

COVID-19 Recommendations for Health Care Workers

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Health care workers (HCW) living with a person suspected of having COVID-19, or who have been exposed to a patient, co-worker, or social contact with COVID-19, have expressed concerns regarding self-quarantine and exclusion from work. 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 SARS-CoV-2 the virus that causes COVID-19 in health care settings.

Diagnostic testing of HCW for COVID-19

HCW should not work while sick, even if presenting with mild signs or symptoms. HCW with fever and/or respiratory symptoms that are concerning for COVID-19 should be tested for SARS-CoV-2 as soon as possible. HCW who had an unprotected exposure to a person with confirmed COVID-19 but remain asymptomatic should be tested 5-7 days following the date of exposure at a minimum and if testing supplies allow.

Specific routine HCW testing is required or recommended by federal and/or state guidelines in skilled nursing or assisted living facilities. Please see refer to the following guidance for detailed testing recommendations:

[COVID-19 Testing Recommendations for Long-term Care Facilities
\(\[www.health.state.mn.us/diseases/coronavirus/hcp/lcctestrec.pdf\]\(https://www.health.state.mn.us/diseases/coronavirus/hcp/lcctestrec.pdf\)\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/lcctestrec.pdf)

HCW exposure to COVID-19

MDH and health care organizations cooperate to identify, manage, and monitor health care workers (HCW) who have experienced a high-risk (unprotected) exposure to a patient, resident, co-worker or household/social contact with confirmed COVID-19. Most HCW who have had a high-risk exposure are identified through occupational tracking of personal protective equipment (PPE) breaches and/or contact tracing and assessment of PPE worn while in contact with a COVID-19 positive patient, resident or co-worker. HCW with high-risk exposures are also identified through MDH COVID-19 case interviews and self-report.

MDH recommends that HCW with high-risk exposures participate in voluntary quarantine for 14 days after the exposure date. As a component of the contingency staffing plan, if a health care facility has exhausted all other staffing options and is experiencing a staffing shortage, asymptomatic HCW who have experienced a high-risk exposure but not tested positive for COVID-19 may be asked to return to work during the voluntary quarantine period. HCW who return to work in that time must wear a medical-grade facemask for source control at all times. Facilities may consider asking exposed HCW to return when a staffing shortage persists even despite systemic implementation other means of filling shifts (for example: bonuses, leadership assisting with direct patient care, 12-hour shifts vs. eight-hour shifts, hazard pay, reducing non-time sensitive procedures, etc.). HCW who have experienced a high-risk exposure are protected under Minn. Rule 144.4196, which provides worker protections to those asked by MDH to stay out of work because of exposure to, or infection with, an infectious disease. As such, these exposed HCW are in a position to choose whether to return to work during the recommended quarantine period.

HCW should remain out of work for 14 days but may return to community activities based on the quarantine options outlined in the community quarantine guidance. Exposed HCW must continue to self-monitor for signs and symptoms of COVID-19 through day 14. If signs or symptoms develop at any time during the 14-day period, the HCW should seek testing and isolate at home.

- [Health Advisory: Quarantine Duration for SARS-CoV-2 Contacts \(www.health.state.mn.us/communities/ep/han/2020/dec7iq.pdf\)](http://www.health.state.mn.us/communities/ep/han/2020/dec7iq.pdf)

HCW in voluntary quarantine after an unprotected exposure to a COVID-19-positive person, and HCW who are in close contact to a household, or intimate partner, or close community contact with confirmed or suspected COVID-19, should follow the recommendations below to keep themselves, patients, and co-workers safe.

Recommendations for HCW in contact with people having confirmed or suspected COVID-19

These recommendations are relevant for HCW who have had a high-risk workplace exposure to COVID-19 and HCW with household, intimate or close community contacts who have confirmed or suspected COVID-19.

- HCW should quarantine from work for 14 days following a high-risk exposure. This remains CDC and MDH's preferred option.
- HCW might consider temporarily moving into alternative accommodation, if available, to maintain distance from the ill household member and shorten the time needed to be excluded from work. The HCW quarantine does not begin until the last date of unprotected exposure to the positive household member. Given family and caregiver responsibilities, this will not be feasible for many HCW.
- HCW who have received a SARS-CoV-2 vaccination are still required to follow the 14-day quarantine guidance listed below following a high-risk exposure. HCW should not be vaccinated if they are currently in a 14-day quarantine.

