

Project Title

The Hitchhiker's Guide to Staff COVID - 19 Infection & Exposure Management

Project Lead and Members

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Organisation(s) Involved

Sengkang General Hospital

Healthcare Family Group(s) Involved in this Project

Healthcare Administration

Applicable Specialty or Discipline

Corporate Communications

Aim(s)

- Summarise the latest testing and isolation requirements for the various scenarios staff may find themselves in
- Communicate clear instructions for staff to minimize risk of COVID-19 spread to maintain sufficient manpower.
- Ensure accurate reporting of staff cases to SKH's Epidemiology and Human Resources for contact tracing, manpower planning and upward reporting to MOH

Background

See poster appended/ below

Methods

See poster appended/ below

Results

See poster appended/ below

Conclusion

See poster appended/ below

Additional Information

Singapore Healthcare Management (SHM) Congress 2022 – Merit Prize (Risk Management category)

Project Category

Organisational Leadership

Organisation Development, Collective Leadership, Systems Thinking, Human Resource, Staff Wellbeing

Keywords

COVID-19, Communications, Strategies, Crisis Command Centre, Instructions Guide

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THE HITCHHIKER'S GUIDE TO STAFF COVID-19 INFECTION & EXPOSURE MANAGEMENT



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INTRODUCTION

Throughout the COVID-19 pandemic in Singapore, there were frequent changes to the management of COVID-19 (C+) cases and those who were exposed. At the peak of the Delta and Omicron waves, the number of C+ cases in the community rose to record numbers and Sengkang General Hospital (SKH) similarly experienced a surge in staff C+ cases or staff who were exposed.

SKH's crisis command centre (known as Mission Control Centre, or MC²) needed to disseminate clear instructions from Ministry of Health (MOH) and Singapore Health Services (SingHealth) to all staff in order to minimise the risk of nosocomial infections and internal clusters. The staff guide had to be easy to understand amidst the barrage of information on COVID-19 for staff to focus on patient care.

OBJECTIVES

1. Summarise the latest **testing and isolation requirements** for the various scenarios staff may find themselves in
2. Communicate **clear instructions** for staff to minimise risk of COVID-19 spread to maintain sufficient manpower
3. Ensure **accurate reporting of staff cases** to SKH's Epidemiology and Human Resources for contact tracing, manpower planning and upward reporting to MOH

