



The Ministry of Health  
BELIZE, C.A.



# COVID 19-DISEASE INTERIM GUIDELINES ON MANAGEMENT OF POSITIVE PATIENTS, HEALTH CARE WORKERS AND CONTACTS



Office of the Director of  
Health Services  
Ministry of Health  
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### **Person in the Community exposed to a positive COVID-19 patient**

**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.

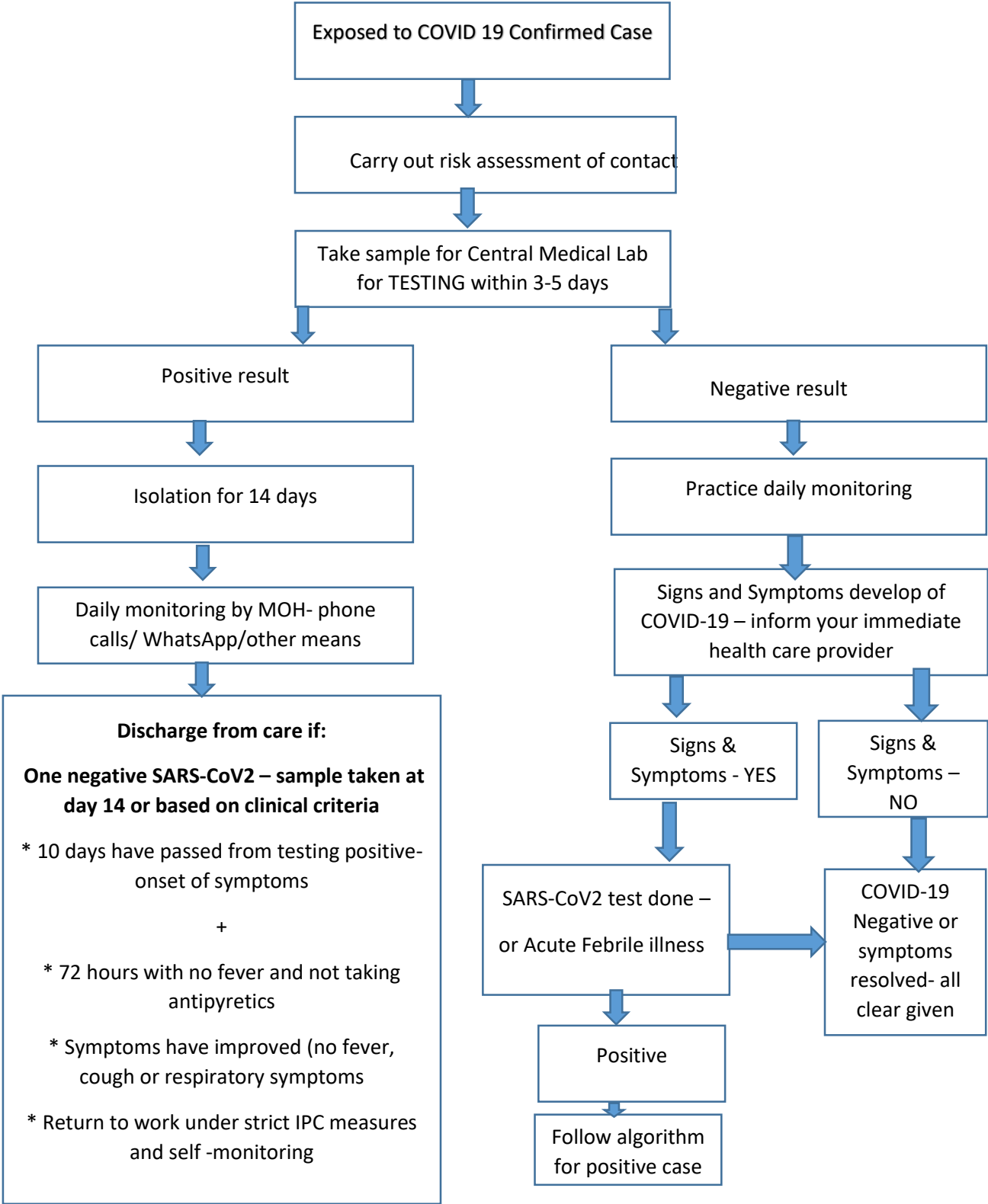
Contacts of asymptomatic cases should be managed the same way a symptomatic case is: exposure period being 2 days before the case was sampled, to 14 days after.

**Table 1: Examples of identifying contacts in different settings**

Setting	Specific contact by setting	Ways to identify contacts
Known/identifiable contacts		
Home and community / social contacts	<ul style="list-style-type: none"> <li>*Face-to-face contact within 1 meter and for &gt;15 minutes</li> <li>*Direct physical contact with a COVID-19 patient</li> <li>* Providing direct care at home without proper PPE</li> <li>* Anyone living in the household</li> </ul>	<ul style="list-style-type: none"> <li>*Direct interview with the COVID-19 patient and/or their caregiver(s), in person or by phone</li> </ul>
Closed setting such as elderly homes, prisons, shelters, hostels and other similar settings	<ul style="list-style-type: none"> <li>*Face-to-face contact with a case within 1 meter and for &gt;15 minutes</li> <li>* Direct physical contact with a COVID-19 patient</li> <li>* Providing direct care at home without proper PPE</li> <li>* Sharing a room, meal, or other space with a confirmed patient</li> <li>* If contacts and events are difficult to assess, monitor and screen all persons / residents, especially those at higher risk residents, and staff.</li> </ul>	<ul style="list-style-type: none"> <li>*Direct interview with the COVID-19 patient and/their caregiver/coordinator and facility manager</li> <li>* List of residents, visitors, and all staff working or worked during the period in question</li> </ul>