Standards for bringing HCW back to work after experiencing a high-risk exposure

Health care facilities experiencing acute staffing shortage should have a systemic crisis staffing plan in place that systematically addresses all other options (for example, bonuses, leadership assisting with direct patient care, 12-hour shifts versus eight-hour shifts, hazard pay, reducing non-time sensitive procedures) to obtain staff prior to considering the return of HCW who are in quarantine after experiencing a high-risk exposure to a person with COVID-19, as long as these HCW are not experiencing symptoms and are not infectious (i.e., have not recently tested positive) with COVID-19. These HCW should be brought back to work using the following standards. **This information does not pertain to asymptomatic SARS-CoV-2-positive HCW, who should be excluded from the workplace until they meet return to work criteria for individuals with COVID-19.**

1. Worker protections are established in state isolation and quarantine statute, and HCW who have experienced a high-risk exposure cannot be forced to return to work during the quarantine period. If HCW choose not to return to work, Minnesota Statutes, section 144.4196 protects them from retaliation.
2. Different types of high-risk exposures carry different risks of testing positive for COVID-19. Therefore, facilities should ask exposed HCW to return to work in the following order. All HCW from one group should be asked to return prior to bringing back HCW from the next group. Facilities should also take into account specialty-specific or unit-specific needs when asking HCW with high-risk exposures to return.
 - a. HCW with high-risk exposure to a patient, resident, or co-worker
 - b. HCW with high-risk exposure to a social contact
 - c. HCW with high-risk exposure to a household member; HCW with a household exposure should only return if able to isolate from the positive household member
3. Exposed HCW who return during quarantine should take on a role that does not have direct patient care duties (e.g., telemedicine, phone triage), when feasible.
4. If it remains necessary for the HCW to provide direct patient care during the quarantine period, the HCW should:
 - a. Avoid seeing high-risk patients (e.g., older adults, immunocompromised people, and those with comorbidities), if possible.
 - b. Practice diligent hand hygiene and wear a medical-grade facemask at all times.
 - c. Avoid sharing breakroom or lunch room with co-workers.
 - d. Monitor themselves closely for any symptoms associated with COVID-19 (e.g., measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell), and measure body temperature daily before going to work.
 - e. Remain at home and notify their supervisor if they develop respiratory symptoms OR have a measured body temperature of greater than 100 degrees Fahrenheit.
 - f. If at work when fever or respiratory symptoms develop, immediately notify their supervisor and go home.

- g. Notify their supervisor of other symptoms (e.g., fever greater than 100 degrees Fahrenheit, nausea, vomiting, diarrhea, abdominal pain, runny nose, fatigue), as medical evaluation may be recommended.
5. HCW who have had a high-risk exposure and return to work during quarantine should be proactively tested post-exposure (for example: testing on days 3, 5, 7, 10, and 12). Specific testing protocols are dependent on the health care facility testing capacity and turnaround time. At a minimum, MDH recommends that exposed HCW who work during the 14-day quarantine period be tested at approximately day 5–7 and day 10–12 following the date of the high-risk exposure.
6. HCW should consider a mid-shift self-assessment for signs and symptoms of COVID-19 while working during quarantine.
7. Facilities should increase audits for PPE, hand hygiene, and activity in breakrooms and lunch rooms and limit the number of HCW in breakrooms to ensure social distancing. HCW working during a quarantine period should take breaks alone in the breakroom, if possible.
8. Facilities should establish a higher level of awareness for potential SARS-CoV-2 spread within the facility, following recommendations from MDH for assessment of clusters of individuals (patients, residents, health care workers) who have symptoms or have tested positive. Maintain a low threshold for investigating increases in staff calling in sick and for observing fatigue in using personal protective equipment in areas such as break rooms.

Data to inform return to work for exposed HCW

Analysis of data from HCW exposure risk assessments and post-exposure monitoring has shown that not all high-risk exposures are equal. HCW who experience a high-risk exposure in the household or social setting are much more likely to test positive in the following 14 days. During October 2020, 15.5% of acute care HCW with high-risk exposures to positive household or social contacts tested positive during the 14 days following exposure. In contrast, only 1.6% of acute care HCW with high-risk exposures to a patient, and 3.6% of HCW exposed to a co-worker, tested positive in the next 14 days. Similar disparities between outcomes of occupational and non-occupational exposures exist for congregate care settings.

Management of staffing shortages

Health care facilities may continue to experience staffing shortages despite recalling asymptomatic HCW who experienced a high-risk exposure but have not tested positive for COVID-19. Refer to the following guidance for additional staffing considerations.

