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# **EVALUATION / ACTION PLAN FOR HANDLING SARS-COV-2 (CORONAVIRUS)**

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OCCUPATIONAL MEDICINE DEPARTMENT

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# 1. BACKGROUND

Coronaviruses are a large family of viruses that normally affect only animals. Some have the ability to be transmitted from animals to people.

The new coronavirus called SARS-CoV-2. The disease that causes SARS-CoV-2 is called COVID- 19.

Incubation period: 2-14 days.

It is transmitted through contact with infected animals and with respiratory secretions generated by a sick person's coughing or sneezing. These secretions can infect another person if they contact with their nose, eyes or mouth.

Coronavirus' symptoms:

- FEVER
- COUGHS AND SNEEZINGS
- BREATHLESSNESS FEELING
- **Less common:** Digestive symptoms as diarrhoea and abdominal pain

Should be avoided the exposure of health and non-health workers, depending on their personal or state known biological characteristics, due to previous diseases, medication, immune disorders or pregnancy, because are considered especially sensitive.

## Important:

- There is no evidence that is transmitted at a distance of more than 2 meters.

## 2. WHAT RISK LEVEL DO I HAVE?

Depending on the activities of the company and the transmission mechanisms of the new coronavirus SARS-CoV-2, the employees in their jobs may be exposed to 3 levels of risk:

### I. RISK EXPOSURE

- a. Attention to the confirmed or investigated cases.
- b. Direct contact with confirmed or under investigation's patient.
- c. Crew serving directly a symptomatic case during a trip from a risk area.
- d. Situations where there is close contact \* with symptomatic case. Example given: meetings.

### II. LOW RISK EXPOSURE

- a. No close contact with a confirmed case. Example: nurse's assistants, cleaning staff, companions for transfer.
- b. Laboratory's personnel responsible for virology diagnostic's testing.
- c. Non-medical personnel in contact with contaminated medical objects, supplies or waste.
- d. Home help to contacts without symptoms.

### III. LOW CHANCE OF EXPOSURE

- a. Workers that not directly address the audience or make it more than 2 meters away, or with collective protection measures to avoid contact (collective barrier, for example): administrative staff. Ambulance drivers with collective barrier, public transport driver, security personnel, police / Civil Guards, Customs personnel, firefighters and rescue personnel.

### 3. WHAT DO WE MEAN BY "CLOSE CONTACT"?

It is classified as closely as possible, probable or confirmed cases:

- Anyone who has provided care while the case had symptoms: health workers who have not used the appropriate protective measures, family members or persons having other similar physical contact;
- Cohabitants, relatives and people who have been in the same place as a case while the case showed symptoms within a distance of 2 meters for a time of at the least 15 minutes

## 4. COMMUNICATION

It is important to have preventive measures aimed at preventing coronavirus infections within the company. In this sense it is necessary to establish several internal communication channels.

Internal communication should include:

- Personal measures.
- Guidelines for action in case of having symptoms.
- Information related to the location and means of contact with continued attention's medical services.
- Internal process performance against a suspected infection.

The following media and communication channels will be used:

- It will be sent to all company personnel as soon as possible, a statement with recommendations that will apply in this case.
- the collaboration of the representatives of the working people through the management will be requested, by improving the communication and information systems, ensuring that they have access to consultations, medical advice and recommendations.
- The best way to be informed truthfully and avoid rumours which only create alarm among the population, is the website of the Ministry of Health created for this purpose (<https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov-China/home.htm>).
- Also, we find information on the website of the World Health Organization (<https://www.who.int/es>).
- It should also be created a channel of communication, like intranet or similar type of information space of the coronavirus with the link to the page of the Ministry of Health.

Periodic meetings between company representatives and prevention delegates should be done, in where will be checked a regular monitoring of the situation, actions taken, their effectiveness, the number of people infected, and the degree of affection of the works and services.

## 5. COLLECTIVE PREVENTIVE MEASURES

Keeping track of the people with exposure can help to determine preventive measures to be implemented and control to carry out:

- Limit the number of people exposed to the coronavirus.
- Limit exposure time to a minimum.
- Keeping track of those exposed.
- Keeping track of accidents and incidents exhibitions.