Setting	Specific contact by setting	Ways to identify contacts
Public or shared transport	<ul style="list-style-type: none"> <li>*Anyone within 1 meter of the COVID-19 patient for &gt;15 minutes</li> <li>*Direct physical contact with a COVID-19 patient</li> <li>*Anyone sitting within two rows of a COVID-19 patient for &gt;15 minutes and any staff (e.g. train or airline crew) in direct contact with the case</li> </ul>	<ul style="list-style-type: none"> <li>*Contact identification is generally possible only where there is allocated seating</li> <li>*Contact Airlines/transport authorities that should provide details of passengers and flight manifests</li> <li>* For public or shared transport where passenger lists or seating is not available, a media release may be done for passengers to self- identify.</li> <li>*Media release should include the date, time, pick-up location and arrival/destination, and stops along the way, requesting people to self-identify as a potential contact</li> </ul>
Other well-defined settings and gatherings (places of worship, workplaces – only in the immediate office space, schools, private social events)	<ul style="list-style-type: none"> <li>*Anyone within 1 meter of the COVID-19 patient for &gt;15 minutes</li> <li>* Direct physical contact with a COVID-19 patient</li> <li>* If risk assessment is difficult to assess, then we may consider anyone staying in the same close and confined environment as a COVID- 19 patient as a contact</li> </ul>	<ul style="list-style-type: none"> <li>*Undertake a local risk assessment and collaborate with organizers to identify or notify possible contacts by messages or other means</li> <li>* Communicate with key persons from churches that can communicate and raise awareness</li> <li>*In large private/social events, consider guest registration and or media release.</li> </ul>

### Follow up Screening exposure to Confirmed COVID-19 Patient Algorithm



## Algorithm for in Management Flow for Persons & Health Workers Exposed to COVID -19



**Healthcare workers can be discharged from isolation and return to work as per the following:**

**Asymptomatic:**

- \*10 days after testing positive for SARS-CoV-2

**Symptomatic Healthcare workers' mild to moderate**

- \* 10 days have passed from testing positive and onset of symptoms

**PLUS**

- \* has 72 hours with no fever and not taking antipyretics
- \* Symptoms have improved (no fever, cough or shortness of breath)
- \* return to work under strict IPC measures and self -monitoring

**Test based strategy includes:**

- Fever resolution occurs without the use of fever-reducing medications AND
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) AND
- At this time a single Negative results and/or the clinical criteria is being recommended. However, a person testing positive at day 14 must remain in isolation until at least 1 negative test. Test can be indicated at day 21 and or ask epidemiology unit for guidance.

**Summary of events as per positive COVID-19 AND Discharge into the community**

Status severity	Isolation days	Criteria for discharge	Returns to work
Asymptomatic	10 to 14 days	* 10 days have passed from testing positive-onset of symptoms	Can return to work practicing strict prevention measures
Mild	14 days	* PLUS, has 72 hours with no fever and not taking antipyretics * Symptoms have improved (no cough or shortness of breath)  Do swab for:  *SARS-CoV2 test at day 14	Can return to work practicing strict infection control measures and continues self-monitoring
Moderate	14 days	Same as above	Can return to work practicing strict prevention measures and continues self-monitoring
Severe	14 days	Same as above but may extend more due to complications from COVID-19	Person can be discharged and must carry out strict prevention measures



Risk Assessment as per of contacts

Status of risk	SARS-CoV2 done	Number of days given isolation	Criteria for discharge if positive	Returns to work
High risk	Yes	7 days to get results - Extend another 7 days total (14 days) in total if positive	* 10 days have passed from testing positive-onset of symptoms * PLUS, has 72 hours with no fever and not taking antipyretics * Symptoms have improved (no cough or shortness of breath) Do swab for:  *SARs COV2 test at day 14	Negative returns to work practicing strict prevention measures Positive follows the positive algorithm
Medium	Yes	7 days to get results - Extend another 7 days total (14 days) in total if positive		Negative returns to work practicing strict prevention measures Positive follows the positive algorithm
Low/Very low	none	Self-monitoring		Ongoing and routine prevention measures

**Health care Workers who have been exposed and risk assessment done**

Category risk exposure	Circumstances	Monitoring period after last exposure	Work restriction	Testing Done	Action
High risk exposure	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.	Active	Exclude from work for 7 days to get results - extend another 7 days (total) 14 days in total if positive	PCR –SARS-CoV2 OR Xpert-PCR-SARS-CoV2	Return to work if negative with infection control and monitoring for symptoms  If positive follow flow chart according to symptoms
Medium risk exposure	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.	Active	Exclude from work for 7 days to get results -extend another 7 days (total) 14 days in total if positive	PCR –SARS-CoV2 Xpert-PCR-SARS-CoV2	Return to work if negative with infection control monitoring for symptoms  If positive follow flow chart according to symptoms

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	Self- delegated supervision	None	No	Return to work
Very low or no risk	HCW without direct close contact with confirmed COVID-19 case Has not entered the patients area and has adhered to the recommended PPE	Self- delegated supervision	None	No	Return to work

**References:**

Public health surveillance for COVID-19, Interim guidance-7 August 2020

Contact tracing in the context of COVID-19, Interim guidance-10 May 2020

Considerations in the investigation of cases and clusters of COVID-19 Interim guidance, 2 April 2020

Criteria for releasing COVID-19 patients from isolation Scientific brief, 17 June 2020

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