Summary of Recent Changes: Significant changes to this guidance include

On 11-12-20

- Clarification that it is the role of healthcare facilities to assess healthcare personnel (HCP) with possible symptoms of COVID-19 to determine if a medical evaluation and/or COVID-19 testing is needed prior to allowing HCP to work.
- Recommendation that medical-grade surgical/procedure masks or respirators be used instead of cloth face coverings for universal source control of HCP.
- Addition that HCP with close-contact to a confirmed COVID-19 case in the community must quarantine at home and be excluded from work for the duration of their quarantine.
- Addition of guidance for return to work for HCP with symptoms of possible COVID-19.

KEY POINTS:

- Your healthcare facility (HCF) is responsible for developing and executing your facility's plan to monitor and evaluate healthcare personnel (HCP) for symptoms of possible COVID-19 illness. HCP deemed to have COVID-19 compatible symptoms should not work until the diagnosis has been excluded or they are not considered infectious.
- HCP refers to clinical and non-clinical staff within your HCF.
- All HCP should self-monitor twice daily for symptoms, including once prior to starting work, with oversight by your HCF.
- HCP should wear a medical-grade surgical/procedure mask or respirator for universal source control at all times while they are in the healthcare facility.
- HCP who are a close contact to a confirmed COVID-19 case in the community or who have a high-risk occupational COVID-19 exposure should be excluded from work for 14 days from last exposure.

BACKGROUND:

Given the continued community spread of COVID-19, HCP may be exposed to COVID-19 in the community or at home and increase the risk of transmission to patients or other HCP. Exposures encountered by HCP at work are unlike those that might occur in the community because HCF follow infection control prevention and control procedures and HCP use personal protective equipment (PPE) per strict standards. Due to their often extensive and close contact with vulnerable individuals, HCP with symptoms of possible COVID-19 illness and those with community or high-risk occupational exposures should be managed conservatively.

These guidelines have evolved as a result of greater experience with COVID-19, the availability of published data on COVID-19, continued evidence of community transmission of COVID-19 including asymptomatic and pre-symptomatic transmission, and established infection control principles.

In addition to following these HCP monitoring guidelines, HCF are expected to protect their HCP and patients by following CDC and Cal/OSHA COVID-19 infection prevention guidance including universal use

of PPE for patient care, use of N95 respirators for the care of suspect or confirmed COVID-19 cases, and routine respirator fit testing. For more information see:

- CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html
- Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities (8-6-20) https://dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf

RECOMMENDATIONS:

1. HCPs should wear medical-grade surgical/procedure masks or respirators for universal source control at all times while they are in the healthcare facility. Medical-grade masks or respirators are strongly preferred for HCP interacting with patients as non-medical face coverings do not offer reliable protection in higher risk clinical settings. Extended use and reuse of masks and respirators should be done based on principles set forth in prior CDC PPE optimization guidance.
2. All HCP should self-monitor twice daily (the first time prior to coming to work and the second ideally timed approximately 12 hours later) for symptoms of possible COVID-19.
3. HCP with symptoms of possible COVID-19 should contact the HCF before presenting for work. It is recommended that symptomatic HCP be assessed by a clinician. The clinician should determine if further medical evaluation and COVID-19 testing is needed prior to allowing the HCP to work.
4. Prior to the start of their shift, HCF should screen all HCP for symptoms of COVID-19 including a temperature check. HCF should develop and implement screening systems that cause the least amount of delay and disruption as possible (e.g., HCP self-report, single use disposable thermometers, or thermal scanners).
5. If HCP develop symptoms of possible COVID-19 while at work, they should keep their mask/respirator on and notify their supervisor to arrange leaving the workplace and obtaining medical evaluation and/or COVID-19 testing as appropriate.
6. HCP with high-risk workplace exposures to COVID-19 should be excluded from work and must follow quarantine orders and instructions (see *Definition of High-Risk Exposure* below). They should be instructed to monitor themselves for symptoms consistent with COVID-19 and to immediately contact their established point of contact (e.g. occupational health program) if symptoms develop. HCP can return to work after 14 days if they have never had symptoms. Exceptions for staffing shortages may be made (see *Considerations for Facilities Excluding Large Numbers of HCP*).
7. HCP with other healthcare exposures have no work restrictions and should continue to follow all recommended infection prevention and control practices including universal source control, and continue the monitoring as outlined in this guidance.
8. HCP that are a close contact to a confirmed COVID-19 case outside of work (i.e. community exposure) must notify the HCF. They should be excluded from work and are required to follow quarantine orders and instructions. They may return to work 14 days after their last close contact with the case if they have never developed symptoms. Exceptions for staffing shortages may be made for non-household exposures (see *Considerations for Facilities Excluding Large Numbers of HCP*).

