Coronavirus Disease 2019 (COVID-19)

Los Angeles County Department of Public Health
Guidance for Monitoring Healthcare Personnel

Summary of Recent Changes: (7-24-20) Significant changes to this guidance include

- The addition of monitoring for a broader list of possible COVID-19 symptoms
- New guidance for facilities experiencing staffing shortages
- Expanded definition of high-risk work exposures warranting quarantine
- Updated guidance on testing HCP
- Updated return to work guidance determined by severity of illness

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 possible COVID-19 illness to prevent 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 fever or symptoms consistent with COVID-19
3. If HCP have COVID-19 related symptoms they should stay home from work and contact their place of work to arrange for medical evaluation and/or testing as soon as possible.
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 (e.g., HCP self-report, single use disposable thermometers or thermal scanners).

5. If HCP develop a fever or symptoms of possible COVID-19 while at work, they should keep their facemask/cloth covering on, notify their supervisor, and leave the workplace.
6. HCP with high risk exposures to COVID-19 should be excluded from work for 14 days (with exceptions made for staffing shortages-see below). They should be instructed to monitor themselves for fever or 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. See *Definition of High-Risk Exposure* below.
7. HCP with other healthcare exposures have no work restrictions, 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 with community-related exposures (including households), must notify the HCF. The HCF should determine if the exposure warrants quarantine based on the CDC's Guidance for Community-Related Exposures.

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 prolonged close contact (i.e. they were within 6 feet for 15 or more minutes 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, 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 DPH Expanded Testing Priorities. 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. Re-testing for return to work clearance is not recommended.

RETURN TO WORK PROTOCOL FOR HCP WITH CONFIRMED OR SUSPECT 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 with laboratory-confirmed COVID-19 **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

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 symptoms recur or worsen.

LAC DPH and CDC continue to not recommend re-testing for return to work clearance due to prolonged detection of 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

Healthcare facilities experiencing staffing shortages of essential HCP may allow HCP with high risk exposures to SARS-CoV-2 to continue to work as long as they remain asymptomatic and wear a facemask for source control for the full 14 days after the exposure event. The HCP must observe full home quarantine when not doing their essential work. 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" 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 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 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.