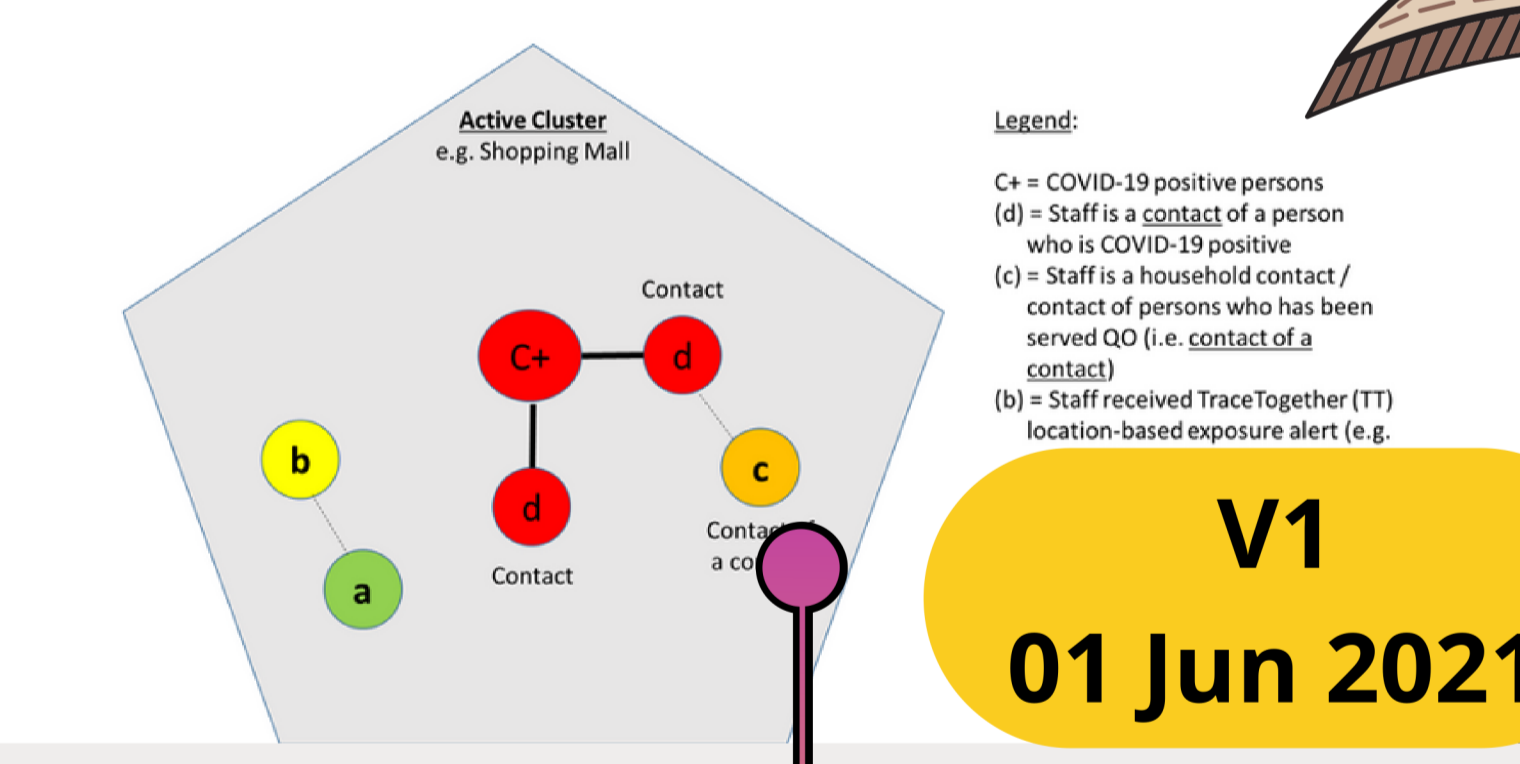
METHODS

- Step 1: Infographics** to give pictorial representations of the scenarios staff might find themselves in
- Step 2: Tables** which included detailed instructions for each scenario (e.g. when and where to perform Antigen Rapid Test [ART] or Polymerase Chain Reaction [PCR], the need to isolate and / or report, and when to return to work)
- Step 3: Reporting templates** to standardise contact tracing and case reporting

RESULTS (SEE THE EVOLUTION OF THE STAFF GUIDE THRU' TIME)

