COVID-19: VCHCA STAFF SCREENING, EXPOSURE, AND RETURN TO WORK GUIDELINES: Draft 12/21/20

In era of COVID-19, exposure may be anywhere (work, community, home). Please remain vigilant, monitor for new symptoms of acute respiratory infection, and follow the guidelines below.

SYMPTOMATIC EMPLOYEES

Staff who develop symptoms of acute respiratory infection (i.e. temperature >100°F, new cough, new SOB, body aches, chills, sore throat, headache, loss of sense of taste/smell, diarrhea, etc.) should notify their supervisor. Additionally, hospital employees and staff at Eastman Rehabilitation should call the Employee Hotline at (805) 981-5166, physicians/providers should contact Dr. Kory (via Tiger Text or VCMC page operator), and non-physician employees at county and affiliated clinics or Whole Person Care call the Outpatient Infection Prevention Team at (805) 515-6303. Staff member should stay home from work until medically cleared to return.

Follow-up steps:

- If referred for testing, all county employees should seek testing for COVID-19 at one of the *VCHCA Urgent Care drive-through testing sites*. Call the Urgent Care to notify that you will be coming. Specimens collected will be labeled "Send to Public Health".
- If the staff member is symptomatic but does not need hospitalization, they should be sent home and put on home isolation until test results are obtained.
- If patient meets screening criteria for testing and needs hospitalization, the ER should be called at (805) 652-6168 (VCMC) or (805) 933-8663 (SPH) ahead of time so that they can arrange appropriate infection prevention.
- The test result will be communicated to the staff member by Dr. Kory, Employee Health, Outpatient Infection Prevention team and/or by the ordering physician at the Urgent Care.
- *If staff tests positive for COVID-19,* they are to remain isolated while seeking appropriate medical care and follow 'Return to Work Guidelines for HCW with Confirmed or Suspected COVID-19' guidance below.
- *If staff tests negative for COVID-19* and they are still ill, they should remain at home until they have been afebrile (without the use of fever-reducing medications) and have improving symptoms for 24 hours. Of note, if the staff member has had a high-risk exposure, please follow the steps below in the 'Exposure to Known Case of COVID-19' section. When returning to work, providers should wear a facemask and eye protection at all times while in the healthcare facility as per universal masking policy.
- *If staff tests negative for COVID-19 but tests positive for influenza, e*xclude from work until they have been afebrile (without the use of fever-reducing medications) and have improving symptoms for 24 hours. Those with ongoing respiratory symptoms should call the appropriate entity for further guidance (Dr. Kory, Employee Health, Outpatient Infection Prevention team as outlined above). Consider temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for patients who are severely immunocompromised, or in which infection with influenza can lead to severe disease.

EXPOSURE TO KNOWN CASE OF COVID-19

Asymptomatic staff with a high-risk exposure to a confirmed COVID-19+ individual without appropriate PPE (whether at work, home or traveling) should notify their supervisor. Additionally, hospital employees and staff at Eastman Rehabilitation should immediately call the Employee Hotline at (805) 981-5166, physicians and providers should contact Dr. Kory (via Tiger Text or VCMC page operator), and non-physician employees at county/affiliated clinics and Whole Person Care call the Outpatient Infection Prevention Team at (805) 515-6303 for evaluation and possible testing. Staff members who are instructed to stay home from work should do so until medically cleared to return by either Employee Health, Dr. Kory or the Outpatient Infection Prevention Team.

'Exposure' includes having contact with a COVID-19+ family member in the home. Staff member should isolate when possible from the COVID-19+ household contact(s). Of note, if the staff member's household contact is a COVID-19 suspect, the *household contact* should be tested at a *VCHCA Urgent Care drive-through testing site* by PCR test which should be sent to Public Health.

Should staff develop symptoms of acute respiratory infection or temperature > 100.0, body aches, chills, sore throat, headache, loss of sense of taste/smell, diarrhea, they should *immediately isolate* and follow guidance in 'Symptomatic Employees' section above, and also follow 'Return to Work Guidelines for HCW with Confirmed or Suspected COVID-19' section below.

