



# Is it Necessary to Trace for and Isolate Asymptomatic COVID-19 (+) Healthcare Workers in a COVID-19 Infected Ward?

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### Opinion

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## Opinion

Current pandemic poses an immense burden on healthcare systems [1,2]. Emergency rooms accept an augmented number of visits and the needs for hospitalisation have risen tremendously. This has forced the urgent transformation of several hospital wards, or even entire hospitals, to COVID-19 dedicated ones. Under these conditions the needs for healthcare workers (doctors, nurses, cleaners and all other staff involved) are higher than usual as well.

Unfortunately it seems unavoidable to have some of the healthcare personnel infected not necessary through an occupational exposure but even by everyday life contacts. When an infected person is detected, even an asymptomatic one through screening tests, it is isolated, leaving his job position for at least 10 days. This makes the situation for remaining workers even worse and the risk of burnout even higher than that expected regarding the tough conditions of working in a COVID-19 department.

Taking all these in regard, the question arises: is it necessary to trace for and isolate asymptomatic COVID-19 (+) healthcare workers working in an already infected ward?

The answer is not easy and one has to weigh the risks over the benefits of removing such persons from work. At first we have to take into account that these people work in an already infected ward, so there is no concern to protect patients from being infected because they already are. Second, we have to protect other, not infected workers. We can minimise the danger of spread among workers by proper use of protective equipment and this is the mainstay of preventing person to person transmission in healthcare

setting. Therefore we have to make sure that everybody strictly keeps all preventive measures [3,4]. Given that persons suffering from health conditions that pose them to a high risk for severe COVID-19 infection are already removed from such departments, keeping all measures of personal protection makes the risk of morbid conditions because of occupational exposure extremely low.

Besides, persons working in COVID-19 departments are strongly suggested to auto-isolate after work in order to eliminate the risk of further transmits the virus into their families and the community in case of their own contamination. If they comply with this and avoid any kind of socialisation the risk to become the source of a new spread is minimal.

In addition, the risk of COVID-19 transmission by asymptomatic carriers is very low [5]. This is thanks to the low viral load that they carry and the absence of symptoms such as cough and sneezing that facilitate the spread of SARS-CoV-2 through spewed droplets.

All these concerns make widely preformed screening programs among healthcare workers inappropriate and costly. Adding the cost of repeating tests, the loss of working days because of the isolation of carriers, the workload that have to be carried out by less persons, exposing them to higher risk of burnout, one can conclude that this is not probably the most beneficial policy to handle human resources during current crisis. As soon as persons suffering from conditions that pose them to a high risk for severe COVID-19 are excluded from these departments, tracing and testing should be focused on people developing symptoms. We can let the

rest go on working as soon as they properly and without exceptions use personal protective equipment and keep all measures to prevent transmission. In conclusion, proper use of protective measures and compliance to self-isolation are the mainstay to prevention of spread from infected healthcare workers to unaffected colleagues in-patients and other people in general. Tracing for asymptomatic COVID-19 carriers and removing them from their tasks for a 10 days period is not cost effective. It raises high the functional costs of the respective ward and the hospital will have to move human and financial resources to cope with the situation. This exposes remaining workforce to extreme workload with the risk of burnout and consequent mistakes and malpractices. An alternative approach could be to test only symptomatic workers and of course isolate the positive ones, when at the same time it is ensured that every single person will take some days of paid rest after a run of consecutive days of working. This policy could be more effective in financial terms when at the same time it spares workforce to meet the increased needs emerging from the loss of symptomatic personnel and give the opportunity of some rest sequentially to all people involved, as current COVID-19 pandemic in not a sprint race but a real super- marathon.

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