

Coronavirus 2019 (COVID-19): Guidance for Healthcare Personnel Monitoring, Restriction and Return to Work

This guidance is intended for employers of healthcare personnel (HCP) who seek guidance on HCP exposure, monitoring, and work restrictions for Coronavirus 2019 (COVID-19). HCPs include all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. This guidance applies to all healthcare facility settings, with increased provisions for those working in skilled nursing facilities due to their vulnerable population. This guidance is based on currently available data about COVID-19. Recommendations regarding which HCP are restricted from work may not anticipate every potential scenario and will change as the local response progresses.

Healthcare facilities should use clinical judgement as well as the recommendations in this guidance to create internal policies that address HCP monitoring, restriction and returns to work in the context of COVID-19. This document will be refined and updated as more information becomes available and as response needs change.

Key points to reinforce with your HCP:

- Follow their facility’s employee sick policy
- Remain vigilant for symptoms of illness consistent with COVID-19. This includes fever and respiratory symptoms (for HCPs **sore throat** is included in addition to **cough and shortness of breath** consistent with CDC guidelines)
- HCPs that develop symptoms should stay home. If they develop symptoms at work, they should immediately don a mask, isolate, and notify their supervisor.
- Notify occupational health program if you have community- or travel-associated exposures

Contents

Signs and Symptoms	2
Exposure and Risk Classification for HCP	2
Testing and Diagnosis of Persons with COVID-19	2
Getting HCP Back to Work	3
HCPs <i>Diagnosed</i> with Laboratory-confirmed COVID-19:	3
1. Discontinuing Home Isolation	3
2. Alternative Approach to Discontinuing Home-Isolation	3
HCPs with an <i>Exposure</i> to a Laboratory-confirmed COVID-19 patient:	3
Alternative Approach to Home-Quarantine for Asymptomatic HCPs with Medium or High Risk Exposure:	4
Additional Considerations for HCPs	4
Table 1:	5

Signs and Symptoms

Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and restriction from work was taken to quickly identify early symptoms and prevent transmission from potentially contagious HCP to patients, others HCPs, and visitors. Healthcare facilities should have a low threshold for evaluating symptoms and testing symptomatic HCP, particularly those who fall into the high- and medium- risk categories described in this guidance. If they develop any fever (measured temperature >38.0 degrees Celsius or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., **cough, shortness of breath, sore throat**). Please note that consistent with CDC guidelines the signs and symptoms described in this guidance are broader than those described when assessing exposures for individuals not working in healthcare.

Exposure and Risk Classification for HCP

Risk classification (i.e. high, medium, low) for asymptomatic HCPs following exposure to patients to with COVID-19 are listed in Table 1. If a HCP was exposed to a person with COVID-19 in your facility, use Table 1 to identify the risk classification and associated recommendation for monitoring and work restriction. If a HCP experiences a non-occupational exposure to COVID-19 (outside of work), they will require a risk assessment via occupational health (Guidance can be found under the “Resources” tab at coronavirus.dc.gov).

Testing and Diagnosis of Persons with COVID-19

DC Health requires laboratory confirmation for COVID-19 diagnosis for documenting and taking public health action against COVID-19. **It is not recommended to test HCPs who are asymptomatic, regardless of exposure.** When symptomatic HCPs are tested (regardless exposure category, *see Table 1 at end of this document*), please note the following.

- **If test results are positive:**
 - HCP must remain in **home-isolation** and cannot return to work until they meet the criteria in the ‘Discontinuation of Home Isolation and Home Quarantine for HCPs’ section below.
- **If test results are negative:**
 - HCP who do not have an identified source of exposure or have a low risk exposure (see Table 1) do not need to remain in quarantine
 - HCP who have an identified source of medium or high risk exposure (see Table 1) need to remain in **home-quarantine for 14 days from the time of their exposure.**
 - Patients who are still symptomatic at the time of test result should continue to follow their facility’s employee sick policy (i.e. stay home when sick)
- **If never tested for COVID-19** but have an alternate diagnosis, criteria for return to work should be based on that diagnosis.

Getting HCP Back to Work

Below are the ways to bring HCPs back to work after a COVID-19 diagnosis or exposure. Alternative options are to be used to address staffing shortages. Facilities should consider how to appropriately strike a balance between staffing, supply preservation, and patient and HCP safety.

HCPs Diagnosed with Laboratory-confirmed COVID-19:

1. Discontinuing Home Isolation

A test-based strategy is currently recommended for DC healthcare facilities to address high and medium risk exposures of HCPs, if feasible. Please see *Table 1* for exposure categories. HCPs may return to work under the following conditions:

- Resolution of fever without the use of fever-reducing medications
AND
- Improvement in respiratory symptoms (e.g., cough, shortness of breath)
AND
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).