Very High Risk Exposure
Definition: Staff member lives in the same household as the COVID+ individual.
Criteria for Return to Work: • All staff members with a 'very high risk' exposure will present immediately to an Urgent Care testing site to be tested by PCR (specimen sent to Public Health). • Vaccination does not preclude the need for testing following an exposure, and all staff members with a very high risk exposure should be tested regardless of vaccination status. • Following a very high risk exposure, the employee will be directed to isolate at home while waiting for initial test result. • Employees who are asymptomatic and able to reliably isolate from the positive contact may immediately return to work. • If initial PCR test is negative and the employee remains asymptomatic, they may be cleared to return to work. Upon return to work following a very high risk exposure, employees will follow all the 'Conditions of Working' listed below for the monitoring period.* • The staff member will be instructed to be re-tested by PCR at Urgent Care testing site (specimen sent to Public Health) every 3-4 days until the monitoring period is over.* They may continue working while awaiting results of serial testing as long as they remain asymptomatic with negative test results but should be restricted from working around severely immunocompromised individuals. • If PCR test is positive, staff must isolate at home and follow 'Return to Work' guidelines below.
***Monitoring Period:** Monitoring Period for a Very High Risk Exposure : 14 days from the last exposure with the COVID-19+ contact; or if in constant contact with a COVID-19+ individual then 14 days from when that COVID-19+ contact is no longer considered infectious (using the CDC symptom based criteria this is 72 hours without a fever or use of antipyretics, improvement of symptoms, and at least 10 days from onset of symptoms [whichever is longer]. If COVID-19+ person never develops symptoms, they are considered infectious for 10 days following their first positive test.)
High Risk exposure
Definition: Staff member was within 6 feet of an COVID-19+ individual for a cumulative total of 15 minutes over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the COVID+ individual is isolated, and, the staff member was not wearing a respirator or facemask, ***or***, a staff member was not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask, ***or***, the staff member was not wearing all recommended PPE (i.e. gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure.
Criteria for Return to Work: • All staff members with a 'high risk' exposure will present immediately to an Urgent Care testing site to be tested by PCR (specimen sent to Public Health). • Vaccination does not preclude the need for testing following an exposure, and all staff members with a high risk exposure should be tested regardless of vaccination status. • If the employee is a high risk, the employee will be directed to continue to work while waiting for initial test result. • Upon return to work following a high-risk exposure, employees will follow all the 'Conditions of Working' listed below for the monitoring period.** • The staff member will be instructed to be re-tested by PCR at Urgent Care testing site (specimen sent to Public Health) every 3–4 days until the monitoring period is over.* They may continue working while awaiting results of serial testing as long as they remain asymptomatic with negative test results but should be restricted from working around severely immunocompromised individuals. • If PCR test is positive, staff must isolate at home and follow 'Return to Work' guidelines below.
****Monitoring Period:** Monitoring Period for a High Risk Exposure: 10 days from the last exposure with the COVID-19+ contact; or if in constant contact with a COVID-19+ individual then 10 days from when that COVID-19+ contact is no longer considered infectious (using the CDC symptom based criteria this is 72 hours without a fever or use of antipyretics, improvement of symptoms, and at least 10 days from onset of symptoms [whichever is longer]. If COVID-19+ person never develops symptoms, they are considered infectious for 10 days following their first positive test.). Follow all 'Conditions of Working' for full 14 day period.
Low Risk Exposure
Criteria for Return to Work: Staff member was exposed to a COVID-19+ individual and was not wearing full PPE, but does not meet criteria for 'high risk' exposure.
Monitoring Period: Staff member does not need to be tested, and may continue to work, but must following all the 'Conditions of Working' listed below for the monitoring period

Conditions of working include:

- Daily check-in with Dr. Kory for physicians or Manager/Supervisor for other staff regarding absence or development of fever or symptoms at the beginning of each shift.
- Document daily temperature on '*COVID-19 Post-Exposure Monitoring'* log on the VCMC Medical Staff Website for monitoring period from the last exposure with the COVID-19+ contact (see above 'monitoring period' definitions for each exposure classification).
- Wearing a facemask and eye protection at all times while in the healthcare facility per universal masking policy. Recommendations on the use of facemasks may change as the pandemic progresses, so check with Manager/Supervisor for most current information (i.e. all workers wear masks for all shifts, etc.).
- Staff should not work with immunocompromised individuals or pregnant individuals during their monitoring period.
- Strictly adhere to hand hygiene, respiratory hygiene, and social distancing guidelines while at work.
- Discuss with their supervisor any restrictions from working with immunocompromised patients during their monitoring period I (see above 'monitoring period' definitions for each exposure classification.).
- Should staff develop symptoms of acute respiratory infection or temperature > 100.0, body aches, chills, sore throat, headache, loss of sense of taste/smell, diarrhea, they should *immediately isolate* and follow guidance in 'Symptomatic Employees' section above, and also follow 'Return to Work Guidelines for HCW with Confirmed or Suspected COVID-19' section below.

