

PENNSYLVANIA DEPARTMENT OF HEALTH
2020 – PAHAN – 510 – 6-01-UPD

UPDATE: Risk Assessment and Work Restrictions
for Healthcare Personnel with Potential Exposure
to COVID-19



DATE:	6/01/2020
TO:	Health Alert Network
FROM:	Rachel Levine, MD, Secretary of Health
SUBJECT:	UPDATE: Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19
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This transmission is a Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

This guidance has been updated to simplify the determination of risk exposures warranting work restriction. Highlights of the guidance include:

- Resume contact tracing and application of work restrictions in areas where spread of COVID-19 in the community has decreased
- Focus on exposures believed to result in higher risk for healthcare personnel (HCP) (i.e., prolonged exposure to patients with COVID-19 when HCP’s eyes, nose, or mouth are not adequately covered)
- The definition of “prolonged exposure” was extended to refer to a time period of 15 or more minutes of close contact (within ≤ 6 feet). However, any duration should be considered prolonged if the exposure occurs during performance of an aerosol-generating procedure.
- If you have additional questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

This updated guidance describes the process for resumption of contact tracing and application of work restrictions that should occur in areas where spread in the community has decreased and

when capacity exists to perform these activities without compromising other critical infection prevention and control functions. Guidance has been simplified to focus on exposures that are believed to result in higher risk for HCP (i.e., prolonged exposure to patients with COVID-19 when HCP's eyes, nose, or mouth are not adequately covered). Other exposures not included as higher risk, including having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCP then touch their eyes, nose, or mouth. The specific factors associated with these exposures should be evaluated on a case by case basis; interventions, including restriction from work, can be applied if the risk for transmission is deemed substantial.

This guidance supersedes PA-HAN-484 and **applies only to asymptomatic healthcare workers with potential exposure to patients, visitors, or other HCP with confirmed COVID-19 in a healthcare setting**. For public health action for other situations, please refer to the following guidance:

- For HCP with any known exposure to COVID-19 who become **symptomatic**, exclude immediately from work, counsel them to seek testing. Follow [PA-HAN-493](#) and [PA-HAN-501](#).
- For HCP who are **asymptomatic**, but test positive for COVID-19, follow guidance in [PA-HAN-509](#).
- For patients and visitors exposed to COVID-19 in a healthcare setting, refer to [CDC Guidelines for community exposure](#). The guidance provided in this document **does not apply to patients and visitors exposed in healthcare settings**.
- For HCP with **known exposure to COVID-19 in the community or with travel-associated exposure**, including those who are a household contact of a case, follow [CDC Guidelines for community exposure](#) or [CDC Guidelines for travel-related exposure](#), respectively. Exclude exposed HCP for 14 days following the last date of exposure, unless all of the following criteria are met in the healthcare facility:
 - Exclusion of the exposed HCP would mean there would no longer be enough staff to provide safe patient care
 - Other contingency capacity standards have been exhausted (see [CDC strategies](#))
 - The facility has met criteria for crisis capacity standards for staffing as defined in their emergency preparedness plan.

If the above criteria have been met, asymptomatic HCP exposed to COVID-19 in the community or via travel may continue to work in the healthcare setting under crisis capacity standards.

Background

Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and applying work restrictions is recommended to prevent transmission from potentially contagious HCP to patients, other HCP, and visitors. Occupational health programs should follow universal testing guidance in [PA-HAN-509](#) and have a low threshold for evaluating any potential symptoms of COVID-19 and testing HCP.

The feasibility and utility of performing contact tracing of exposed HCP and application of work restrictions depends upon the degree of community transmission of SARS-CoV-2 and the resources available for contact tracing. For areas with:

- [Minimal to no](#) community transmission of SARS-CoV-2, sufficient resources for contact tracing, and no staffing shortages, risk assessment of exposed HCP and application of work restrictions should occur. Minimal to no community transmission may correspond to green or yellow phases in the reopening plan.
- [Moderate to substantial community transmission](#) of SARS-CoV-2, insufficient resources for contact tracing, or staffing shortages, risk assessment of exposed HCP and application of work restrictions may not be possible. Facilities should implement their emergency management plans. Moderate to substantial community transmission may correspond to red or yellow phases in the reopening plan.

This guidance is based on currently available data about COVID-19. Occupational health programs should use clinical judgement as well as the principles outlined in this guidance to assign risk and determine the need for work restrictions. Note that this approach might be refined and updated as more information becomes available.

Guidance for Asymptomatic HCP Who Were Exposed to Individuals with COVID-19

Higher-risk exposures generally involve exposure of HCP’s eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.

This guidance applies to HCP with potential exposure in a healthcare setting to patients, visitors, or other HCP with confirmed COVID-19. Exposures can also be from a person under investigation (PUI) if test results for the PUI are not expected to return within 48 to 72 hours. A record of HCP exposed to PUIs should be maintained.

Table: Risk assessment for asymptomatic healthcare personnel (HCP) exposed to patients, visitors or other HCP with COVID-19 within a healthcare setting.

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged ¹ close contact ² with a patient, visitor, or HCP with confirmed COVID-19 ³	<ul style="list-style-type: none"> • HCP not wearing a respirator or facemask⁴ • HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask • HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure 	<ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁵ • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ • Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

<p>HCP with exposures within a healthcare setting, but <u>not</u> described above</p>	<ul style="list-style-type: none"> N/A (determination of work restrictions does not depend on the PPE worn) 	<ul style="list-style-type: none"> No work restrictions Follow all recommended infection prevention and control practices, including wearing a facemask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19⁶ and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19⁶ at the beginning and end of their shift. Any HCP who develops fever or symptoms consistent with COVID-19⁶ should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
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HCP=healthcare personnel

- Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, **any duration** should be considered prolonged if the exposure occurred during performance of an [aerosol generating procedure](#).
- Data are limited for the definition of close contact. For this guidance it is defined as a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.
- Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:
 - For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 48 hours before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions in [PA-HAN-502](#).
 - For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
 - In general, asymptomatic individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet criteria for discontinuing Transmission-Based Precautions in [PA-HAN-502](#).
 - If the date of exposure cannot be determined, although the infectious period could be longer, contact tracing should be conducted using a starting point of 2 days prior to the positive test through the time period when the individual meets criteria for discontinuing Transmission-Based Precautions in [PA-HAN-502](#).
- While respirators provide a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still provide some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.

5. If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For additional information and considerations refer to [Strategies to Mitigating HCP Staffing Shortages](#).
6. Fever is either measured temperature $\geq 100.4^{\circ}\text{F}$ or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Clinical judgement should be used to guide testing of patients in such situations. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP.

Definitions:

Healthcare Personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of June 1, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.