).

COVID-19 case:

A. A patient who meets clinical criteria above AND is a contact of a probable or confirmed case, or epidemiologically linked to a cluster of cases which has had at least one confirmed case identified within that cluster.

B. A suspected case (described above) with chest imaging showing findings suggestive of COVID-19 disease*

* Typical chest imaging findings suggestive of COVID-19 include the following (Manna 2020):

- chest radiography: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
- chest CT: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
- lung ultrasound: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

C. A person with recent onset of anosmia (loss of smell) or ageusia (loss of taste) in the absence of any other identified cause.

D. Death, not otherwise explained, in an adult with respiratory distress preceding death AND who was a contact of a probable or case or epidemiologically linked to a cluster which has had at least one confirmed case identified within that cluster.

Confirmed COVID-19 case:

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

See [Laboratory testing for coronavirus disease \(COVID-19\) in suspected human cases guidance](#), for details.

Note: Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used to guide clinical management.

Definition of a contact: A person who has experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

1. face-to-face contact with a probable or confirmed case within 1 meter and for at least 15 minutes with no mask.
 2. direct physical contact with a probable or confirmed case
 3. direct care for a patient with probable or confirmed COVID-19 disease without using recommended personal protective equipment (PPE)
- OR
4. other situations as indicated by local risk assessments.

Contacts of asymptomatic cases should be managed the same way a symptomatic case is : exposure period being 2 days before the case was sampled, to 14 days after.

ICD10 CODES FOR COVID -19

The Social Security Board hereby recommends that for standardization and consistency with the ICD-10, that the appropriate ICD-10 code is included in the Social Security Sickness Benefit medical certificates where applicable.

- **U07.1** for COVID-19, virus identified for confirmed COVID-19
- **U07.2** for COVID-19, virus not identified; a clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available; probable COVID-19; suspected COVID
- **Z29.0** Isolation: Admission to protect the individual from his or her surroundings or for isolation of individual after contact with infectious disease (suspected /probable / contact under investigation)

SOCIAL SECURITY CLAIMS AND MEDICAL CERTIFICATES

For Social Security purposes, the payment of sickness benefits requires the submission of a claim form which includes medical certification for days of incapacity from work. To reduce the potential exposure to COVID-19 to all stakeholders, all benefit claims must be submitted via email. An electronic medical certificate is available on the Social Security website <https://www.socialsecurity.org.bz/wp-content/uploads/2020/05/SB-Medical-Practitioners-Use-Only.pdf>; medical practitioners can complete the electronic certificates and submit to claims@socialsecurity.org.bz . The insured person is advised to complete their claim portion of the sickness benefit form and submit the claim to claims@socialsecurity.org.bz. Upon receipt of the electronic medical certificate; Social Security will contact the employer for salary records to proceed with the processing of the claim.

The medical certificate can also be completed on the sickness benefit claim form and issued to the insured person, the insured person would further need to complete the claim form and ensure it is emailed to claims@socialsecurity.org.bz. Once the complete form is received; Social Security will

contact the employer for salary records. The insured person can email a copy of his medical certificate to his employer also.

Any registered medical practitioner can certify incapacity from work for COVID -19 related claims, to support surveillance and ensure that benefit is paid for COVID -19 related claims, claims will require validation from the list of approved focal points endorsed by the MOH. Medical certificates can be routed to the approved focal points in the respective district; a list of all focal points is included for reference in Appendix 1. Unvalidated medical certificates received at Social Security will be routed back to respective district focal points for validation.

RECOMMENDED NUMBER OF SICK DAYS FOR INSURED PERSONS WITH SUSPECTED OR CONFIRMED COVID-19

A registered medical practitioner should issue a certificate certifying illness for a period of time that is clinically justifiable or where the person is required to abstain from work because he is a suspected carrier or has been in contact or is a confirmed case of an infectious disease in this case COVID 19. Table 1 provides a summary guideline for the recommended days of incapacity to be prescribed for COVID -19 related cases by case definition. Further incapacity may be extended based on follow up evaluation, further testing, confirmation of diagnosis, symptoms, patient progress, the need for follow up treatment and incapacity or abstinence from work due to COVID -19. Table 2 provides a summary guideline for health care workers with recommended days of incapacity from work by risk category. *Healthcare worker* includes all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or their infectious secretions and materials (e.g., doctors, nurses, laboratory workers, facility or maintenance workers, clinical trainees, volunteers).

