

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

This guidance is for employers of healthcare personnel (HCP) and includes recommendations and requirements related to universal masking, eye protection, and HCP exposure, monitoring, and work restrictions for Coronavirus 2019 (COVID-19). HCP 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 settings.

Healthcare facilities must have internal policies that address HCP monitoring, restriction and return to work in the context of COVID-19. Recommendations regarding HCP work restriction may not anticipate every potential scenario and will change as the local response progresses. This document will be updated as more information becomes available and response needs change. For additional information, see coronavirus.dc.gov.

Key points to reinforce with your HCP:

- Follow the facility policy for sick employees.
- Remain vigilant for symptoms of illness consistent with COVID-19.
- HCP that develop symptoms **must** stay home. If they develop symptoms at work, they **must** keep their face mask or cloth face covering on, isolate, notify their supervisor, and leave the facility.
- HCP **must** always wear a facemask (medical, surgical or procedure) while in the healthcare facility or any alternative setting where patient care services are provided.
- HCP **must** be screened at the beginning of their shift for fever and symptoms of COVID-19.
- **UPDATE:** HCP who meet COVID-19 exposure criteria in a healthcare setting should be restricted from work, even if they are asymptomatic.
- **UPDATE:** HCP who have COVID-19 exposure in the community **must** be restricted from work, even if they are asymptomatic.
- **UPDATE:** Updated return-to-work criteria for HCP with COVID-19 is included within this document.
- **UPDATE:** All healthcare facilities **must** implement universal use of eye protection by HCP in patient care areas.

Universal Masking and Eye Protection

- As community transmission continues in the region, all HCP **must** wear a facemask (medical, surgical or procedure) while in the healthcare facility or any alternative setting where patient care services are provided.
- In addition to universal masking, HCP **must** wear eye protection¹ (i.e. goggles or face shields) in: 1) patient care areas and 2) any staff areas where 6 feet of distance is unable to be maintained, while in the healthcare facility or any alternative setting where patient care services are provided.

Monitoring Signs and Symptoms

¹ Safety glasses are not recommended for use as eye protection for infection control purposes as they provide impact protection, but not the same level of splash or droplet protection as goggles.

Healthcare facilities **must implement the following processes:**

- Continuously educate HCP to remain vigilant for symptoms of illness consistent with COVID-19, such as fever (measured temperature ≥ 100 degrees Fahrenheit or subjective fever), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
- Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19; facilities undergoing COVID-19 outbreaks **should consider** screening HCP at the start, middle and end of each shift. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace.

Defining HCP Exposure

When an HCP has an exposure to a confirmed COVID-19 case in a healthcare setting (as defined below), work restrictions are now recommended when the facility is not experiencing staffing shortages. The HCP must also be provided guidance to quarantine from all other non-work related activities as per the DC Health guidance for "Contacts of a Person Confirmed to have COVID-19". HCP must now follow work restrictions for exposures in the community. Refer to the exposure definitions and work restrictions in Table 1.

Table 1: HCP Exposure Definition and Work Restrictions

Exposure	PPE Used	Work Restrictions
HCP who had prolonged (≥ 15 minutes) close (within 6 feet) contact with a patient, visitor, or HCP with confirmed COVID-19	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask OR • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask OR • HCP 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 AND • Advise HCP to monitor themselves for fever and symptoms consistent with COVID-19 AND • Any HCP who develop fever or <u>symptoms consistent with COVID-19</u> should immediately contact their established point of contact (such as occupational health) at the facility. HCP should have medical evaluation and testing performed. AND • Must follow DC Health guidance for "Contacts of a Person Confirmed to have COVID-19" found on coronavirus.dc.gov/phasetwo.

Community exposure	Not Applicable	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure AND • Advise HCP to monitor themselves for fever and symptoms consistent with COVID-19 AND • Follow DC Health guidance for "Contacts of a Person Confirmed to have COVID-19" found on coronavirus.dc.gov/phasetwo.
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- ***Note: Any duration** is considered prolonged if the exposure occurred during an aerosol- generating procedure.
- When determining the time period when a patient, visitor, or HCP with confirmed COVID-19 could have been infectious, see the following:
 - **For persons with confirmed COVID-19 who developed symptoms**, the exposure window is 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of transmission-based precautions or home isolation.
 - **For persons with confirmed COVID-19 who never developed symptoms**, the exposure window is the 2 days prior to the date of specimen collection for the first positive SARS-CoV-2 RNA test and will continue through the time period when the individual meets criteria for discontinuation of transmission-based precautions or home isolation.