### 5.1 Meetings and movement

- Avoid travel to areas declared risk by the Ministry of Health with significant risk of contagion.
- Try to limit corporate events that require high amount of working people.

### 5.2 Visits

- Must cancel or postpone travel in areas declared as areas with community transmission  
<https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCoV-China/home.htm>
- Giving priority, wherever is possible, to the use of information technology, telematics, etc.
- It will be valued by the organizing unit, the possibility of limiting corporate events that require high concentrations of working people.
- Thereby, you must communicate if you have to travel for personal reasons any of these areas, and this will be reported to the company, so that they can establish the appropriated preventive measures.
- Limit as far as possible, visits to company's external personnel.

### 5.3 Working areas' hygiene

- Inform workers how to make proper hand washing.
- Perform disinfection of areas with bleach or a sodium hypochlorite solution containing 1000 ppm of active chlorine (1:50 dilution of bleach concentration 40-50 g / l freshly prepared).
- Clean those areas shared between the users, it can be done with alcoholic solution.
- Put antiseptics made of alcohol in public areas: office, rest areas, car company, etc.

## 6. INDIVIDUAL PREVENTIVE MEASURES

### 6.1 Hand hygiene

- Constantly wash your hands with soap and water.
- Otherwise, you can use alcohol-based solution.

### 6.2 Other precautions

- Cut and maintained nails
- Avoid wearing rings, bracelets, wrist watches and other ornaments.
- Worn up the hair.
- Avoid using contact lenses. If glasses are needed, wear fitted glasses.
- Avoid makeup or other cosmetic products that can be a source of prolonged exposure in case of being contaminated.

### 6.3 PPE's

#### 6.3.1 Facemasks

PERSONAL PROTECTIVE EQUIPMENT		
EXP. RISK	EXP. LOW RISK	RISK LOW CHANCE OF RISK
<p><b>mask FFP2</b> if &lt;2 meters Care process which generates bio aerosols: <b>FFP3 mask</b></p>	<p><b>Surgical mask</b> if respiratory contact with confirmed or investigated case</p>	<p><b>The use of PPE is not necessary</b></p>

#### 6.3.2 Protection gloves

- Activities related to patient caring and laboratory: disposable gloves.
- Cleaning and disinfecting patient contact' surfaces: thicker gloves, tear-resistant.

#### 6.3.3 Protective clothing

- Whenever there is needed to protect against splashes of biological fluids or secretions from confirmed or investigated patients, use disposable clothing that meets:
  - Standard resistance to penetration of microorganisms.
  - Standard chemical protection to give impermeability.

#### 6.3.4 Eye and face protection

- If aerosols are generated: always wear eye protection.
- Exposure to liquids:
  - Through splashing: Facial screen

- Through drops: comprehensive glasses
- Through hands/gloves with contaminated surfaces: universal glass frames with side protection.

## 7. TREATMENT OF WORKING PEOPLE

As a general guideline, at the present time it is not being recommended neither by international organizations or by the Ministry of Health to apply quarantine to people returning from risk areas. For all respiratory transmission diseases, it is recommended to people who develop respiratory symptoms, to adopt the usual hygiene measures, such as covering the nose and mouth to cough or sneeze, use disposable paper tissues and frequently wash their hands.

Generally, the close contacts have to perform home lockdown, and extreme the **individual preventive measures**, within their domestic possibilities.

Some contacts are considered casual contacts, when some workers who have been in the same closed space with a case while it was symptomatic, but not meeting the criteria to be considered close contact. An active search for these workers will not be made. Whether there are identified people that can be found in this group, it is recommended a passive surveillance of respiratory symptoms and they can lead a normal life, performing their normal duties at work and with the family.

### 7.1 Concepts related to Temporary Disability

There are different Temporary Disability related to COVID-19 (those options may change in every autonomous community):

Cases where the off work leave situation is indicated:

- **Workers visited in their health centre and diagnosed as a possible case:** They will be requested to be in a situation off work leave as diagnosed case and the people who living with them, will be requested to be in an off work leave situation due to contact case.
- **Workers who call by phone** (under its own initiative, call transferred from any emergencies enabled phone or by the hospital) and, after the medical assessment done by a professional, they are diagnosed as possible case. These workers and their persons in contact are given electronically an off work leave situation permit.