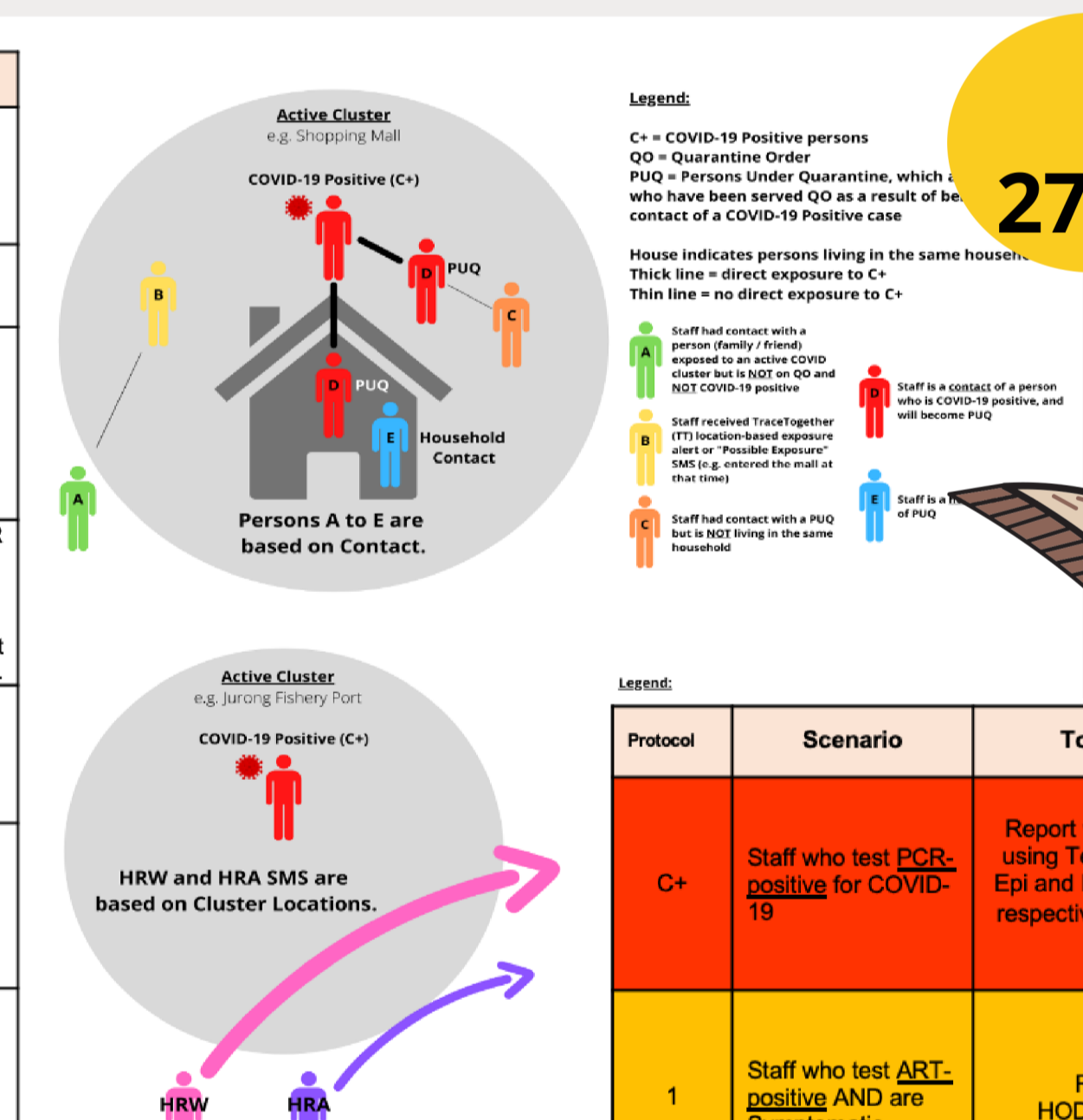
Staff	Risk Level	To Report? (use template below)	Need Swab?	Can Work?
(a) Staff had contact with a person (family / friend) exposed to an active COVID cluster but is NOT on QO and NOT COVID-19 positive	a	No	No	Yes
(b) Staff received TraceTogether (TT) location-based exposure alert (e.g. Westgate)	b	No	No	Yes
(c) Staff is a household contact / contact of persons who has been served QO (i.e. Contact of a contact)	c	Yes	No	Yes
(d) Staff is a contact of a person who is COVID-19 positive (if SKH staff has not been served QO yet)	d	Yes	Yes, at OccMed	Yes, after completion of QO

*Staff are to remain at home while awaiting results. QO – Quarantine Order, LOA – Leave of Absence



