## Guidance for Faculty/Staff Exposures

**Updated March 29, 2020**

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.

**Employee Health Services:**
employeehealth@osumc.edu
Phone: 614-366-3689

### Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Care Personnel (HCP)</strong></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 do not count unless employee was directly coughed or sneezed on.  
  - 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.  
  - 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. No work restrictions are necessary.
   b. 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. See #3 below and Tables 1 and 2.
   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 prior to symptom onset are not considered exposed and no additional monitoring is indicated.

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 1: Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)

<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\textsuperscript{a}</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>
</tr>
</tbody>
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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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<th>Epidemiologic Risk Factors</th>
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<th>Recommended Monitoring for COVID-19 (14 days after last potential exposure)</th>
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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\textsuperscript{b}</td>
<td>Medium</td>
<td>Active</td>
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<tr>
<td>HCP PPE: Not wearing gown or gloves\textsuperscript{a,b}</td>
<td>Low</td>
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<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)\textsuperscript{b}</td>
<td>Low</td>
<td>Self with delegated supervision</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 employee health services (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://go.osu.edu/tempcheck
      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 daily for 14 days from date of last contact with the patient to EHS. This will also apply to all HCP providing direct patient care to confirmed COVID-19 patients.
      i. Self-reporting is required daily, prior to start of work on days working and once daily on days the HCP is not working. This is different from those employees who are self-monitoring for health screening.
      ii. Reporting to be done via electronic monitoring program at https://go.osu.edu/tempcheck
      iii. 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, symptomatic staff with medium/high risk exposures can continue to work wearing a mask for 14 days after exposure with the approval of hospital leadership.
   a. HCP must report temperature and absence of symptoms each day prior to starting work
   b. Exposed HCP must wear a facemask while at work for the 14 days after the exposure event, if there is a sufficient supply of facemasks.
   c. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work. HCP shall report symptoms through the self-monitoring report electronic monitoring program.
      i. Reporting to be done via electronic monitoring program at: https://go.osu.edu/tempcheck
      ii. Requires Medical Center log-in and password

C. Guidance for Pregnant, Immunocompromised, and older (>65 years) HCP:
   1. Continue to work as usual and follow guidance regarding PPE indications for individual patients
   2. These healthcare workers should NOT be involved in aerosol generating procedures for any suspected or confirmed COVID-19 patients (Guidance Regarding Aerosolizing Generating Procedures)
   3. These healthcare workers can still provide routine patient care for suspect and confirmed COVID-19 patients.
   4. It is important for any pregnant, immunocompromised, or older healthcare worker to know they can/should discuss their individual situation with their personal healthcare provider and who can give guidance if they should be removed from patient care. They will require a letter from their provider/OB regarding these recommendations.
   5. Employees should never feel compelled to disclose to their manager an underlying medical condition that puts them at risk. It is their choice to disclose this information. The employee may reach out directly to Integrated Absence Management (hr-leaveadministrator@osu.edu or (614)-292-3439 (option 3)).

D. Employee Returning to Work After Exposure:
   1. For employees exposed to a confirmed COVID-19 patient:
      a. Continue self-monitoring with delegated supervision.
      b. If high or medium-risk exposure, exclude from work 14 days from the last date of exposure unless instructed otherwise by EHS.
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 614-293-4000 and Press “1” to be evaluated for COVID-19 testing.
   2. Symptoms include fever (≥100.0°F) OR cough, shortness of breath, myalgia. Other symptoms that may require further evaluation include temperatures lower than 100.0, sore throat, nausea, vomiting, diarrhea, 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, follow EHS Infection Control Policy for guidance on returning to work.
      b. If COVID-19 results are positive, see guidance below regarding return to work.

F. **HCP testing positive for COVID-19:**
   1. Must report positive COVID-19 test result to their manager.
   2. EHS is notified of positive COVID-19 testing by Clinical Epidemiology or manager.
   3. EHS calls the employee to provide guidance, obtain history, and document in employee file.
      a. EHS reviews the information to determine if patients or employees have potentially been exposed.
      b. EHS notifies Clinical Epidemiology immediately (on call pager 2399) if patients were potentially exposed.
      c. EHS notifies manager (and other employees if needed) and provides further direction.
   4. HCP is excluded from work until meeting return to work criteria outlined below.

G. **HCP Return to Work following confirmed COVID-19 Illness:**
   4. Employees testing positive for COVID-19 or with a clinical diagnosis of COVID-19 may return to work once cleared by EHS.
   5. All the following criteria for return to work must be met:
      a. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and significant improvement in respiratory symptoms (e.g., cough, shortness of breath).
      b. At least 7 days have passed since symptoms first appeared.

H. **Employee Returning to Work After Illness Not Related to COVID-19:**
   1. Follow the EHS Infection Control Policy.
I. Employees Exposed in the Community:
   1. Asymptomatic HCP with household contact testing positive for COVID-19 can return to work 14 days from the date the household contact has been cleared by local health department.
   2. Asymptomatic HCP with household contact being tested for COVID-19 with pending results are excluded from work pending test results. This may be adjusted if in the event there is a major issue with staffing and other measures to backfill with other staff have been exhausted. Hospital leadership will make this determination.
      a. If COVID-19 results are negative, HCP can return to work
      b. If COVID-19 results are positive, see guidance above
   3. Symptomatic HCP with potential exposure to COVID-19 in the community should be directed to COVID-19 call center – 614-293-4000

J. Employees Exposed to Another Employee Who Tests Positive for COVID-19:
   1. HCP who had close contact with a confirmed COVID-19 employee prior to symptom onset are not considered exposed and no additional monitoring is indicated.
   2. HCP who had close contact with a confirmed COVID-19 employee (not wearing a mask) after symptom onset will be evaluated on a case-by-case basis to determine exposure risk by EHS.
      a. If HCP had close contact (see definition above) with employee who tests positive (not wearing a mask), HCP will be excluded from work for 14 days after last exposure date and undergo Self-Monitor with delegated supervision. If the HCP did not have close contact the HCP can to continue work.
   3. If HCP develops symptoms of COVID-19, they should be directed to COVID-19 call center – 614-293-4000

K. Employees Returning from Cruise Ship Travel or Travel from a Level 3 Country:
   1. Employees should report their travel to travelreporting@osumc.edu
   2. If returning from any cruise ship travel, employee must be excluded from work for 14 days and report using the self-monitoring tool:
      a. Reporting to be done via electronic monitoring program at https://go.osu.edu/tempcheck
      b. Requires Medical Center log-in and password
If returning from travel from a level 3 country, they should be exclude