Testing and Diagnosis of Persons with COVID-19

When HCP are tested, please note the following:

- **If a symptomatic HCP has a positive test result:**
 - HCP **must** follow the symptom-based strategy criteria for clearance to return to work. As an exception, the test-based strategy may be used for severely immunocompromised persons (see 'Getting Back to Work' section below).
- **If a symptomatic HCP has negative test results:**
 - HCP who are still symptomatic at the time of test result **must** continue to follow the facility policy for sick employees (i.e., stay home when sick).
- **If a symptomatic HCP refuses testing:**
 - HCP **must** follow the symptom-based strategy criteria for clearance to return to work. If an alternative diagnosis is made by an evaluating HCP, **must** continue to follow the facility policy for sick employees (i.e., stay home when sick).
- **In the event that the HCP has laboratory-confirmed COVID-19 but never had any symptoms** (i.e., asymptomatic):
 - HCP **must** follow the recommend time period for clearance to return to work (see 'Getting Back to Work' section below).
- **If a HCP has had COVID-19 ruled out** and has an alternate diagnosis, then criteria

for return to work **should** be based on that diagnosis.

- **If a HCP is undergoing testing for COVID-19 because they have symptoms**, the HCP **must** not report to work while the test is pending.
- **If a HCP is on quarantine**, and has a negative COVID-19 test result during their quarantine period, the HCP **must** still complete the 14-day quarantine.
- **If a HCP is undergoing routine surveillance testing for COVID-19**, the HCP can still report to work.

Getting HCP Back to Work

The HCP return-to-work guidance is being updated based on the current knowledge of transmission risk consistent with the Centers for Disease Control and Prevention (CDC) guidelines, noting that detecting viral RNA via PCR does not necessarily mean that infectious virus is present. Details informing these recommendations can be found on the CDC website ([cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)).

HCP with confirmed SARS-CoV-2 infection, or who have developed symptoms of COVID-19 but were never tested for SARS-CoV-2, **should** be excluded from work until they meet the criteria from the applicable strategy outlined below.

Symptomatic HCP with or without Laboratory-Confirmed COVID-19:

The symptom-based strategy criteria have been updated and vary depending on the HCP's severity of illness and if the HCP is severely immunocompromised. The test-based strategy is not recommended. As an exception, a test-based strategy may be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days. The test-based strategy **should not** be used to allow HCP to return to work earlier than if a symptom-based strategy were used.

Symptom-Based Strategy

- **HCP with mild² to moderate³ illness who are not severely immunocompromised⁴:**
 - At least 10 days have passed since symptoms first appeared **AND**
 - At least 24 hours have passed since fever without the use of fever-reducing medications **AND**
 - Symptoms (e.g., cough, shortness of breath) have improved
- **HCP with severe⁵ to critical illness⁶ or who are severely immunocompromised³:**

²**Mild illness:** Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

³ **Moderate illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

⁴ Some conditions, such as chemotherapy for cancer, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise. The degree of immunocompromise for the patient is determined by the treating provider and are tailored to each individual situation.

⁵ **Severe illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

⁶ **Critical illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

- At least 10 days and up to 20 days have passed since symptoms first appeared **AND**
- At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infectious disease experts

Test-Based Strategy

- Resolution of fever without the use of fever-reducing medications AND
- Symptoms (e.g., cough, shortness of breath) have improved, AND
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Asymptomatic HCP with Laboratory-Confirmed COVID-19

In the event that the patient has laboratory-confirmed COVID-19 but never had any symptoms (i.e., asymptomatic), clearance to return to work **must** be based off of the recommended time period outlined below. The recommended time period is based upon whether or not a HCP is severely immunocompromised.

Time-Based Strategy

- **HCP who are not severely immunocompromised³ and were asymptomatic throughout their infection:**
 - At least 10 days have passed since the date of the specimen collection of their first positive SARS-CoV-2 RNA test.
- **For severely immunocompromised³ HCP who were asymptomatic throughout their infection:**
 - At least 10 days and up to 20 days have passed since the date of the specimen collection of their first positive SARS-CoV-2 RNA test.

Test-Based Strategy

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

Return to Work Practices and Work Restrictions

After returning to work, HCP **must**:

- **Continue to wear a facemask at all times while in the healthcare facility.** A facemask for source control does not replace the need to wear a respirator when indicated.
- **Continue to wear eye protection while in patient care areas, or any staff areas where 6-feet of distance is unable to be maintained.**
- 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.

Additional Considerations for HCP

- Consider limiting exposure of pregnant HCP, and other HCP 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).

- Healthcare facilities **must** have plans in place to mitigate potential staffing shortages. More information about the strategies to mitigate HCP staffing shortages is available on the Centers for Disease Control and Prevention (CDC) website: [cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#mitigate-shortages](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#mitigate-shortages).