

COVID-19 Recommendations for Health Care Workers

GUIDANCE AS OF MARCH 19, 2020

Health care workers (HCW) living with a person suspected of having COVID-19 have made Minnesota Department of Health (MDH) aware of concerns regarding self-quarantine and restriction from work. MDH continues to prioritize testing for symptomatic health care workers as well as hospitalized individuals and residents in congregate care settings. Exclusion of asymptomatic health care professionals from work for prolonged periods might impact health care system capacity. 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

HCWs with fever and/or respiratory symptoms 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.

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

The following recommendations are intended for HCW with household contacts or intimate partners suspected to have COVID-19.

- Household/intimate contacts of persons with suspected COVID-19 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. This remains the preferred option for HCW at this time.
- 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 facemask at all times.
 - Monitor themselves closely for any new respiratory symptoms associated with COVID-19 (i.e., measured or subjective fever, cough, shortness of breath, OR sore throat), 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°F, muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue), as medical evaluation might be recommended.
- The HCW 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 HCW.
- If community transmission becomes widespread, all HCW will be at some risk for exposure to COVID-19, whether in the workplace, at home, or in the community. Instead of 14-day work exclusion for asymptomatic HCW with 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.

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 suspect 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 7 days have passed since symptoms first appeared

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. If symptomatic HCW test negative for COVID-19, return to work should be guided by their employer's standard guidance for ill HCW.

Resources

- [Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities \(https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html)
- [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease \(COVID-19\) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)
- [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\) \(https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html)