COVID-19 Recommendations for Health Care Workers

GUIDANCE AS OF MAY 2, 2020

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.

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 long-term care or with immunocompromised individuals, and those who worked while ill.

HCW Exposure to COVID-19

MDH and health care organizations are cooperating to identify, manage, and monitor HCW who have had unprotected (medium or 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 these 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 medium-risk HCW will be asked to return to work during the voluntary quarantine period, provided the HCW wears a surgical face mask for source control. High-risk employees may also choose to work during that period. 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 medium- or high-risk workplace exposure to COVID-19 and HCW with household or intimate 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 ≥100°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°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, and refraining from work when ill. This approach is relevant for facilities with sufficient PPE to ensure that medium- and 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.

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

As recommended above, any HCW who becomes ill with respiratory symptoms OR fever (≥100°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 of HCW with confirmed or suspected COVID-19 to the workplace. MDH recommends use of the non-test-based strategy outlined in that guidance, under which HCW can return to work if:
▪ At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory 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.

If testing capacities allow, a test-based strategy can be used to determine when a HCW can return to work if:

▪ Fever has resolved without the use of fever-reducing medications, AND
▪ Respiratory symptoms (e.g., cough, shortness of breath) have improved, AND
▪ At least two nasopharyngeal swab specimens collected ≥24 hours apart have negative results using a FDA Emergency Use Authorized molecular assay for COVID-19.

Asymptomatic HCWs with laboratory-confirmed COVID-19 should be excluded from work for 10 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 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

**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 one of the approaches recommended above. After returning to work, these HCW are considered to be at the same risk of COVID-19 as other HCW. In situations of unprotected exposure to a person with confirmed COVID-19, MDH recommends that facilities follow the same guidance for these HCW as they would for HCW who have had confirmed COVID-19.

After a medium- or high-risk exposure, the HCW should self-quarantine for 14 days with active monitoring of symptoms. It is important that HCW returning to the workplace after COVID-19 infection follow the same recommendations for PPE use, undergo routine screening for signs and symptoms of illness, and participate in review of known PPE breaches.

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. And recommends utilizing the options outlined in the CDC guidance “Strategies to Mitigate Health Care Personnel Staffing Shortages.”

Resources


▪ **CDC: If You Are Sick or Caring for Someone** (www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)

▪ **MDH: Rapid IgM/IgG SARS-CoV-2 Tests (PDF)** (www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf)


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5/2/20

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