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Re-Opening Small Medical Services Safely

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Abstract: There are more than five million confirmed cases and more than three hundred thousand deaths of COVID-19 in the world. Most governments adopted strategies such as social isolation and lock-down to prevent an uncontrolled spread of the disease. In this scenario, most elective medical procedures have been postponed. As the peak in the number of cases falls behind, we need to work on a staged exit strategy to carrying out non-urgent procedures. This paper´s main goal is to make recommendations for reopening medical offices and for the reintroduction of elective procedures.

Keywords: COVID-19, Coronavirus, SARS-CoV-2, Elective Surgeries

Introduction:

Covid-19 has spread rapidly around the world. In the morning of march, 12nd, Dr Tedros Adhanon, WHO´s Director-general announced that COVID-19 can be characterized as a pandemic[5]. As we write this paper, there are more than five million confirmed cases and more than three hundred thousand deaths[4]. Facing this challenge, many medical societies across the world have recommended postponed of elective medical procedures including medical consultations, elective surgeries, and infertility treatments[2].

The virus will not completely disappear from our societies[1] but as time goes by many countries leave behind the peak of the new cases notification and start thinking about resuming previously stopped activities like elective medical procedures. Reopening plans have been published across the world and most of them include concerns about when and how to reopen safely. The American government´s plan, for example, is divided into 3 phases and includes resumption of elective surgeries on an outpatient basis[3].

A reopening plan should consider up-to-date data, regional differences, and mitigation of the risk of resurgence. The plan proposed here considers general aspects as well as specific measures related to the safety of people.

The Return Plan:

We divided our proposal into 3 phases: communication, preparation / implementation, and monitoring.

Phase 1: Communication

1.1. FOR THE GENERAL PUBLIC

Communication on all electronic channels of the company informing about the official recommendations in relation to the activity developed by the companies, contact phones while operations are restricted, as well as a channel for answering questions.

1.2. For Stakeholders

Communication via e-mail of the main guidelines about the company's activities of the work carried out in monitoring the pandemic, perspectives, and measures for restarting activities safely.

1.3. For Employees And Employees

Communication through the official channels of the company or by application of information message of the containment actions (educational material).

Application of an initial screening questionnaire to determine the tests to be requested from each one, classification regarding the immunological group and division of the groups of the different teams.

Planning meetings (preferably virtual) for training before returning from activities.

Phase 2: Preparing To Restart Activities

2.1. TEAMS

BACKGROUND: Considering that the contamination of a team member can imply the isolation of other professionals, the division into smaller groups provides greater security in relation to the non-interruption of activities.

ACTION: Separation of the team in 2 different work groups. Groups should work on alternate days.

2.2. Opening Hours

ACTION: Restart activities at a restricted time.

BACKGROUND: Distribute the flow of workers, avoiding overloading public transport during peak hours and mitigating the possibility of contagion.

2.3. Preparing The Working Environment

Actions:

2.3.1. Mandatory use of masks; Make alcohol gel available in all environments, including the access area; provide signs with hygiene recommendations

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and establish cleaning protocols with special attention to reinforcing cleaning in the most exposed places.
2.3.2. Adaptation of the company's layout, including common areas to meet the social needs of distance.
2.3.3. Canteen: Adapt the opening hours and distribute the employees to avoid crowds. Prevent people from facing each other and sitting alternately on just one side of the tables. Suggest that places be maintained to facilitate the identification of people nearby in the event of transmission.
2.3.4. Establish protocols for the disposal of PPE or disinfection of reusable ones.
2.3.5. Conduct regular training with employees and collaborators, as well as implement communication measures at strategic points.

2.4. Team Health Monitoring Actions:
2.4.1. Identification of employees and collaborators who are known to have tested positive for COVID-19 (molecular test) and consider them immune 14 days after the onset of symptoms.
2.4.2. Performing rapid tests for Ig-G in the whole team before restarting activities, dividing them into 4 groups:
Group1: Ig-G negative: susceptible to infection by COVID-19;
Group 2 Ig-G positive with previous infection confirmed by positive molecular test: Immune to COVID-19
Group 3: Ig-G positive with flu disease in the last 14 days, without positive molecular test: Consider with a high chance of immunity to COVID-19

Group 4: Ig-G positive without recent symptoms: Also consider with a high chance of immunity from COVID-19
In the event that an employee or collaborator of one of the teams falls ill or tests positive for COVID-19, he / she must be discharged for at least 14 days or until the remission of symptoms. It is recommended that the rest of the team that had direct contact with the infected employee be away for 14 days. Anyone who has not had direct contact should maintain their normal work routine. The replacement of the removed employee (s) by a member (s) of one of the other teams must prioritize the above classification, as follows: preferential substitute (group 2). In the absence of this: group 3. In the absence of this: group 4.

* Consider the relative low sensitivity of rapid tests.

2.4.3. A professional (preferably from the nursing team) should be responsible for daily, checking the temperature of employees on arrival at work with an infrared digital thermometer, as well as conducting a quick interview to identify possible symptoms related to COVID-19 and eventual contact with suspected cases.
2.4.5. Create a spreadsheet for daily monitoring of these data, as well as the record of tests performed on the team, any licenses and other relevant facts.

Phase 3: Monitoring
The present plan is expected to undergo regular reviews and updates in accordance with future official recommendations.

We recommend that each company define the leaders of this process internally, being those responsible where information about the progress of activities and the work team should be centralized.

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