2. Alternative Approach to Discontinuing Home-Isolation

If the preferred approach for discontinuation of home isolation of HCP is not feasible due to staffing and supply chain shortages, the following may be considered as temporary solutions to improve staffing levels:

- **Consider allowing HCP who tested positive** to follow the non-test-based strategy (time-since-illness-onset and time-since-recovery strategy):
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath);
AND
 - At least 7 days have passed since symptoms first appeared, **whichever is later**.

After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
 - If there is a shortage of masks then consider prioritizing masks for HCP who report being immunocompromised since they might shed the virus longer than non-immunocompromised HCP
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

HCPs with an Exposure to a Laboratory-confirmed COVID-19 patient:

HCPs identified to have an exposure to patient with COVID-19 should be risk stratified based on the use of personal protective equipment (PPE) by both the patient (source control) and the HCP (Table 1). An exposure is defined as providing direct and indirect patient care services to a patient with laboratory-confirmed COVID-19 when the patient was **symptomatic**. Preferably,

those classified as high or medium risk should be excluded for 14 days and tested if they become symptomatic. If they remain asymptomatic for 14 days (or test negative for symptoms that develop during this period), they may return to work **after the 14-day period is completed**. If they develop symptoms and are diagnosed with COVID-19, they should follow the steps above before returning to work.

Alternative Approach to Home-Quarantine for Asymptomatic HCPs with Medium or High Risk Exposure¹:

If the preferred approach for home quarantine of HCP is not feasible due to staffing, the following alternatives may be considered as temporary solutions to improve staffing levels. DC Health strongly prefers that if at all possible, healthcare facilities try to preserve exclusion of HCPs with a high risk exposure:

- In consultation with their occupational health program, HCPs in this category should:
 - Monitor temperature and absence of symptoms each day prior to starting work.
 - Wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks.
 - Adhere to hand hygiene protocols per facility policy.
 - Be excluded from working with high risk patient populations (such as in LTC/SNF settings, hematology/oncology, transplant, etc.)
 - Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen
 - Cease patient care activities, don a facemask (if not already wearing), isolate themselves and notify their supervisor if they develop even mild symptoms at work.

Additional Considerations for HCPs

- If there is a shortage of testing supplies for COVID-19 then consider prioritizing HCP who report being immunocompromised (as they may have prolonged viral shedding) for clearance testing to return to work.
- Consider limiting exposure of pregnant HCPs, and other HCPs who report chronic health conditions, to patients who are confirmed or have tests pending for COVID-19, especially during higher risk procedures (such as aerosol generating procedures) based on staffing and availability.

¹ For SNF settings, active monitoring of all staff is currently being recommended by DC Health. Alternative options should only be considered in close consultation with DC Health.

Table 1: Epidemiologic Risk Classification for Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations. This table was amended from its original version (provided by CDC) by DC Health to include different monitoring recommendations for Skilled Nursing Facilities and all other type of healthcare facilities in DC.

Definitions:

Self-monitoring – Taking temperatures twice a day and remaining alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat) without supervision. Only report to occupational health (or alternative per facility protocol) if symptoms develop.

Active monitoring – The healthcare facility establishes regular communication with exposed HCPs to assess for the presence of fever and respiratory symptoms (e.g., cough, shortness of breath, sore throat) at least once daily. If the healthcare facility cannot support this, please consult with DC Health.

Self-Monitoring with delegated supervision – Reporting to occupational health (or alternative per facility protocol) for temperature and respiratory symptom (e.g., cough, shortness of breath, sore throat) screening prior to starting work.

HCP=healthcare personnel; **PPE**=personal protective equipment

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
Prolonged close contact² with a COVID-19 patient who was wearing a facemask (i.e., source control)			
HCP PPE: None	Medium	SNFs: Active monitoring All other facility types: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	Medium	SNFs: Active monitoring All other facility types: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection	Low	SNFs: Self with delegated supervision All other facility types: Self-monitoring	None
HCP PPE: Not wearing gown or gloves ³	Low	SNFs: Self with delegated supervision All other facility types: Self-monitoring	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	SNFs: Self with delegated supervision All other facility types: Self-monitoring	None
Prolonged close contact² with a COVID-19 patient who was not wearing a facemask (i.e., no source control)			
HCP PPE: None	High	SNFs: Active monitoring All other facility types: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	SNFs: Active monitoring All other facility types: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection ⁴	Medium	SNFs: Active monitoring All other facility types: Self with delegated supervision	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves ^{3,4}	Low	SNFs: Self with delegated supervision All other facility types: Self-monitoring	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) ⁴	Low	SNFs: Self with delegated supervision All other facility types: Self-monitoring	None

² **Close contact** for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

³ The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).

⁴ The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.