Person	Contact Exposure	To Report?	Can Work On-Site?	Need ART?	Need PCR?
A	Staff had contact with a person (family / friend) exposed to an active COVID cluster but is NOT on QO and NOT COVID-19 positive	No	Yes	No	No
B	Staff gets a "Possible Exposure" Alert via SMS or TraceTogether App	No	Yes	No	No
C	Staff had contact with a PUQ but is NOT living in the same household	Yes, using (Template) Annex T-08 to SKH Epi	Yes, but need to test negative on ART daily before starting work, until PUQ entry swab or GOF is negative	Yes, to perform daily ART before starting work, until PUQ entry swab or GOF is negative	No, UNLESS ART-positive, then proceed to ED for PCR
D	Staff is a contact of a person who is COVID-19 positive, and will be served PUQ	Yes, using (Template) Annex T-08 to SKH Epi	No, to return to work only after completion of QO	If staff is at work, go to ED for ART & PCR then send home, to allow SKH a head-start in contact tracing. If staff is not at work, staff shall stay home and await MOH's instructions (staff to be swabbed at GOF). If ART is positive, ED to admit staff.	No, UNLESS ART-positive, then proceed to ED for PCR
E	Staff is a household contact of PUQ	Yes, using (Template) Annex T-08 to SKH Epi	No, to return to work only after PUQ entry swab or GOF is negative	Yes, to perform daily ART before starting work, until PUQ entry swab or GOF is negative	No, UNLESS ART-positive, then proceed to ED for PCR
HRW	Staff is a casual contact of a COVID-19 positive case. OR have visited specific higher-risk hotspots on the same day as the COVID-19 case, and thus received the HRA SMS	Yes, to HODs / Supervisors and HR partners	No, to WFH until end of HRW period or be placed on LOA if WFH is not possible	Will be issued ART test kit at MOH designated testing centre during first PCR	To proceed to MOH designated testing centre for swab
HRA	Staff had visited hotspot areas or their vicinity, and thus received the HRA SMS	Yes, to HODs / Supervisors and HR partners	Yes, if unable to WFH	If staff's duties do not allow for them to WFH, they will require ART for every day of work on-site, and PCR on D7 and D14 (+/- 1 day for PCR swab)	

*Please refer to further instructions below.
QO – Quarantine Order, PUQ – Persons Under Quarantine, GOF – Government Quarantine Facilities, WFH – Work From Home, LOA – Leave of Absence, ED – Emergency Department, HRW – Health Risk Warning, HRA – Health Risk Alert, ART – Antigen Rapid Test, PCR – Polymerase Chain Reaction



Protocol	Scenario	To Report?	Can Work On-Site?	Need further ART?	Need further PCR?
	C+	Report via HOD using Template T-08 Epi and IPC (cc MC ² and respective HR partners / OCC)	Not until discharged. Staff who are under HRP will isolate for 10 days (i) Unvaccinated / Partially vaccinated staff will isolate for 14 days	Not required by SKH	Will not require an exit PCR to return to work
1	Staff who test PCR positive AND are Asymptomatic	Report to HOD / POC only	No. Proceed to any closest SASH clinic / polyclinic. After hours go to 24-hr SASH clinic. If on campus, go to OccMed Clinic to get a confirmatory PCR swab. Only proceed to ED for emergencies.	Not required by SKH	Yes. If PCR negative, can return to work. If PCR positive, follow C+ protocol (see above)
2	Staff who test ART positive AND are Asymptomatic	Report to HOD / POC and respective HR partners (or OCC)	No. Isolate 72 hours before repeating ART, after which only return to work when ART is negative. Staff are to WFH in the 72 hours if able to.	Yes, repeat ART after 72 hours and then every 24 hours later if still ART-positive	No exit PCR required. If symptoms develop during isolation period, follow protocol 1 (see above)

SKH Guide to COVID-19 Protocols
This applies to all SKH staff, junior doctors, outsourced staff including vendors stationed in SKH daily, and students.

What to do if...

I am unwell with Acute Respiratory Symptoms (ARS)
Self-test with ART first. If unsure, please visit [singaporehealth.gov.sg/health-and-positive-or-condition-assessed-mild-by-doctor](https://www.singaporehealth.gov.sg/health-and-positive-or-condition-assessed-mild-by-doctor). If required, visit a doctor (nearest PHPC or polyclinic).

