Summary of recent changes to this document
4-29-20/5-1-20

- Recommendations around SARS CoV-2 testing of symptomatic HCP were added.
- Added that asymptomatic COVID-19 positive HCP may potentially be allowed to work with only COVID-19 positive patients in a setting of critical staffing if certain conditions are met.
- Added return to work recommendations for asymptomatic HCP who are laboratory confirmed.
- Return to work protocol for confirmed or suspected cases extended from 7 to 10 days
- Added sections on Testing, Considerations for Facilities Excluding Large Numbers of HCP, and expanded section on Return to Work.

KEY POINTS:
- Your healthcare facility (HCF) is responsible for developing and executing your facility’s plan to monitor healthcare personnel (HCP) for fever or COVID-19 symptoms.
- All HCP should self-monitor for symptoms prior to starting work each day, with oversight by your HCF.
- As part of source control efforts, HCP should wear a facemask or cloth face covering for universal source control at all times while they are in the healthcare facility.

BACKGROUND:
Healthcare personnel screening during the COVID-19 epidemic is crucial to decreasing risk of infection for both vulnerable patients and HCPs themselves. These guidelines have evolved as a result of greater experience, 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. HCP includes clinical and non-clinical staff within your HCF.

MONITORING OF ALL HEALTHCARE PERSONNEL:
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 HCWs; therefore, LAC DPH recommends that HCP self-monitor prior to starting work with patients each day, with the oversight by healthcare facilities. The goal of this screening is early identification of HCPs with symptoms of respiratory illness to prevent possible exposures of other facility staff and patients within the healthcare facility.

RECOMMENDATIONS:
1. HCPs should wear face coverings for universal source control at all times while they are in the healthcare facility. Masks or respirators are preferred, but non-medical face coverings can be used for non-patient care activities. 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, once prior to coming to work and the second, ideally timed approximately 12 hours later, for possible symptoms of COVID-19 (i.e., fever >100.0 and/or cough or shortness of breath).
3. If HCP have symptoms (i.e., fever and/or cough or shortness of breath), they should contact their place of work immediately and stay home from work.
4. HCF should screen all HCP for fever and symptoms of COVID-19 prior to the start of working their shifts. HCF should develop and implement screening systems that cause the least amount of delays and disruption as possible (i.e., HCP self-report, single use disposable thermometers or thermal scanners, etc.).

5. HCP with fever should be sent home and NOT allowed to work. If HCP develop symptoms while at work, they should keep their facemask/cloth covering on, notify their supervisor, and leave the workplace.

6. Any HCP with fever and/or cough or shortness of breath should be presumed to have COVID-19 and should self-isolate at home.

7. HCP with high risk exposures to COVID-19 should be excluded from work for 14 days. HCP can return to work after 14 days if they have never had symptoms.

8. Facilities should review their policies on work absenteeism and ensure that the policy is consistent with the goal of excluding sick HCP.

9. HCF should consider foregoing contact tracing in favor of universal source control for HCP and screening for fever and symptoms before every shift.

10. HCF must be prepared for potential staffing shortages and have plans and processes in place to mitigate these. Strategies to mitigate staffing shortages are available from the CDC.

**DEFINITION OF HIGH-RISK EXPOSURE**

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, etc.) 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.

**TESTING RECOMMENDATIONS:**

As diagnostic testing for SARS CoV-2 is becoming more widely available, testing symptomatic HCP is strongly recommended. While many testing sites are now offering testing to asymptomatic HCP, the CDC does not currently have a recommended testing frequency or other guidance. LAC DPH is not currently recommending testing of asymptomatic HCP unless it is part of an outbreak investigation or part of facility-wide surveillance testing. See DPH Expanded Testing Priorities.

**RETURN TO WORK PROTOCOL FOR HCP WITH CONFIRMED OR SUSPECT COVID-19:**

*Symptomatic HCP with suspected or confirmed COVID-19* can return to work 10 days after symptom onset **AND** at least 72 hours fever free without fever-reducing medication **AND** improvement in symptoms.

*Asymptomatic HCP with laboratory-confirmed COVID-19* 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.
All HCP returning to work do not need medical or LAC DPH clearance. When HCP returns to work, follow the below criteria:

1) Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline.
   - A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control.
   - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
   - Of note, N95 or other respirators with an exhaust valve might not provide source control.

2) Self-monitor for symptoms, and seek re-evaluation from employee health if respiratory symptoms recur or worsen

LAC DPH is not currently recommending re-testing as it uses scarce testing resources and due to reports of prolonged detection of RNA without direct correlation to viral culture. Refer to the CDC Return to Work Guidance for information on test-based strategy if your facility chooses to do so: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

CONSIDERATIONS FOR FACILITIES EXCLUDING LARGE NUMBERS OF HCP
As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities 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” site for protocols on contingency and crisis strategies for mitigating staffing shortages: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Additional Guidance:
CDC, Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

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