

Managing Healthcare Workers Exposed to COVID-19

Primary care practices should develop a policy to guide practice procedures if a healthcare worker (HCW) has been exposed to COVID-19. This document provides guidance on how to develop those policies in accordance with current CDC guidelines.

In summary:

1. Follow CDC guidelines
2. Customize guidelines to your practice
3. Communicate policy to staff and providers
4. Adjust actions relative to vulnerability of individual staff members
5. Update your policy as new information is available

Managing HCW Exposure

There has been a high degree of interest and concern on the management of HCWs who have been exposed to COVID-19 positive patients or who have tested positive for COVID-19. The guidance for these exposures has evolved over the past several months as more is known about the transmissibility of the virus, and your practice should follow and remain up to date on the most recent CDC guidance. The following link provides the current in depth CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

The guidance highlights the importance of understanding the level of transmission in your community, the type of exposure and the vulnerability of the person exposed. The overall goals of the guidance are the reduction of risk of further viral transmission, the safety of the exposed HCW, and the simultaneous need to provide uninterrupted healthcare services to the public. Please review this guidance and use it to create a practice specific protocol for managing exposure. The protocol should be made available to all practice staff and amended as needed. Understanding that this is an evolving situation, a provider or designated staff member should take the lead for updating and communicating any changes in the guidance. The MDPCP PMO will alert practices as we are aware of changing guidance. CDC also provides guidelines for [managing staff shortages](#) should a shortage occur.

Returning to work after exposure

After a staff member has been exposed to COVID-19 there is further guidance as to the timing to return to work, for both symptomatic and asymptomatic HCWs. Again, the guidance is detailed and takes into consideration the vulnerability of the HCW and the nature of the work they perform. This guidance should be included in the communications to staff and updated as new guidance is available. For clearance to return to work, there is a symptom-based criteria and testing criteria. In alignment with CDC and due to test result timing, we strongly suggest using the symptom-based strategy. Finally, when HCWs return to work they should take continued source control precautions.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Policy Template (adapted from CDC guidance)

Be sure to adapt and update this policy to your context. Every case is different and your practice should adapt to your specific scenario.

Proper precautions and monitoring of health care workers

- To prevent the spread of COVID-19, health care workers should follow all [recommended infection prevention and source control](#) practices, including wearing a facemask at all times while in the healthcare facility.
- Healthcare workers should self-monitor for symptoms of respiratory illness before coming into work every day. If you develop symptoms at work, inform your supervisor and go home immediately. Isolate at home when you are ill and showing symptoms.

Health Care Workers Exposed to Patients with Confirmed COVID-19

- If you are asymptomatic but have been exposed to a patient with confirmed COVID-19, use the guidance in the table below to determine if you should continue to come into work (source: [CDC](#))

Exposure	PPE Used	Work Restrictions
Prolonged and close contact with a patient, visitor, or HCW with confirmed COVID-19	<ul style="list-style-type: none">● HCW not wearing a respirator or facemask● HCW not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask● HCW not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	<ul style="list-style-type: none">● Exclude from work for 14 days after last exposure Advise HCW to monitor themselves for fever or symptoms consistent with COVID-19● Any HCW who develops fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
HCW other than those with exposure risk described above	<ul style="list-style-type: none">● N/A	<ul style="list-style-type: none">● No work restrictions● Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift.● Any HCW who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Health Care Workers Who are Ill

- If you have suspected or confirmed COVID-19, do not come into work. Inform your supervisor and immediately self-isolate, and find a local testing site to get tested for COVID-19. Inform your supervisor when you receive test results.
- If necessary, contact tracing will occur through local health department activities and not directly from the practice.

Return to Work After Exposure

- If you previously had suspected or confirmed COVID-19, follow the following guidelines to determine when you can return to work (source: [CDC](#))

Symptomatic HCW with suspected or confirmed COVID-19:

- Symptom-based strategy. Exclude from work until:
 - 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 10 days have passed since symptoms first appeared **OR**
- Test-based strategy. Exclude from work until:
 - 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 COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

HCW with laboratory-confirmed COVID-19 who have not had any symptoms:

- Time-based strategy. Exclude from work until:
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test. **OR**
- Test-based strategy. Exclude from work until:
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to

gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.