Cases where **the off work leave situation is not indicated:**

- When being isolated by recommendation of the government, when doing family care, or when the job position is impossible to be adapted by the company.
- When not meeting medical criteria, it is recommended to people to reach out their companies or enabled phone numbers to the citizens who wants to solve related doubts and, above all, not to go to the outpatient setting.

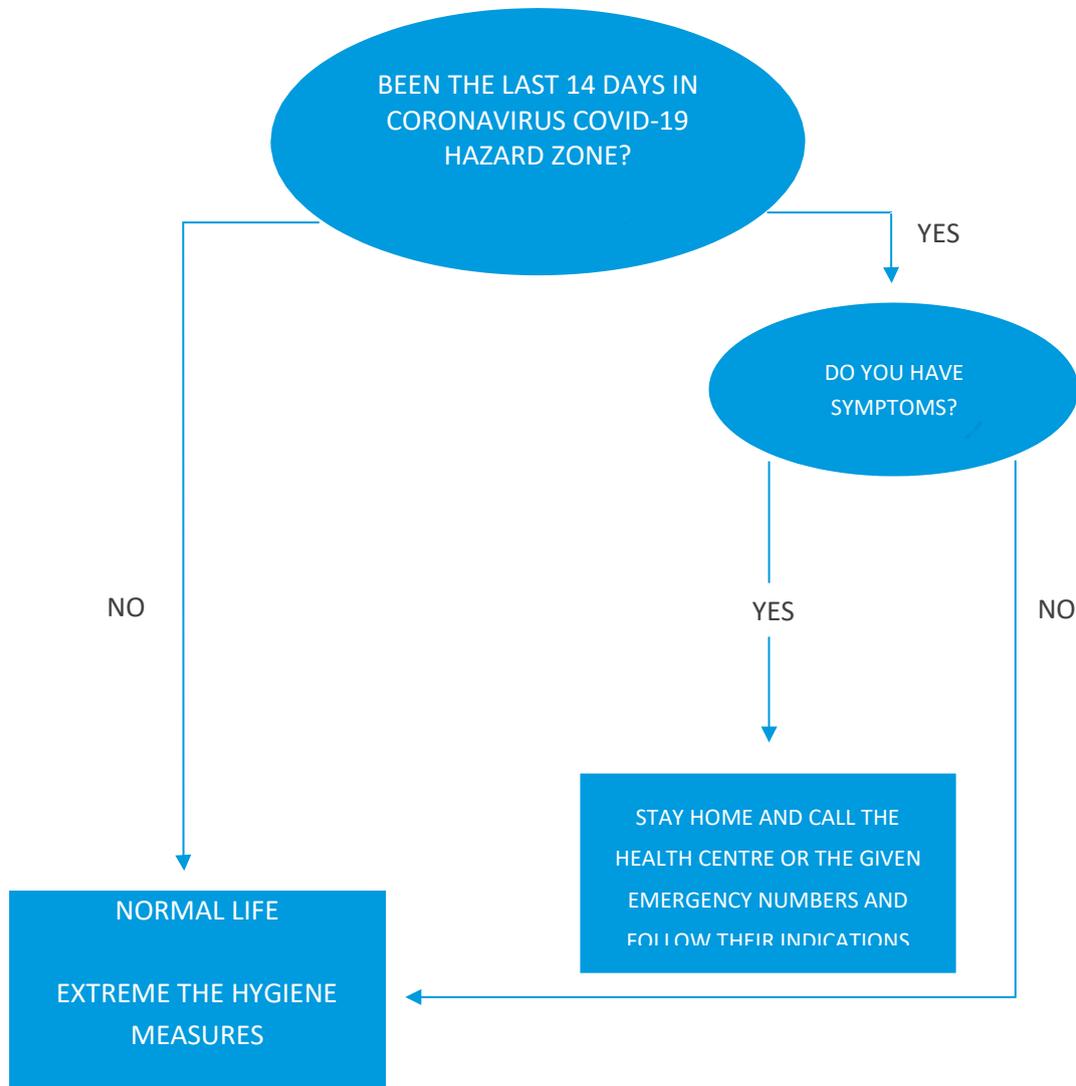
## 7.2 Situations that a company can find. What to do?

