Guidance for Faculty/Staff Exposures

This document was developed based on CDC recommendations for management of personnel with potential exposure in a health care setting to patients with COVID-19. (Updated CDC guidance from 3.7.2020)

Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Health Care Personnel (HCP)</td>
<td>Individuals who work in clinical areas where direct patient care occurs. The individual’s role could be in providing direct patient care (e.g., doctor, nurse, respiratory therapist, etc.) or they may simply interact with other HCPs who provide direct patient care (i.e., pharmacist, unit secretary, environmental services, etc.)</td>
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</tbody>
</table>
| Exposure                                  | Includes close contact (as defined below) with either:  
  - A confirmed COVID-19 patient, or  
  - A person under investigation (PUI) suspected of having COVID-19 AND who has a test pending to confirm the illness |
| Close Contact for Health Care Exposures   | Defined as follows:  
  - Being within approximately 6 feet (2 meters) of a person for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a health care waiting area or room); or  
  - Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).  
  - Brief interactions or exposures that last for seconds to a few minutes don’t count unless employee was directly coughed or sneezed on.  
    o Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient’s secretions/excretions; entering the patient room immediately after the patient was discharged.  
    o HCP not using all recommended PPE who have only brief interactions with a patient, regardless of whether patient was wearing a facemask are considered low risk. |
| Health Monitoring                         | Includes checking your temperature once per day and monitoring for development of symptoms like fever, chills, cough, shortness of breath, etc.                                                                 |
| Active Monitoring                         | Direct oversight of an individual’s health monitoring by Employee Health Services (EHS) or a local/state public health agency                                                                               |
| Self-Monitoring with Delegated Supervision | HCP perform self-monitoring with oversight by EHS and report symptoms and temperature monitoring daily prior to starting work.                                                                                   |

A. Monitoring and Work Restrictions for Exposed Employees

1. For employees exposed to a PUI prior to confirmation of illness:
   a. If the test result for the PUI will be back within 48-72 hours, no work restrictions are necessary.  
   b. If the test result for the PUI will be back after 72 hours, the work restrictions may need to be implemented based on the risk-based approach outlined below.
c. Test results on inpatients should be back within 24-48 hours, so no work restrictions should be necessary for those exposed to patients who are or who will be admitted.
d. A record of each HCP exposed to any PUI should be maintained while awaiting test results. Use employee and visitor log.

2. For employees exposed to a confirmed COVID-19 patient:
   a. Use the risk-based approach to evaluate exposure risk level. Work restrictions may need to be implemented based on the exposure risk identified.
   b. HCP caring for a confirmed COVID-19 patient should do self-monitoring with delegated supervision.
   c. HCP who had close contact with a confirmed COVID-19 patient in the 5 days prior to symptom onset are considered low risk and should undergo self-monitoring with delegated supervision.

3. Risk-Based Approach for Evaluating Exposures to Confirmed COVID-19 Patients:
   a. Step 1: Was the patient wearing a mask?
   b. Step 2: What PPE was the employee wearing?
   c. Step 3: Use the tables below to determine the risk level and any associated, required work restrictions.
      i. Table 1: If the patient was wearing a facemask
      ii. Table 2: If the patient was not wearing a facemask

<table>
<thead>
<tr>
<th>Epidemiologic Risk Factors</th>
<th>Exposure Category</th>
<th>Recommended Monitoring for COVID-19 (14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptotic HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCP PPE: None</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Not wearing gown or gloves</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
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</table>
Table 2: Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)

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</tr>
</thead>
<tbody>
<tr>
<td>HCP PPE: None</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection(^a)</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing gown or gloves(^a,b)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)(^b)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
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\(^a\)Risk category increases to medium if HCP had extensive body contact with the patient (i.e. rolling the patient)

\(^b\)Risk category increases to medium if HCP were present in the room during an aerosol generating procedure (i.e. HCP who were wearing a gown, gloves, eye protection and facemask (instead of an N95 respirator)

4. **High/Medium Risk Exposures**
   a. HCP will be excluded from work for 14 days
   b. Health monitored (temperature and symptoms) at least daily to EHS for 14 days or more frequently if followed by ODH or local public health agency
      i. Reporting to be done via electronic monitoring program at [https://apps.osumc.edu/Clinical/COVID19](https://apps.osumc.edu/Clinical/COVID19)
      ii. Requires Medical Center login and password

