

# COVID-19 Recommendations for Health Care Workers

Health care workers (HCW) living with a person suspected of having COVID-19, or who have been exposed to a patient or coworker with COVID-19, have expressed concerns regarding self-quarantine and exclusion from work. Minnesota Department of Health (MDH) continues to prioritize testing for symptomatic health care workers as well as hospitalized individuals and residents in congregate care settings. Exclusion of exposed asymptomatic health care professionals from work for prolonged periods might impact health care system capacity. Consequently, MDH and the health care community must balance workforce challenges with the need to prevent further spread of the virus that causes COVID-19 in health care settings.

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## Diagnostic Testing of HCW for COVID-19

HCW with fever and/or respiratory symptoms that are concerning for COVID-19 remain a priority at MDH Public Health Laboratory for testing. Because of the potential implications for COVID-19 spread and severe disease, testing is strongly encouraged for, but not limited to, those working in congregate care or with immunocompromised individuals, and those who worked while ill.

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## HCW Exposure to COVID-19

MDH and health care organizations are cooperating to identify, manage, and monitor HCW who have had unprotected (high-risk) exposure to a patient or coworker with confirmed COVID-19. HCW with these exposures are identified through risk assessment, if all necessary PPE has not been worn or available in a setting with confirmed COVID-19, and through identification of PPE breaches when PPE is routinely and correctly used.

MDH recommends that HCW with high-risk exposures participate in voluntary quarantine for 14 days after the exposure. However, if the facility is experiencing a staffing shortage that cannot otherwise be resolved, asymptomatic high risk HCW may be asked to return to work during the voluntary quarantine period, provided the HCW wears a surgical face mask for source control. However, high-risk employees can choose not to return, with worker protections under Minn. Rule 144.4196.

HCW in voluntary quarantine after an unprotected exposure to a COVID-19-positive person, and HCW who are in close contact to a household member or intimate partner with confirmed or suspected COVID-19, should follow the recommendations below to keep themselves, patients, and coworkers safe.

## Recommendations for HCW in Contact with Persons Having Confirmed or Suspected COVID-19

These recommendations are relevant for HCW who have had a high-risk workplace exposure to COVID-19 and HCW with household, intimate or close community contacts who have confirmed or suspected COVID-19.

- These HCW are advised to limit interactions with the public as much as possible for 14 days after preventive measures are put into place, adhering to social distancing and working from home, if possible. At this time, this remains the preferred option.
- If these limitations to social interaction are not possible, the HCW should take on a non-direct patient care role (e.g., telemedicine, phone triage), when feasible.
- If it remains necessary for the HCW to continue providing direct patient care during this 14 day period, they should:
  - Avoid seeing high-risk patients (e.g., elderly and immunocompromised persons and those with co-morbidities).
  - Practice diligent hand hygiene and wear a surgical face mask at all times.
  - Monitor themselves closely for any new symptoms associated with COVID-19 (i.e., measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell), and measure their temperature daily before going to work.
  - Remain at home and notify their supervisor if they develop respiratory symptoms OR have a measured body temperature of  $\geq 100^{\circ}\text{F}$ .
  - If at work when fever or respiratory symptoms develop, the HCW should immediately notify their supervisor and go home.
  - Notify their supervisor of other symptoms (e.g., fever  $< 100^{\circ}\text{F}$ , nausea, vomiting, diarrhea, abdominal pain, runny nose, fatigue), as medical evaluation might be recommended.

HCWs living with someone who has symptoms consistent with COVID-19 should separate themselves from the ill household member within the home as much as possible.

- HCWs might consider temporarily moving into alternative accommodation, if available, to maintain distance from the ill household member. Given family and caregiver responsibilities, this will not be feasible for many HCWs.

