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.
- Given community spread, all HCP should self-monitor for symptoms with oversight of your HCF each day prior to starting work with patients.

BACKGROUND:
Healthcare personnel (HCP) screening during the COVID-19 epidemic is crucial to decreasing risk of infection for both vulnerable patients and HCPs themselves. These new guidelines have evolved as a result of greater experience, the availability of published data on COVID-19, growing evidence of community transmission of COVID-19, and established infection control principles.

DEFINITIONS OF HEALTHCARE PROLONGED CLOSE CONTACT:
Prolonged close contact is defined as being within 6 feet of a confirmed case of COVID-19 for more than 2 minutes or having unprotected direct contact to secretions or excretions (i.e., sneeze or cough on HCP face).

MONITORING OF ALL HEALTHCARE PERSONNEL:
Given 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 with the oversight of healthcare facilities each day prior to starting work with patients. 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. 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).
2. 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.
3. HCF should screen all HCP 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.).
4. HCP with fever should be sent home and NOT allowed to work.
5. Facilities should review their policies on work absenteeism and ensure that the policy is consistent with the goal of excluding sick HCP.
REVISED EXPOSURE RISK CATEGORIES AND RECOMMENDATIONS FOR HCP WITH CLOSE CONTACT TO A COVID-19 PATIENT:

The new exposure risk categories are based on revised CDC guidance (March 7, 2020) and take into consideration the dynamic balance between HCP and patient safety and the reality of community spread of COVID-19 and the need for an adequate workforce to provide care during a potential surge in hospitalized patients. The following is a summary of the LAC DPH interpretation of that guidance.

<table>
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<tr>
<th>Risk Category</th>
<th>Examples of HCP contact</th>
<th>HCF actions</th>
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| High & Medium Risk  | • HCP not wearing a facemask or respirator during prolonged close contact with confirmed case of COVID-19.                                                                                                              | • Do NOT allow HCP to work for 14 days after contact with case  
• Actively monitor HCP for fever and symptoms and instruct HCP to self-isolate if symptoms develop  
• HCP can return to work after 14 days if they have never had symptoms.                                              |
|                     | • HCP not wearing eye protection during prolonged close contact with a confirmed case patient who was not masked.                                                                                                       |                                                                                                                                                                                                          |
|                     | • HCP not wearing a gown or gloves during extensive body contact with the confirmed case patient (e.g. repositioning the patient).                                                                                       |                                                                                                                                                                                                          |
|                     | • HCP who performed or were present in the room during a high-risk respiratory aerosol-generating procedure (AGP) where confirmed case patient was not masked (e.g. intubation or extubation, bronchoscopy, open suctioning, etc.) or were missing some element of PPE (either eye protection, a gown, gloves, or a respirator). This includes HCP that wore all other recommended PPE but who wore a facemask instead of a respirator during an AGP. |                                                                                                                                                                                                          |
|                     | • HCP who performed oropharyngeal (OP) or nasopharyngeal (NP) swab collection on a confirmed case patient without all recommended PPE (i.e. facemask or N95 respirator, eye protection, gown, gloves). |                                                                                                                                                                                                          |
| Low Risk            | • HCP wearing only a facemask during prolonged close contact with a confirmed case of COVID-19 who was masked.                                                                                                          | • Oversee HCP self-monitoring                                                                                                                |
|                     | • HCP not wearing all recommended PPE that had brief interactions with a confirmed case patient (e.g., brief conversation at triage, briefly entering patient room with no contact with secretions, entering room immediately after patient was discharged). | • Screen HCP for fever and symptoms prior to beginning their shifts                                                                         |
|                     | • Environmental services (EVS) staff cleaning a vacated room of a confirmed case who waited a sufficient time before entering the room, wearing a gown and gloves                                                                                                                                 |
|                     | • HCP not included in the above categories who were wearing PPE without a breach.                                                                                                                                   |                                                                                                                                                                                                          |
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| No Risk Identified | • HCP who walk by a patient or have no direct contact with patient or patient room. | • Screen HCP for fever and symptoms prior to beginning their shifts |

If your facility is already conducting monitoring of HCP as instructed by LAC DPH, this guidance supersedes those instructions.

**ASYMPTOMATIC HIGH AND MEDIUM RISK HCP RETURN-TO-WORK PROTOCOL**
HCP can return to work after 14 days if they have never had symptoms. LAC DPH does not need to approve HCP return to work in this circumstance. HCP returning to work do not need medical clearance.

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

**CONSIDERATIONS FOR FACILITIES EXCLUDING LARGE NUMBERS OF HCP**
Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

If you have questions regarding the assessment of risk category, email LAC DPH at hcwcontacts@ph.lacounty.gov or call at 213-240-7941.