If symptomatic with a negative COVID-19 test

If the staff member had a **high risk exposure** to a confirmed COVID-19+ individual, and developed symptoms after their initial negative COVID-19 PCR test:

- They should get re-tested for SARS-CoV-2 with the PCR test on the day they develop symptoms at one of our *VCHCA Urgent Care drive-through testing sites*.
- If the test is negative, they should continue to isolate at home until they have been afebrile (without the use of fever-reducing medications) and have improving symptoms for 24 hours.
- The day symptoms improve and fever resolves county employees should call the Employee Hotline at (805) 981-5166, physicians/providers should contact Dr. Kory (via Tiger Text or VCMC page operator), and non-physician employees at affiliated clinics call the Outpatient Infection Prevention Team at (805) 515-6303 *to be tested again*.
- If that result is negative then they can return to work at that time, and continue with PCR testing every 3 – 4 days until their high risk exposure monitoring period is completed (see 'Exposure to Known Case of COVID-19' section for further details).

Staff members **without a high risk exposure** should remain at home until symptoms have improved, and he or she has been afebrile for 24 hours without the use of fever-reducing medications. If positive for influenza, they should also be considered for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for patients who are severely immunocompromised, or in which infection with influenza virus can lead to severe disease. Those with ongoing respiratory symptoms should be call the appropriate entity for further guidance (Dr. Kory, Employee Health, Outpatient Infection Prevention team as outlined above). When returning to work, staff should wear a facemask and eye protection at all times.

Determination of clearance to return to work will be made by a combination of Inpatient or Outpatient Infection Control, Dr. Leah Kory and/or Employee Health.

RETURNING TO WORK GUIDELINES FOR HCW WITH CONFIRMED OR SUSPECTED COVID-19+

If symptomatic with suspected or confirmed COVID-19

- ***If severely immunocompromised OR had severe to critical COVID illness***[1]
  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 symptoms (e.g., cough, shortness of breath); **and**,
  - At least 20 days have passed *since symptoms first appeared*
    - *As an example, if fever resolves on day 12 of symptoms, one would return to work on day 20 from onset of symptoms. If fever resolves on day 19 of symptoms, one would return on day 19 + 3 = day 22 from onset of symptoms.*
- ***If not severely immunocompromised OR had mild to moderate COVID illness***[2]
  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 symptoms (e.g., cough, shortness of breath); **and**,
  - At least 10 days have passed *since symptoms first appeared*
    - *As an example, if fever resolves on day 2 of symptoms, one would return to work on day 10 from onset of symptoms. If fever resolves on day 9 of symptoms, one would return on day 9 + 3 = day 12 from onset of symptoms.*

If asymptomatic with confirmed COVID-19

- ***If not severely immunocompromised***[1]
  Exclude from work until:
  - 10 days have passed since the date of first positive COVID-19 diagnostic test, assuming staff member has not subsequently developed symptoms after his or her positive test. If symptoms develop, then refer to guidance above.
- ***If severely immunocompromised***[1]
  Exclude from work until:
  - 20 days have passed since the date of first positive COVID-19 diagnostic test, assuming staff member has not subsequently developed symptoms after his or her positive test. If symptoms develop, then refer to guidance above.

RE-TESTING FOR PREVIOUSLY POSITIVE EMPLOYEES

If the staff member previously tested positive, met criteria to discontinue isolation, and then develops new or worsening symptoms, without an alternative plausible etiology, then would retest by PCR and follow the steps in the section 'Symptomatic Employees' above and 'Returning to Work Guidelines for HCW with Confirmed or Suspected COVID-19+' section based on PCR results.

