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Letter to the Editor

Preventing the transmission of COVID-19 amongst healthcare workers

Sir,

I read with interest the recent letters by Wang *et al.* and Belingheri *et al.* [1,2]. I agree with the opinions expressed regarding the need for adequate provision and use of personal protective equipment (PPE) [1], and the additional exposure situations to coronavirus disease 2019 (COVID-19) faced by healthcare workers (HCWs) [2].

COVID-19 was first detected in Singapore on 23rd January 2020 [3], 24 days after a cluster of viral pneumonia cases subsequently identified as COVID-19 was reported in Wuhan, China [4]. Having learnt painful lessons from the 2003 severe acute respiratory syndrome (SARS) epidemic [5], Singapore was well aware that COVID-19 would arrive in the country in no time. Preparations have long been underway in Singapore to manage a new pandemic, with establishment of the 330-bed purpose-built National Centre for Infectious Diseases in 2019 and stockpiling of PPE and barrier equipment.

To date, no HCW has contracted COVID-19 in a Singapore healthcare institution. However, HCWs including non-clinical staff have contracted COVID-19 in the community and from overseas travel [6]. Whilst some continued working for a short period prior to diagnosis, thus far, there have been no cases of HCW-to-patient COVID-19 transmission; this could be due to the strict infection control practices in place. Unlike SARS, which was predominantly transmitted nosocomially in Singapore [5], COVID-19 is predominantly acquired in the community. This presents a different challenge for preventing COVID-19 infection in HCWs. In Singapore, strict staff management policies have been put in place, and these have progressed as the infection continues its spread worldwide. All staff who travel to affected regions are placed on a 14-day compulsory leave of absence on their return, with overseas travel strongly discouraged as the infection has now spread across the globe. Twice-daily temperature screening and reporting are carried out on all clinical and non-clinical staff. All staff with respiratory symptoms are not allowed to come to work, and are placed on mandatory 5-day medical leave or longer until the symptoms resolve completely [7]. Separation of teams into those who

care for COVID-19 patients and those who do not, as well as designated clean and COVID-19 contact areas, has been undertaken in order to minimize exposure risk to staff and patients.

Whilst some countries have achieved some initial control of the spread of COVID-19 through various measures, a second wave of infections is already being seen from imported cases as COVID-19 spreads throughout the world [8]. It appears that COVID-19 may be here for the long haul, and countries need to continue to exercise heightened vigilance and adapt strategies to continue to contain the virus and, especially, prevent its spread within hospitals and amongst HCWs.

Conflict of interest statement

None declared.

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None.

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