- [Clarification of Staffing Options for Congregate Care Facilities Experiencing Staff Shortages \(www.health.state.mn.us/diseases/coronavirus/hcp/staffoptions.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/staffoptions.html)
- [Staffing Options for Acute Care Facilities Experiencing Staff Shortages \(www.health.state.mn.us/diseases/coronavirus/hcp/staffacute.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/staffacute.pdf)
- [Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html)

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 suspected or confirmed (with laboratory testing) diagnosis of COVID-19. CDC has provided [Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html) (www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html). A symptom-based strategy is recommended and includes:

- HCW with mild to moderate illness who are not severely immunocompromised:
 - At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in 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 medical-grade facemask at all times until 14 days after illness onset.
- HCW with severe to critical illness or who are severely immunocompromised:
 - At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); AND,
 - At least 20 days have passed since symptoms first appeared.

A test-based strategy is no longer recommended to determine when to allow HCW to return to work but could be considered in specific situations to allow the HCW to return to work sooner than the symptom-based strategy.

Asymptomatic HCW with laboratory-confirmed COVID-19 should be excluded from work for 10 days following specimen collection. HCW who are severely immunocompromised but remain asymptomatic throughout their infection should be excluded from work for 20 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.

HCW who present to work or screen positive with cold or flu symptoms should leave work immediately and be tested for COVID-19 using RT-PCR. If the HCW does not get tested or tests **positive**, follow the COVID-19 work exclusion and isolation guidance outlined above. If **negative** and the HCW is still experiencing symptoms, the HCW should follow the guidance below:

- If the persistent symptoms are consistent with an established chronic health condition, the HCW may return to work after consultation with their manager and occupational health department. Evaluation of acute symptoms by the HCW's health care provider might also be indicated.
- If persistent symptoms are not consistent with a known chronic health condition, the HCW should be evaluated by a health care provider.
 - If the health care provider provides an alternate diagnosis, criteria for return to work should be based on that diagnosis.

- If the health care provider does NOT provide an alternate diagnosis and the HCW does NOT have a known high-risk exposure to a person with confirmed COVID-19, the HCW should remain isolated and not return to work until at least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath).
- If the health care provider does NOT provide an alternate diagnosis and the HCW does have a known high-risk exposure, the HCW should obtain a second SARS-CoV-2 RT-PCR test. The HCW should remain isolated until the test results are known. Minnesota continues to experience high levels of community transmission, and the potential consequences of working with COVID-19 are serious.
 - If positive, follow the COVID-19 work exclusion and isolation guidance outlined above.
 - If negative, the HCW can return to work following the test-based strategy if at least 24 hours have passed since resolution of fever and symptoms are improving.

HCW who experience symptoms following vaccination for SARS-CoV-2

- Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. Facilities should refer to [CDC: Post Vaccine Considerations for Healthcare Personnel \(www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html) for guidance on evaluation and work exclusion for HCW who experience symptoms following vaccination.

Guidance for recovered HCW who are exposed to COVID-19 positive patients

A HCW with past confirmed COVID-19 infection should return to work based on the symptom based strategy recommended above. Within three months of COVID-19 symptoms starting or positive RT-PCR test for SARS-CoV-2, an asymptomatic HCW with a high-risk exposure to a confirmed COVID-19-positive person does not need to be quarantined or retested but should self-monitor for symptoms consistent with COVID-19. If symptoms develop, the exposed HCW should be assessed and potentially tested for SARS-CoV-2, if an alternate etiology is not identified. However, if the HCW has a high-risk exposure to a confirmed case three months or more after onset of their initial illness, the HCW should follow the quarantine and work exclusions outlined above.

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.

Definitions

The following definitions are from [CDC: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html).

SARS-CoV-2 Illness Severity Criteria were adapted from the NIH COVID-19 Treatment Guidelines.

Mild illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

Severely immunocompromised: For the purposes of this guidance, CDC used the following definition:

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Resources

- [CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html)
- [CDC: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
- [CDC: Duration of Isolation and Precautions for Adults with COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html)
- [Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html)
- [Clarification of Staffing Options for Congregate Care Facilities Experiencing Staff Shortages \(www.health.state.mn.us/diseases/coronavirus/hcp/staffoptions.html\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/staffoptions.html)
- [CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages \(www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)
- [CDC: If You Are Sick or Caring for Someone \(www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)
- [Rapid IgM/IgG SARS-CoV-2 Tests \(www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf)
- [COVID-19 Testing Recommendations for Long-term Care Facilities \(www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf)



Minnesota Department of Health | health.mn.gov | 651-201-5000
625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

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