5. **For Low Risk Exposures:**
   a. No exclusion from work
   b. HCP will self-monitor (temperature and symptoms) and report temperature and absence of symptoms for 14 days to EHS/healthcare workforce team prior to start of work.
   c. This will also apply to all HCP providing direct patient care to confirmed COVID-19 patients.
      i. Reporting to be done via electronic monitoring program at [https://apps.osumc.edu/Clinical/COVID19](https://apps.osumc.edu/Clinical/COVID19)
      ii. Requires Medical Center login and password

B. **Additional Information on Risk-based Approach:**

1. Any employee who is diagnosed with COVID-19 after a workplace exposure will need to file an Accident/Injury report through Employee Health Services. Accident/Injury Report can be completed when the exposure is identified, but can be amended if the staff member later tests positive.
2. In the event there is a major issue with staffing and other measures to backfill with other staff have been exhausted, it’s recommended that asymptomatic staff with medium/high risk exposures can continue to work wearing a mask for 14 days after exposure.
   a. If employee becomes even mildly symptomatic, EHS will be notified and the staff member will be excluded from work.

C. Guidance for Pregnant and Immunocompromised Employees:
   1. Continue to work as usual and follow guidance regarding PPE indications for individual patients
   2. These HCP should NOT be involved in aerosol generating procedures* for any suspected or confirmed COVID-19 patients.
      a. These HCP can still provide routine patient care for suspected and confirmed COVID-19 patients.
      b. *Aerosol generating procedures include: intubation, bronchoscopy, suctioning, obtaining NP swab, nebulizer treatment (comprehensive list being developed).
      c. It’s important for any pregnant or immunocompromised HCP to know they can/should discuss their individual situation with their health care provider who can give guidance if they should be removed from patient care.
   3. Employees who live with someone with a high-risk medical condition should continue to practice standard precautions and good hand hygiene.

D. Employee Returning to Work After Exposure:
   1. For employees exposed to a PUI prior to confirmation of illness
      a. If source patient tests negative:
         i. Employee can return to work (if excluded) and no further monitoring is needed.
      b. If source patient tests positive:
         ii. Continue self-monitoring with delegated supervision.
         iii. If high- or medium-risk exposure, continue to exclude from work 14 days from date of exposure.
   2. For employees exposed to a confirmed COVID-19 patient
      a. Continue self-monitoring with delegated supervision. If high- or medium-risk exposure, continue to exclude from work 14 days from date of exposure.

E. HCP Experiencing COVID-19 Symptoms Following a Potential Exposure:
   1. HCP in any risk exposure category who develop signs or symptoms compatible with COVID-19 must contact EHS at 614-366-3689 to be evaluated for COVID-19 testing
   2. Symptoms include fever (≥100.4°F) OR cough, shortness of breath, sore throat. Other symptoms that may require further evaluation include temperatures lower than 100.4, muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache, fatigue
   3. If COVID-19 testing is done, HCP is excluded from work until results are back
      a. If COVID-19 results are negative, per the EHS Infection Control Policy, employee can return to work once they are afebrile 24 hours without anti-pyretic and symptoms are improving.
      b. If COVID-19 results are positive, further guidance regarding return to work will be developed in conjunction with local public health.

F. Employee Returning to Work After Illness Not Related to COVID-19:
   1. Follow the EHS Infection Control Policy

G. Employees Exposed in the Community:
   1. Symptomatic HCP with potential exposure to COVID-19 in the community should be directed to COVID-19 call center – 614-293-4000
a. HCP who come to Employee Health at McCampbell Hall will be seen by Urgent Care or Dr. Kirk (medical director). Follow outpatient isolation protocol and contact COVID-19 call center if testing is indicated.

2. Asymptomatic HCP with potential exposures to COVID-19 in the community should have their exposure risk evaluated based on the above risk categories. HCP who have a potential exposure should call EHS and undergo self-monitoring with delegated supervision and, if deemed high or medium risk, should be excluded from work for 14 days following the exposure.

H. Employees Returning From Travel to a Level 3 Country:
   1. Employees should report their travel to travelreporting@osumc.edu
   2. If returning from travel to a level 3 country or from a cruise ship with a confirmed COVID-19 patient, they should be excluded from work for 14 days.