Exposure to COVID-19: When the Healthcare Worker is Exposed Outside of Work

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| DATE:     | 6/01/2020 |
| TO:       | Health Alert Network |
| FROM:     | Rachel Levine, MD, Secretary of Health |

This guidance applies only to asymptomatic healthcare workers with potential exposure to patients, visitors, or other HCP with confirmed COVID19 in a healthcare setting.
For public health action for other situations, please refer to the following guidance:

- For HCP who **test positive for COVID-19**, follow guidance in PA-HAN-509 (for LTCF), PA-HAN-493 and PA-HAN-516.

- 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.
Scenarios
Scenario 1: Household contact

Q. My employee is a household contact of a COVID-19 case. Does the employee need to be excluded from work?

A. YES, this is a high-risk exposure
Scenario 1: Household contact

...For how long?

Photo by Ned Horton from Freimages
Scenario 1: Household contact

- Exclude from work for 14 days following the last exposure to the case
  - If HCW can remove themselves from the home or stop exposure (e.g. case is hospitalized), this is when the 14 day count begins
  - If exposure is continued, 14 day count begins at the first day after the case is “released” from home isolation per PA-HAN-518

- If the HCW becomes ill and positive for COVID-19, follow return-to-work in PA-HAN-516
**Scenario 1: Household contact**

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Scenario 1: Household contact

...What if this healthcare worker was already positive for COVID-19 in the past?

Photo by Ned Horton from Freimages
Scenario 1: Household contact

A. If the exposed HCW has a history of COVID-19 in the past 3 months, and remains asymptomatic, quarantine/exclusion is not required

See also: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html
Scenario 1: Household contact

...What if this healthcare worker (exposed but also with a history of COVID-19) later becomes symptomatic?

Photo by Ned Horton from Freimages
Scenario 1: Household contact

- If symptoms develop, the exposed HCW should be assessed and potentially tested for SARS-CoV-2
- Look for alternative etiology
- Exclude from work pending diagnostic conclusion

See also: https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html
Scenario 2: Community exposure

Q. My employee was identified as a close contact to a case in the community. Does the employee need to be excluded from work?

A. YES, same as with a household exposure.
Scenario 3: Travel exposure

Q. My employee traveled to one of the states listed on the Governor’s domestic travel page. Does the employee need to be excluded from work?

A. YES, quarantine following this travel is recommended.
Let’s talk about staffing shortages
Mitigating Staffing Shortages

- Exclusion of exposed HCW is the best practice for containing the spread of COVID-19

- This is not always practical

- Regularly re-evaluate policies to strive toward this ideal
To allow exposed HCW to work, all the following criteria must be 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

From PA-HAN-510
Contingency Capacity Standards

Lower Risk Approaches

- Adjust staff schedules
- Hire or contract additional staff
- Shift staff work locations in areas and train staff in new areas
- Cancel non-essential procedures

Contingency/Crisis Capacity Standards

Moderate Risk Approaches

- Allowing exposed HCWs that should be excluded to work
  - Consider whether risk can be stratified?
    - Household contact
    - High-risk exposure in healthcare setting
    - Community contact
    - Travel with risky behaviors
    - Cautious travel
Contingency/Crisis Capacity Standards

(Continued...)

• Consider post-exposure testing during the 14-day post-exposure period to more quickly identify pre-symptomatic or asymptomatic HCP

  ▪ Testing gives information about one point in time only; consider repeating
  ▪ Testing after exposure may be of limited value in areas with substantial community spread
  ▪ Test results should be available within 24 hours
Contingency/Crisis Capacity Standards

Higher Risk Approaches

- Allow HCWs that are suspected or confirmed cases of COVID-19 to return to work prior to meeting criteria in **PA-HAN-516**
Mitigating Staffing Shortages

- Exclusion of exposed HCW is the *best practice* for containing the spread of COVID-19

- This is not always practical

- Regularly re-evaluate policies to strive toward this ideal
Part 2

Exposure to COVID-19: When the Healthcare Worker is the Case
Questions

Submit general questions to RA-DHHCC-OPS@pa.gov

For questions about individual or facility-specific exposures, consult your local health department contact or call 1-877-PA-HEALTH.