If the staff member previously tested positive, met criteria to discontinue isolation, and then has a new high risk exposure within 90 days of their initial test, they do not need to be re-tested, but should follow the 'Conditions of working' section above, and be restricted from working with immunocompromised patients for 14 days from exposure.

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[1]**Definitions:**

- Severely immunocompromised: those on chemotherapy, untreated HIV with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, receipt of prednisone >20mg/d for more than 14 days. Ultimately the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual situation.
- 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%.*
- Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.*

  **In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.*

[2]**Definitions:**

- 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.
- 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.

PRE & POST VACCINATION CONSIDERATIONS

Pre-Vaccination Considerations

- If the staff member is being tested because they have one or more symptom of COVID-19 they should not receive the vaccination. When they can receive the vaccine will be determined based on current isolation and quarantine guidelines outlined above.
- If the staff member is being tested due to a high risk exposure, the vaccine should be withheld for 14 days and the employee should be serially tested every 3-4 days for either 10 or 14 days depending on the level of exposure risk.
- If the staff member has tested positive for COVID-19, consider waiting 90 days before giving the vaccine. The vaccine may be given sooner if requested by the employee.

Post-Vaccination Considerations

<table>
<tr><th>HCW Signs & Symptoms</th><th>Suggested Action</th></tr>
<tr><td rowspan="3">Signs and symptoms unlikely to be from COVID-19 vaccination:
Presence of ANY systemic signs and symptoms consistent with SARS-CoV-2 infection (e.g., cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell) or another infectious etiology (e.g., influenza) that are not typical for post-vaccination signs and symptoms.</td><td>Exclude from work pending evaluation for possible etiologies, including SARS-CoV-2 infection, as appropriate.
Criteria for return to work depends on the suspected or confirmed diagnosis.</td></tr>
<tr><td>Additional Notes</td></tr>
<tr><td>If performed, a negative SARS-CoV-2 antigen test in HCP who have signs and symptoms that are not typical for post-vaccination signs and symptoms should be confirmed by SARS-CoV-2 nucleic acid amplification test (NAAT). Further information on testing is available here: https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html</td></tr>
<tr><td rowspan="3">Signs and symptoms that may be from either COVID-19 vaccination, SARS-CoV-2 infection, or another infection:
Presence of ANY systemic signs and symptoms (e.g., fever, fatigue, headache, chills, myalgia, arthralgia) that are consistent with post-vaccination signs and symptoms, SARS-CoV-2 infection or another infectious etiology (e.g., influenza).

Fever in healthcare settings is defined as a measured temperature of 100.0oF (37.8oC) or higher.</td><td>Suggested Action</td></tr>
<tr><td>HCP who meet the following criteria may be considered for return to work without viral testing for SARS-CoV-2:
Feel well enough and are willing to work and
Are afebrile* and
Systemic signs and symptoms are limited only to those observed following COVID-19 vaccination (i.e., do not have other signs and symptoms of COVID-19 including cough, shortness of breath, sore throat, or change in smell or taste).

If symptomatic HCP return to work, they should be advised to contact occupational health services (or another designated individual) if symptoms are not improving or persist for more than 2 days. Pending further evaluation, they should be excluded from work and viral testing should be considered. If feasible, viral testing could be considered for symptomatic HCP earlier to increase confidence in the cause of their symptoms.

*HCP with fever should, ideally, be excluded from work pending further evaluation, including consideration for SARS-CoV-2 testing. If an infectious etiology is not suspected or confirmed as the source of their fever, they may return to work when they feel well enough.

In facilities where critical staffing shortages are anticipated or occurring, HCP with fever and systemic signs and symptoms limited only to those observed following vaccination could be considered for work if they feel well enough and are willing. These HCP should be re-evaluated, and viral testing for SARS-CoV-2 considered, if fever does not resolve within 2 days.</td></tr>
<tr><td>Additional Notes</td></tr>
<tr><td></td><td>If performed, a negative SARS-CoV-2 antigen test in HCP who have symptoms that are limited only to those observed following COVID-19 vaccination (i.e., do not have cough, shortness of breath, sore throat, or change in smell or taste) may not require confirmatory SARS-CoV-2 NAAT testing.</td></tr>
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Note: Additional guidance to mitigate staff shortages when work restrictions are recommended but there are no longer enough staff to provide safe patient care is available in Strategies to Mitigate Healthcare Personnel Staffing Shortages