All recommendations are intended to assist with, and not dictate, decision making; further incapacity may be justified based on the patient's evolution, underlying conditions and complications. For further guidance refer to the COVID 19-DISEASE INTERIM GUIDELINES ON MANAGEMENT OF POSITIVE PATIENTS, HEALTH CARE WORKERS AND CONTACTS, updated by the Ministry of Health, Belize August 27,2020.

TABLE 1

Recommended days of work incapacity based on case definition

Case Definition	Suspected /probable or Contact	Confirmed case with symptoms,	Confirmed and asymptomatic case	Confirmed, symptomatic or testing positive after 14 days	Confirmed case testing negative or asymptomatic after 14 days	Confirmed case with symptoms or complications after 28 days
ICD-10 code	U07.2 COVID 19 Virus not Identified or U07.1 COVID-19 for Isolation	U07.1 COVID-19	U07.1 COVID-19	U07.1 COVID-19	U07.1 COVID-19	U07.1 COVID-19
Recommended days of incapacity or isolation	7 days	additional 7 days (14 days total)	additional 3- 7 days , return to work thereafter	additional 10 to 14 days	return to work applying strict IPC measures and self-monitoring	Further days are extended based on patient condition, evolution and clinical findings.
Remarks :	<p>Return to work for symptomatic patients recommended : 10 days after symptom onset, plus at least 3 days without symptoms (without fever and respiratory symptoms). For asymptomatic patients return to work 10 days after test positive is recommended .</p>					

TABLE 2

Health Care Workers in contact with Confirmed COVID- 19 Cases

Case Definition	Contact	Confirmed case symptomatic or asymptomatic	Negative test	Confirmed case testing positive or symptomatic after 14 days	Confirmed case testing negative or asymptomatic after 14 days	Confirmed cases with symptoms or complications after 28 days
ICD-10 code	U07.2 COVID 19 Virus not Identified or U07.1 COVID-19 for Isolation	U07.1 COVID-19		U07.1 COVID-19	U07.1 COVID-19	U07.1 COVID-19
Risk Category						
High Risk Healthcare worker who performed and or was present in the room when aerosol generating procedures were performed, and where there are poor prevention control measures –for a COVID-19 patient AND had no protection of eyes, nose and mouth.	7 days	additional 7 days	return to work	additional 10 -14 days	return to work applying strict IPC measures and self-monitoring	Further days are extended based on patient condition, evolution and clinical findings.

Medium Risk- Healthcare worker who had prolonged close contact with A COVID-19 patient AND *HCW whose mucous membranes or hands were exposed to potentially infectious materials from a COVID-19 patient.	7 days	additional 7 days	return to work	additional 10 -14 days	return to work applying strict IPC measures and self-monitoring	Further days are extended based on patient condition, evolution and clinical findings.
Low Risk - Any inconsistencies in adherence to proper PPE use while in close contact with a confirmed COVID-19 case (not wearing a gown or gloves) using the recommended PPE except using a facemask instead of a respirator	Continue working applying strict IPC measures and self-monitoring					If symptoms are later developed treat as a contact case test and isolate for 7 days. Additional days are extended based on test results and symptoms .
Very low risk or no risk HCW without direct close contact with confirmed COVID-19 case Has not entered the patient's area and has adhered to the recommended PPE	Continue working applying strict IPC measures and self-monitoring					If symptoms are later developed treat as a contact case test and isolate for 7 days. Additional days are extended based on test results and symptoms .

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3. Public health surveillance for COVID-19, Interim guidance-7 August 2020
4. Contact tracing in the context of COVID-19, Interim guidance-10 May 2020
5. Criteria for releasing COVID-19 patients from isolation Scientific brief, 17 June 2020
6. Interim Operational Considerations for Public Health Management of Healthcare Workers Exposed to or with Suspected or Confirmed COVID-19: non-U.S. Healthcare Settings. Updated July 17, 2020

REFERENCES:

1. <https://www.socialsecurity.org.bz>
2. <https://www.facebookssbbelize>