GP has identified me as having high medical risk OR symptoms of concern
Protocol 1
If PCR at GP is Positive on Day 1

- Stay home and isolate yourself.
- Await and follow instructions from MOH.
- Report via HOD / POC using Template T-08 to Epidemiology and IPC (cc MC² and respective HR partners / OCC).
- If you are fully vaccinated (including booster dose if eligible), isolate yourself for 7 days.
- If you are not fully vaccinated, isolate yourself for 14 days.
- The periods of absence from work when the staff is unwell and in isolation under Home Recovery Programs (HRP), recovery at a care facility / hospital will be treated as Hospitalisation Leave (HL).
- For return-to-work requirements, refer to Page 2. This depends on staff's work area (high vs low risk).
- Ensure not to have mask-off interactions with colleagues (e.g. eating, drinking etc) until 7 days after returning to work.

GP has identified me as having low medical risk AND mild symptoms
Protocol 2 (Primary Care)
If ART at GP is Positive on Day 1

- Stay home and isolate yourself for 3 days.
- Report via HOD / POC using Template T-08 to Epidemiology and IPC (cc MC² and respective HR partners / OCC).
- The periods of absence from work when the staff is unwell and in self-isolation will be treated as HL.
- For return-to-work requirements, refer to Page 2. This depends on staff's work area (high vs low risk).
- Ensure not to have mask-off interactions with colleagues (e.g. eating, drinking etc) until 7 days after returning to work.

Not required to see a doctor
Protocol 2
If self-test ART is Positive on Day 1

- If not required to see a doctor and would like to get COVID status updated in MOH's records, book an appointment at CTC / CTC at this link: <https://www.singaporehealth.gov.sg/community-art-test>
- Stay home and isolate yourself for 3 days.
- Report to HOD / POC and respective HR partners / OCC.
- During the self-isolation period, staff is to Work From Home if able to do so. If WFH is not possible, the period of self-isolation will be treated as HL.
- For return-to-work requirements, refer to Page 2. This depends on staff's work area (high vs low risk).
- Ensure not to have mask-off interactions with colleagues (e.g. eating, drinking etc) until 7 days after returning to work.

I am a close contact of an infected person
Types of contact

Received Health Risk Notice (HRN) SMS or Indicated on TraceTogether App
Protocol 3

- Monitor symptoms and self-test ART daily for 5 days.
- Work from Home (WFH) until D5 (last day of HRN or 5 days from contact with C+ persons) if able to.
- If not able to WFH, will need to test ART before starting work on-site each day.
- Report to HOD / POC and respective HR partners / OCC.
- Ensure not to have mask-off interactions with colleagues (e.g. eating, drinking etc) until D7 for fully vaccinated staff and D14 for not fully vaccinated staff.

Household / Social contact OR had mask down interactions with PCR(+)/ARS persons
Protocol 3

- Monitor symptoms and self-test ART daily for 5 days.
- Work from Home (WFH) until D5 (last day of HRN or 5 days from contact with C+ persons) if able to.
- If not able to WFH, will need to test ART before starting work on-site each day.
- Report to HOD / POC and respective HR partners / OCC.
- Ensure not to have mask-off interactions with colleagues (e.g. eating, drinking etc) until D7 for fully vaccinated staff and D14 for not fully vaccinated staff.

Reporting to Epidemiology and IPC
Use [Template] Annex T-08 Template for Reporting COVID-19 Status to SKH Epidemiology (V3) to report.

Email addresses for reporting
1. Epidemiology: epi@sh.com.sg
2. IPC: ipc@sh.com.sg
3. MC²: mc2posofficer@sh.com.sg
4. OCC: occc@sh.com.sg

High-risk areas
Inpatient: Renal Ward, ICU, OT
Ambulatory: ED, Oncology Clinic, Renal Dialysis Centre
Low-risk areas
All other areas

V4 (Current)
18 Feb 2022

SCAN ME FOR THE FULL-SIZED GUIDES



CONCLUSION (VIRUS OR ALIEN, DON'T PANIC)

The strategies employed allowed the simplification of instructions into quick guides for staff and also streamlined multiple processes, while ensuring maximum compliance and accurate reporting. This ultimately allowed SKH to prevent COVID-19 spread among staff in-hospital and allowed staff to focus on patient care despite the rise in community COVID-19 infections.

