

COVID-19 HEALTHCARE EMPLOYEE GUIDANCE

(Version 6 – Updated: December 7, 2020)

**Important: CDC recommends healthcare facilities practice [universal source control](#) to prevent spread of infection among residents, employees, and visitors.*

SCENARIO 1:

An employee has/had close contact with/exposure in the healthcare setting to a patient or another employee diagnosed with COVID-19; or in the community to a person symptomatic for COVID-19

Close contact/exposure to patient, resident, staff, or visitor:

1. Employee notifies Manager and HR right away.
2. Employer representative [assesses exposure risk and follows CDC guidelines for monitoring and work restrictions \(table 1\)](#) based on COVID-19 exposure risk for **asymptomatic** healthcare personnel. **If employee develops symptoms or doctor excludes from work, follow guidelines in Scenario 2.**

Note: If exposure happens while patient or resident is under investigation/ being tested for COVID-19, closely monitor symptoms, ensure access to and use of proper PPE, and follow applicable scenario guidelines depending on resident's test results/ employee symptoms.

Close contact/exposure to household member(s) or someone in the community:

1. Employee notifies Manager and HR right away.
2. Employee/ employer recommended to **quarantine for 14 days** and follow [CDC guidelines for community-related exposure](#). **If employee develops symptoms, follow appropriate scenario guidance.**
 - If remains asymptomatic and cannot quarantine for 14 days, CDC states a 10 day quarantine is acceptable without a test; or 7 day quarantine with a negative FDA-authorized PCR or antigen test collected within 48 hours before 7th day (negative result must be known prior to discontinuing on day 7), with continued monitoring up to 14th day.
 - Wear a face covering, practice distancing when in public or around other people.

Notes: Consideration should be given to personal health risk of employee and/ or recommendations of their health provider when determining work restrictions or exclusions.

Consideration should be given to the risk of post-quarantine transmission in certain high-risk settings or specific local health department guidelines before shortening quarantine periods.

SCENARIO 2:

An employee has acute respiratory illness/COVID-19 symptoms

If employee develops symptoms at home:

1. Employee stays home from work.
2. Employee calls personal healthcare provider before seeking testing/treatment unless it's an emergency (If seeking emergency medical care, call ahead to notify of symptoms). Per DHS [HAN#5](#), employee medical provider ensures healthcare employee with symptoms of acute respiratory illness is tested for COVID-19.
3. Employee notifies Manager and HR/ Occupational Health right away.

Note: Employee benefits and workers' compensation may apply. Contact M3 with questions.

4. Employer/ facility notifies local public health of staff suspected or confirmed with COVID-19 and if > 3 staff or residents develop new-onset respiratory symptoms within 72 hours of each other. Infection control nurse keeps a [line list of resident and staff respiratory surveillance](#) AND for Skilled Nursing Facilities, tracks and reports COVID-19 information specified by the CMS interim Final Rule 483.80 (g)(1) [electronically to CDC National Healthcare Safety Network \(NHSN\) no less than weekly](#).

Note: Refer to linked CMS memo above for additional compliance and enforcement information

5. Per CMS, Skilled Nursing Facility notifies local public health and ensures testing per DHS protocol or through personal health provider. Infection control nurse keeps a [line list of resident and staff respiratory surveillance](#).
6. Per CMS, Skilled Nursing Facility [notifies all residents and their representatives](#) by 5:00pm the next calendar day following either a single confirmed case of staff or resident COVID-19; or > 3 residents or staff develop new-onset respiratory symptoms within 72 hours of each other.
7. Per CMS, Skilled Nursing Facility updates all residents and their representatives weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours.
8. Employee/ employer follow doctor/ public health guidance regarding return to work. Minimally, follow [CDC return to work criteria and restrictions for healthcare personnel with confirmed or suspected COVID- 19](#).

In cases of laboratory-confirmed COVID-19 with mild to moderate illness:

- They are free of fever (<100.0°F, <37.78°C)* for at least 24 hours without the use of fever-reducing medicine **and**
- Other symptoms have improved (for example, cough, shortness of breath) **and**
- At least 10 days have passed since symptoms first appeared

In cases of laboratory-confirmed COVID-19 with severe to critical illness / severely immunocompromised:

- They are free of fever for at least 24 hours without the use of fever-reducing medications **and**
- Other symptoms have improved **and**
- At least 20 days have passed since symptoms first appeared

In cases of suspected COVID-19 with one negative result from at least one respiratory specimen tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA:

- Confirm with doctor there is no further clinical suspicion (i.e.: follow step 9).

Note: Due to continued viral shedding but decreased infectivity after the isolation period, a test-based strategy is no longer recommended to determine when to discontinue isolation for a **health care worker confirmed positive with COVID-19**. However, if the test-based strategy is used, it **must involve 2 negative FDA approved viral diagnostic tests in a row**, specimens collected at least 24 hours apart.

Note: Employer cannot require a test if they are not administering and paying for it. Instead, they can only determine if they can work or are excluded from working.

9. Return to work clearance obtained from employee's provider if employee had a negative COVID-19 test before end of recommended isolation period above, OR was seriously ill (hospitalized) OR is severely immunocompromised.
10. Employee works with Manager and HR regarding work from home and/or paid leave options.

If employee develops symptoms at work:

1. Employee stops working, keeps facemask on and separates from other people.
2. Employee goes directly home immediately, avoiding public transportation if possible.
3. Employee/employer follow steps 2-9 above
4. Employer determines what areas/surfaces employee contacted and cleans and sanitizes immediately per CDC guidelines.

SCENARIO 3:

An employee has laboratory-confirmed COVID-19, but is asymptomatic

1. Employee notifies Manager and HR.
2. Employer notifies/consults with local public health department and DHS if not already notified.
3. Public health will work with employee to identify employees, patients, vendors that were in close contact with employee. Employer/company representative takes directive from public health on delivering communication to at-risk parties if not already completed by public health.

Note: State and federal privacy practice laws/regulations and guidelines remain.

4. Other identified exposed employees follow steps in Scenarios 1 or 2 as applicable.
5. Environmental Services department cleans/sanitizes areas as appropriate per CDC guidelines.
6. Employer/company representative communicates the situation and next step guidance, on a need to know basis and maintaining confidentiality.

Note: Remind employees about infection control processes, etc., being careful not to divulge specific employee information.

7. Exclude asymptomatic employees with laboratory-confirmed COVID-19 from work until **10 days (20 days for severely immunocompromised)** have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
8. If employee develops symptoms, follow applicable steps in Scenario 1 or 2.
9. For any work-related employee death occurring within 30 days of the work-related incident (COVID-19 exposure), employer must report death to OSHA within 8 hours of knowing about it.

Note: When municipalities have requirements that conflict with federal statutes, it is a best practice for a provider/employer to coordinate with local authorities, but remind them the provider needs to remain compliant with state and federal laws/regulations/guidance as well as document those communications.

Note: Your internal HR or provider team members should be the only ones with knowledge of details surrounding a positive case. If an employee alerts a manager or another employee, that person must instruct the employee to contact HR, and no information may be disclosed to anyone other than HR. HR should be the only department relaying information.

Reminder: Mental wellbeing of frontline staff is priority:

Remind employees about **EAP programs (if available), telemedicine and other free resources**. United Health Care has a free offering for members and non-members:

- 24/7 Emotional support line for members/NON-members who are experiencing stress or anxiety at 866-342-6892.
- Online resources are available at [Liveandworkwell.com](https://www.liveandworkwell.com). M3 also has resources for employee health and wellness.

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