All HCW are at some risk for exposure to COVID-19 during widespread community transmission, whether in the workplace, at home, or in the community. Instead of 14-day work exclusion for asymptomatic HCW who have had a workplace exposure, or who have an ill household member or intimate contact, health care facilities might shift priority to reporting of recognized exposures, regular self-monitoring for fever and respiratory symptoms, testing HCWs with recognized high-risk exposures and refraining from work when ill. This approach is relevant for facilities with sufficient PPE to ensure that high-risk exposures are unlikely, have the ability to actively assess PPE breaches after every employee's shift, and are committed to exclusion of ill staff.

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## Guidance for Ill HCW with Confirmed or Suspected COVID-19

As recommended above, any HCW who becomes ill with respiratory symptoms OR fever ( $\geq 100^{\circ}\text{F}$ ) should communicate with their supervisor and stay out of work. HCW with this clinical presentation are considered to have a suspected or confirmed (with laboratory testing) diagnosis of COVID-19. CDC has provided [Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html) ([www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)). A test-based strategy is no longer recommended to determine when to allow HCW to return to work. A non-test-based strategy is recommended and includes:

- For HCWs with mild to moderate illness who are not severely immunocompromised:
  - At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); AND,
  - At least 10 days have passed since symptoms first appeared.
  - Practice of diligent hand hygiene and wearing a surgical face mask at all times until 14 days after illness onset.
- For HCWs with severe to critical illness or who are severely immunocompromised:
  - At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); AND,
  - At least 20 days have passed since symptoms first appeared.

Asymptomatic HCWs with laboratory-confirmed COVID-19 should be excluded from work for 10 days following specimen collection. HCWs who are severely immunocompromised but remain asymptomatic throughout their infection should be excluded from work for 20 days following specimen collection. If these individuals subsequently develop symptoms since their positive test, their return to work should be guided by the recommendations for confirmed COVID-19, above.

If HCW were not tested for COVID-19, or had an initial negative COVID test, and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

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## Guidance for Recovered HCW Who Are Exposed to COVID-19 Positive Patients

HCW with past confirmed COVID-19 infection should return to work based on the non-test based strategy recommended above. Within 3 months of clinical recovery from COVID-19, a HCW with a high-risk exposure to a confirmed COVID-19-positive individual does not need to be quarantined or retested and should self-monitor for symptoms consistent with COVID-19. If symptoms develop, the exposed HCW should be assessed and potentially tested for SARS-Cov-2, if an alternate etiology is not identified.

However, if the HCW has a high-risk exposure to a confirmed case 3 months or more after onset of their initial illness, the HCW should follow the quarantine and work exclusions outlined above.

Many facilities are experiencing significant staffing shortages. It might be necessary for these HCW to continue to work, as long as they remain asymptomatic, wear a surgical mask for source control, and practice diligent hand hygiene. In this situation, the HCW should also follow the recommendations above, in “Recommendations for HCW in Contact with Persons Having Confirmed or Suspected COVID-19.”

MDH does not currently recommend using serological tests to determine whether a previously infected HCW can continue to work after experiencing a new exposure to a person with COVID-19. There are currently insufficient data regarding immunological response and protective immunity after COVID-19 infection. Because the interval between resolution of illness and development of any protective immunity is also unknown, viral carriage and transmission to others during this period cannot be ruled out.

MDH recognizes that there might be a shortage of HCW in some areas and for some facilities. MDH recommends utilizing the options outlined in the MDH guidance Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19.

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## Definitions

The following definitions are from [CDC: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html) ([www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)).

SARS-CoV-2 Illness Severity Criteria were adapted from the NIH COVID-19 Treatment Guidelines.

**Mild illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.

**Critical illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

**Severely immunocompromised:** For the purposes of this guidance, CDC used the following definition:

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

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## Resources

- [CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
- [CDC: Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
- [CDC: Duration of Isolation and Precautions for Adults with COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html)
- [MDH: Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html)
- [CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages \(www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html\)](http://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)
- [CDC: If You Are Sick or Caring for Someone \(www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html\)](http://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)
- [MDH: Rapid IgM/IgG SARS-CoV-2 Tests \(www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf)



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