DEFINITION OF HIGH-RISK EXPOSURE

In the healthcare setting, the following exposures to a confirmed infectious COVID-19 case* are considered high-risk:

1. HCP who performed or were present in the room during a high-risk respiratory aerosol-generating procedure (AGP) where the confirmed case patient was not masked (e.g. intubation or extubation, bronchoscopy, open suctioning) and where the HCP was missing some element of PPE (either eye protection or a respirator). This includes HCP that wore all other recommended PPE but who wore a facemask instead of a respirator during an AGP.
2. HCP who had close contact (i.e. they were within 6 feet for a cumulative total of 15 minutes or more in a 24-hour period and/or they had direct unprotected contact with infectious secretions/excretions) with a confirmed case:
    a. While not wearing a respirator or facemask
    b. While not wearing eye protection if the case was not wearing a facemask or cloth face covering.

*COVID-19 cases are considered to be infectious beginning 2 days prior to symptom onset (or initial positive viral test if case is asymptomatic) until the time they meet criteria for discontinuing isolation.

TESTING RECOMMENDATIONS:

HCP with any signs or symptoms of COVID-19 should be prioritized for SARS-CoV-2 diagnostic testing (and other respiratory viral testing, such as influenza as indicated), even if the symptoms are mild. LAC DPH is not currently recommending testing of asymptomatic HCP unless it is part of an outbreak investigation, part of facility-wide surveillance testing, or if the HCP was a close contact to a case in the community (including household contacts), see LAC DPH Testing Guidelines. Currently, the CDC does not recommend testing asymptomatic HCP who had occupational exposures. See CDC Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2. Testing for return to work clearance of confirmed cases is not recommended.

RETURN TO WORK FOR SYMPTOMATIC HCP

HCF should have a plan to evaluate HCP with symptoms of possible COVID-19 illness. It is recommended that symptomatic HCP be evaluated by a clinician. SARS-CoV-2 diagnostic viral testing is recommended for HCP with even mild symptoms of possible COVID-19 infection. Symptomatic HCP with compatible symptoms and no clear alternate diagnosis should be told to isolate at home pending clinical evaluation and testing.

- A single negative SARS-CoV-2 RT-PCR result is adequate to exclude COVID-19 in symptomatic staff with lower epidemiologic risk and/or lower clinical suspicion. A negative test result from a lower sensitivity assay (e.g. antigen tests and some molecular tests), however, should be considered presumptive and confirmation with RT-PCR is recommended.
- Two negative RT-PCR tests at least 24 hours apart are recommended to exclude COVID-19 in HCP with higher clinical suspicion and/or higher epidemiologic risk.

For HCP who had symptoms of possible COVID-19 and had it ruled out, either with negative PCR test(s) and/or with a clinical assessment that COVID-19 is not suspected (e.g. clear alternate diagnosis), then return to work decisions should be based on their other suspected or confirmed diagnoses.

Note: HCP in quarantine due to community exposure or a high-risk work exposure who develop symptoms may not be released early on the basis of negative SARS-CoV-2 test results.

See CDC Return to Work: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

RETURN TO WORK PROTOCOL FOR HCP WITH CONFIRMED COVID-19:
HCP with mild to moderate illness who are not severely immunocompromised can return to work:

- At least 10 days after symptom onset **AND**
- At least 24 hours since last fever without fever-reducing medication **AND**
- Improvement in symptoms.

Asymptomatic HCP **who are not severely immunocompromised** should be excluded 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. If they develop symptoms, follow above guidance.

Symptomatic HCP with severe or critical illness or who are severely immunocompromised can return to work:

- At least 20 days after symptom onset **AND**
- At least 24 hours since last fever without fever-reducing medication **AND**
- Improvement in symptoms.

Note: Asymptomatic HCP who are severely immunocompromised, should wait to return to work until 20 days since first positive viral diagnostic test.

For current definitions of COVID-19 illness severity and severely immunocompromised see CDC Return to Work for Healthcare Personnel with SARS-CoV-2 Infection

Return to Work Practices and Work Restrictions
HCP with confirmed COVID-19 do not need medical or LAC DPH clearance to return to work. Testing of laboratory-confirmed cases is not recommended for return to work due to the prolonged detection of SARS-CoV-2 RNA without direct correlation to viral culture. Refer to the CDC Return to Work for Healthcare Personnel with SARS-CoV-2 Infection for more information on the limitations of using a test-based strategy : https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

CONSIDERATIONS FOR FACILITIES EXCLUDING LARGE NUMBERS OF HCP
Employers must be prepared for potential staffing shortages and have plans and processes in place to mitigate them. Every effort should be made to limit exposure to both patients and facility HCP. Refer to the CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages for protocols on contingency and crisis strategies for mitigating staffing shortages.

Healthcare facilities experiencing staffing shortages of essential HCP may allow the following HCP to work as long as they remain asymptomatic:

- Those with high-risk workplace exposures to SARS-CoV-2
- Those with close contact exposure to a non-household* confirmed COVID-19 case

These HCP must observe strict infection control procedures including source control at all times (facemask or respirator required) while working. They must adhere to full home quarantine when not doing their essential work.

* HCP who are close-contacts to a household confirmed case (i.e., the HCP lives with the infected person) may not return to work until completing quarantine.

Additional Guidance:

CDC, Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
CDC, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
CDC, Public Health Guidance for Community-Related Exposure

If you have questions, email LAC DPH at hcwcontacts@ph.lacounty.gov or call at 213-240-7941.