- **Worker cohabiting with suspected case of COVID-19**
  - o **home insulation.** Request the off work leave situation through calling the enabled phones in their autonomous region.
  
- **Workers with symptoms** (Cough, fever, shortness of breath)
  - o **home insulation.** Call their health centre or enabled phone number in their autonomous region to be medically assessed.
  - o The company must make a study of this employee's contacts. Must send to **home insulation** those who are considered "Close Contacts" and the other employees may continue in their workplaces by adopting collective and individual preventive measures (points 5 and 6 of this document).
  
- **Employee with diagnosed or with COVID-19's symptoms' colleague.** After study contact:
  - o **If close contact: home insulation,** health authorities in each autonomous community will assess each individual situation (e.g. healthcare professionals) who could require other recommendation, and **must monitor respiratory symptoms following established protocols.** Should contact their health service or enabled phone numbers to evaluate whether it is considered to be in the off work leave situation.
  - o **Not having had close contact:** continue with their working life by adopting collective and individual preventive measures (points 5 and 6 of this document).
  
- **Vulnerable employee (higher in risk), asymptomatic, who requests an off work leave permit:** being diagnosed of certain chronic diseases\* can put certain people in a situation of greater vulnerability: In this situation, what should be done?
  - o Have their job position evaluated by the Occupational Risk Prevention's department. The objective of this evaluation will be to measure the risk's level to which the worker is exposed, depending on the type of tasks to do and the company's activity.
  - o Adapt the job position post for which the necessary collective and individual preventive measures must be established to reduce exposure to biological risk.
  - o If, despite the points above, the worker requests the company to carry out home confinement due to his/her vulnerability, occupational medicine's department must be notified so that the worker can be assessed and advised on the mechanisms to carry it out.

