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

This guidance is for employers of healthcare personnel (HCP) and includes best practice recommendations related to universal masking, eye protection, and HCP exposure, monitoring, and work restrictions for Coronavirus 2019 (COVID-19). **Except for current mandates in effect under a Mayor's Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., "must") are considered essential best practice recommendations to mitigate the spread of 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 as 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.

Masking and Eye Protection

- All HCP must wear a respirator or face mask (medical, surgical or procedural) for source control while inside the HCF, with the exception of temporary removal of masks for eating and drinking or for changing into a new mask or cloth face covering.
- Staff must wear eye protection:
    - During patient encounters when HCP will be within 6 feet of patients/residents while inside the HCF when DC is in Phase Two
    - While interacting with someone who is:
        - Under isolation for suspected or confirmed COVID-19 infection
          OR
        - Under quarantine after COVID-19 exposure or with symptoms of COVID-19

      AND
    - As required by standard precautions (e.g., when there are anticipated splashes, sprays, or splatters).
      AND
    - As required by transmission-based precautions
- See full guidance for ***Required Personal Protective Equipment (PPE) for Healthcare Facilities*** at coronavirus.dc.gov/healthguidance.

Monitoring signs and symptoms

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 of 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. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace.
    - Screening does not have to occur on-site for staff, and may be performed via an app other electronic format.
    - Detailed *Guidance for Screening in a Healthcare Setting* can be found at coronavirus.dc.gov/healthguidance.

Defining HCP exposure

HCP exposed to a confirmed COVID-19 case in a healthcare setting are recommended to follow the work restrictions listed below when the facility is not experiencing severe staffing shortages. In addition, HCP must follow work restrictions if their COVID-19 exposure occurred outside of work (community exposure). HCP who have previously tested positive for SARS-CoV-2 do not need to be restricted from work for 90 days after their first positive test or acute illness onset date as long as they remain asymptomatic. HCP who are fully vaccinated do not need to be restricted from work as long as they remain asymptomatic, but must get tested as indicated in the "After Exposure" section on page 3.

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	• 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 while performing an **aerosol-generating procedure***	• Unless fully vaccinated, exclude from work for 14 days after last exposure. **AND** • Test as indicated in the "After Exposure" section of this guidance. **AND** • Advise HCP to monitor themselves for fever and symptoms consistent with COVID-19 **AND** • Any HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (such as occupational health) at the facility. HCP should have medical evaluation and testing performed.
Community exposure	Not Applicable	• Unless fully vaccinated, exclude from work for 14 days after last exposure. **AND** • Test as indicated in the

		"After Exposure" section of this guidance. **AND** • Advise HCP to monitor themselves for fever and symptoms consistent with COVID-19

- ***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 viral test and will continue through the time period when the individual meets criteria for discontinuation of transmission-based precautions or home isolation.

After exposure

- In addition to the work restriction outlined in Table 1, **HCP who are NOT fully vaccinated** with exposure to a confirmed COVID-19 case in a healthcare or community setting should be tested immediately and 5-7 days after exposure.
- **Fully vaccinated HCP** with exposure to a confirmed COVID-19 case in a healthcare or community setting do not need to be restricted from work provided that the exposed HCP:
  - Remains asymptomatic.
  - Is tested immediately and 5-7 days after exposure.
- Testing is not needed if the HCP has recovered from a laboratory confirmed COVID-19 infection in the previous 90 days and remains asymptomatic
- Staff must still monitor themselves for symptoms of COVID-19 for 14 days from the date of their exposure. If symptoms consistent with COVID-19 develop, they should immediately begin isolation, seek medical attention, and get re-tested for COVID-19.
- Work restrictions should still be considered for immunocompromised HCP, regardless of vaccination status, after exposure to a confirmed COVID-19 case.

Testing and diagnosis of people 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).

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:

Criteria for symptom-based strategy varies depending on the HCP's severity of illness and if the HCP is severely immunocompromised[4]. **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 mild[1] to moderate[2] illness who are not severely immunocompromised[3]:**
  - At least 10 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
- **HCP with severe[4] to critical illness[5] or who are severely immunocompromised:**

[1] **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.
[2] **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.
[3] **Severely Immunocompromised may include 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.
[4] **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%.
[5] **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.

Asymptomatic HCP with laboratory-confirmed COVID-19

If a HCP has laboratory-confirmed COVID-19 but never had any symptoms (i.e., asymptomatic), clearance to return to work must be based off 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 immunocompromised 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 viral test.

- **For severely immunocompromised 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 viral 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 wear a facemask while inside the healthcare facility. A facemask for source control does not replace the need to wear a respirator when indicated.
- Continue to wear eye protection when indicated.
- 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.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov/healthguidance regularly for the most current information.