

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

Cara Bicking Kinsey PhD, MPH, RN, CIC  
August 4, 2020

BUREAU OF EPIDEMIOLOGY



**pennsylvania**  
DEPARTMENT OF HEALTH

# ▶ PA-HAN-510

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



<b>DATE:</b>	6/01/2020
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Rachel Levine, MD, Secretary of Health
<b>SUBJECT:</b>	<b>UPDATE: Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19</b>

This guidance applies only to asymptomatic healthcare workers with potential **exposure** to patients, visitors, or other HCP with confirmed COVID19 **in a healthcare setting**.



# PA-HAN-510

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?



Photo by [Ned Horton](#) from [Freelimages](#)

**A. YES, this is a high-risk exposure**

# Scenario 1: Household contact

...For how long?


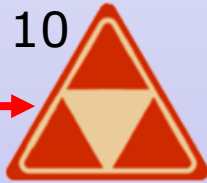


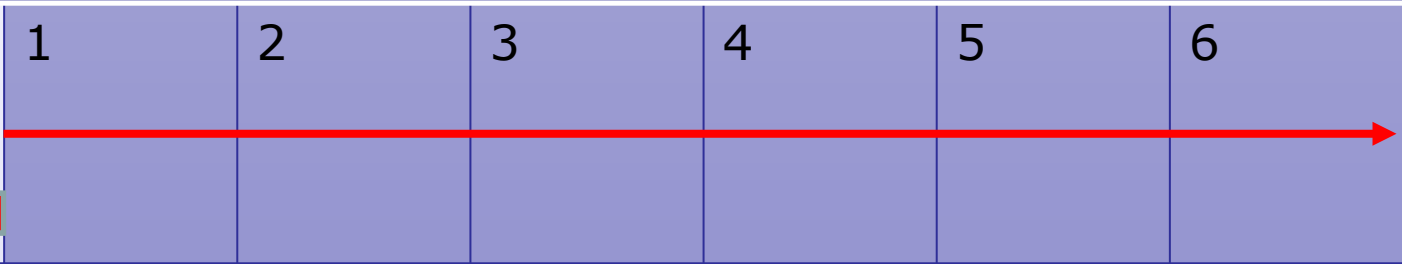
Photo by [Ned Horton](#) from [Freelimages](#)

# 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

Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10  Isolation	11	12	13
14	15	16	17	18	19	20
21	22	23	24			



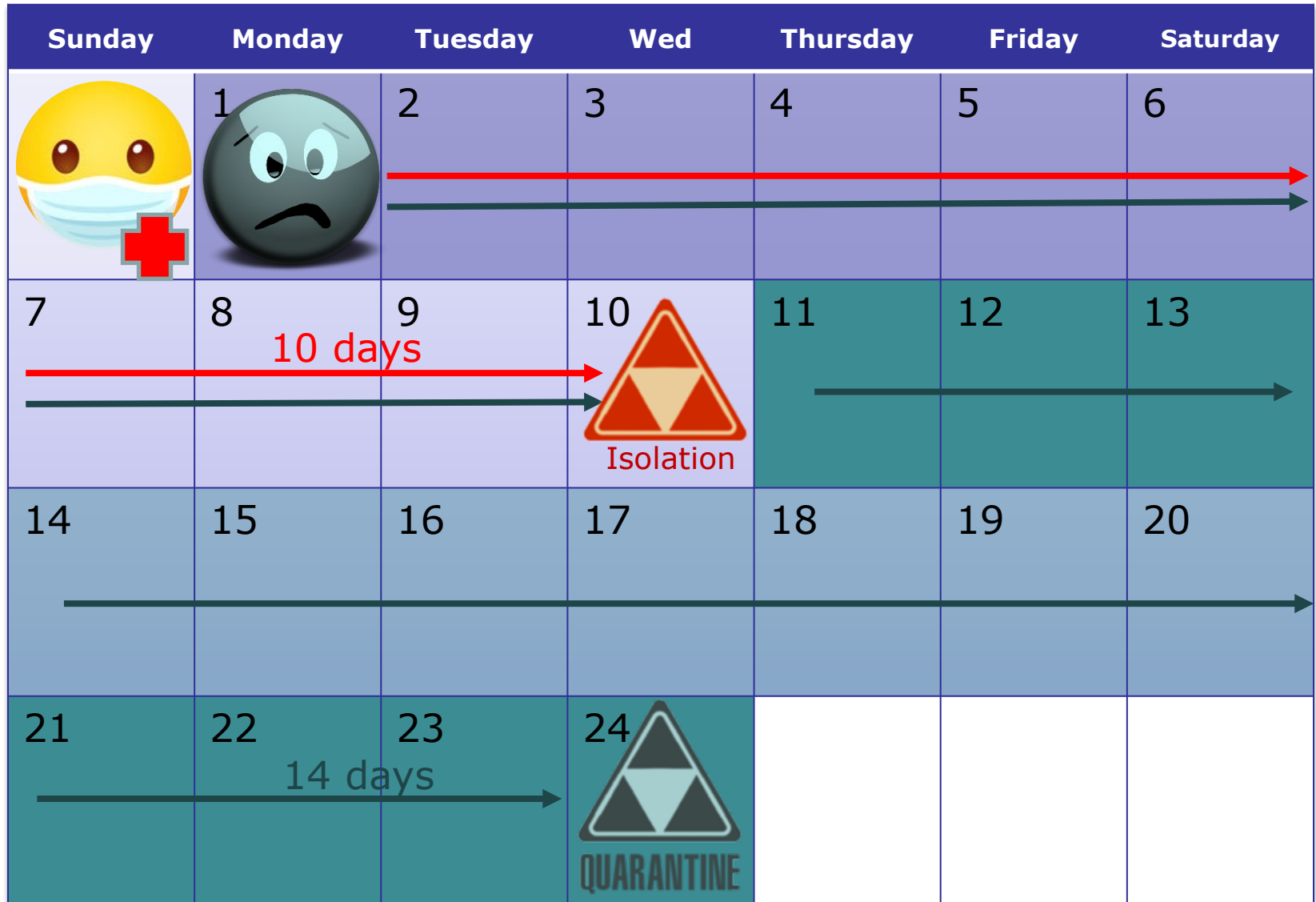


# Scenario 1: Household contact

Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
	1 	2	3	4	5	6
7	8	9	10  Isolation	11	12	13
14	15	16	17	18	19	20
21	22	23	24			

A red arrow labeled "10 days" points from the start of Monday (day 8) to the start of Wednesday (day 10). A red arrow points from the start of Monday (day 8) to the end of Saturday (day 13). A black arrow points from the start of Monday (day 8) to the end of Saturday (day 13). Another black arrow points from the start of Monday (day 8) to the end of Saturday (day 13).

# Scenario 1: Household contact



# ➤ Scenario 1: Household contact

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



Photo by [Ned Horton](#) from [Freelimages](#)

# 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 [Freelimages](#)

# 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

# Mitigating Staffing Shortages

- 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

# 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

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

# 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



# Expected Friday 8/7

## Part 2

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

# Questions

Submit general questions to  
[RA-DHHCC-OPS@pa.gov](mailto: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.