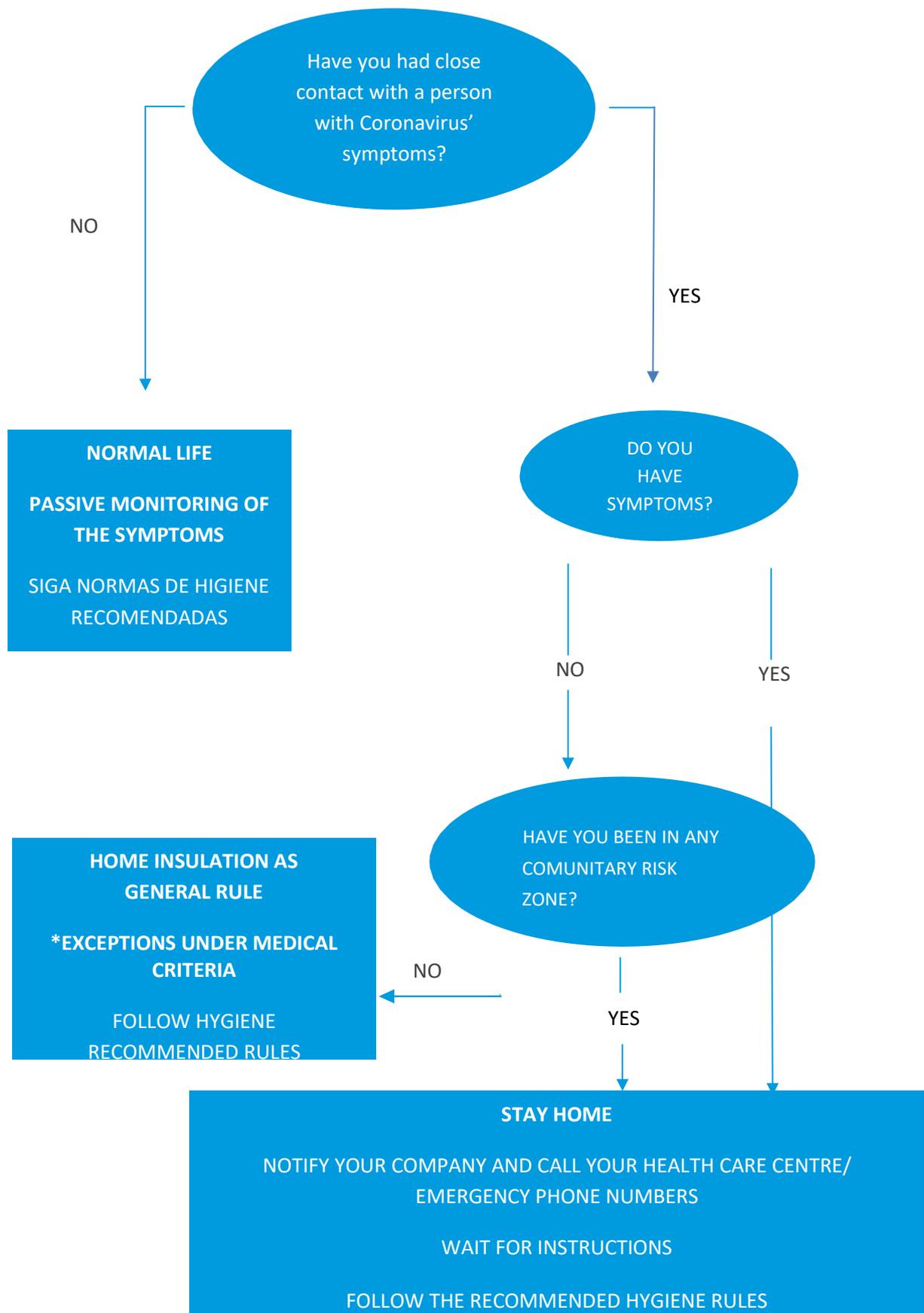
\* The groups considered most at risk of developing serious illness due to COVID-19 are people who are: older than 60 years, who have cardiovascular diseases and high blood pressure, diabetes, chronic lung diseases, cancer, immunosuppression and pregnancy.

Remember:

- **Human to human transmission** is considered similar to that described for other coronaviruses through infected people's secretions, mainly through direct contact with more than 5 microns' respiratory droplets (capable of transmission distances of up to 2 meters) and hands or with fomites contaminated with these secretions followed by contact with the nose's, mouth's or eyes' mucosa.
- Air or aerosol transmission (capable of being transmitted at a distance of more 2 meters) **has not been demonstrated** while the outbreak of SARS-CoV-2 in China.
- Currently, as per mathematical models, it has been assumed that the transmission starts 1-2 days before the **onset of symptoms**.
- **The disease's duration:** the average time from onset of symptoms to recovery is 2 weeks when the disease has been mild, and 3-6 weeks when it has been severe or critical.
- The **permanence of contaminant SARS-CoV-2** in copper surfaces, cardboard, plastic and stainless steel is 4, 24, 48 and 72 hours respectively under experimental conditions to 21-23°C and humidity relative to 65%.
- Human coronaviruses are inactivated efficiently with the presence of **ethanol 95% or sodium hypochlorite** in concentrations above 0.1%.
- All these rules are subject to change depending on daily guidelines, published by the Ministry of Health.



\* Spain: the autonomous communities of Madrid and La Rioja; the municipalities of La Bastida and Vitoria-Gasteiz (Basque Country) and Miranda de Ebro (Castilla y León), France: departments of Haut-Rhin (Grand Est) and l'Oise (Hauts-de-France), Germany: department Heinsberg (North Rhine-Westphalia of the North), China), South Korea, Japan (Hokkaidō), Iran, Italy and Singapore.



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	Aragón	061
	Asturias	112, 984 100 400 & 900 878 232
	Cantabria	900 612 112
	Castilla La Mancha	900 122 112
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	Extremadura	<a href="https://saludextremadura.ses.es/web">https://saludextremadura.ses.es/web</a>
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