

## Pandemic Operational Guidelines – Asymptomatic Staff Exposed to Individuals with Confirmed or Suspected COVID 19 – Source CDC\*

As the pandemic and associated exposure risk continues, CHAP is recommending that you consider the following information for adoption as part of your operational policies and procedures. This is a recommendation and not a requirement for survey under CHAP standards.

The following CDC guidance is presented for your consideration for assessment of employee risk and application of work restrictions for asymptomatic staff (HCP) with potential or confirmed exposure to patients, visitors, or other healthcare staff with suspected or confirmed COVID-19.

Other exposures for review under these recommendation include staff body contact with the patient (e.g., rolling the patient) without gown or gloves which increases risk for transmission, particularly if hand hygiene is not performed and then touch their eyes, nose, or mouth.

We note that the specific factors associated with exposures of staff asymptomatic staff need to be evaluated on a case by case basis

### Key CDC Terms:

**Health Care Personnel (HCP)/Staff:** Staff include nurses, aides, physicians, therapists, and persons not directly involved in patient care, but who could be exposed to infectious agents transmitted including from HCP staff testing positive.

“prolonged” refers to a time period of 15 or more minutes

“close contact” – 1) being within 6 feet of a person with confirmed COVID-19 *or* 2) having unprotected direct contact with infectious secretions.

Exposure	Personal Protective Equipment Used	Work Restriction Recommendations
<p>Staff has prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19</p> <p>Note: Risk for exposure is 48 hrs. before person is symptomatic.</p> <p>Note: Consider implementing work restrictions if test results for PUI are delayed &gt; 72 hrs.</p>	<ul style="list-style-type: none"> <li>Staff not wearing a facemask</li> <li>Staff <i>not</i> wearing eye protection if the person with COVID-19 was <i>not</i> wearing a cloth face covering or facemask</li> </ul>	<ul style="list-style-type: none"> <li>Exclude Staff from work for 14 days after last exposure.</li> <li>Advise Staff to monitor themselves for fever (100.0°F or higher) or symptoms consistent with COVID-19. Note that fever may be intermittent or may not be present.</li> <li>Any Staff who develops fever or symptoms consistent with COVID-19<sup>6</sup> should immediately contact (designate who) and arrange for medical evaluation and testing.</li> </ul>
<p><b>Staff <i>without</i> prolonged exposure or close contact to a person now reported with confirmed COVID 19.</b></p> <p>Option to apply work restrictions for the 48-72 hrs. pending test results</p>	<ul style="list-style-type: none"> <li>Staff wearing a face mask</li> <li>Staff maintaining social distancing.</li> </ul>	<ul style="list-style-type: none"> <li>No work restrictions recommended by CDC</li> <li>Staff wears a facemask for source control while working and monitors daily for COVID 19 symptoms.</li> <li>If fever or symptoms consistent with COVID-19 develop (designate who the staff contact)</li> </ul>

**\*CDC Sources:**

- <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html> June 4 2020
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> May 29, 2020
- <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html> May 2020
- <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html> April 20, 2020

Consider the timeframe in which Staff is asked to report any suspected or confirmed exposure to an individual with COVID-19. If you decide to make your policy same day, be sure the individual you designate to receive the report is available or an alternative if reported outside business hours. You may wish to provide staff with a copy of the exposure form you will use to document and follow the reported (example follows) so they are prepared to have the information that you need.

As part of the policy, we recommend that you address how quickly the designated person will contact the staff member who was exposed. Also be clear if that person can direct the exposed staff member to take action such as get testing or approve work restrictions OR if that person is taking the information first and is speaking with someone else before those decisions are made and conveyed to the staff.

Should work restrictions be put in place, identify who is responsible for follow up with the staff member to the point of closure-either meets the symptoms strategy or tests negative. Be sure to note that work restrictions have ended and the date.

CHAP recommends that organizations that contract for staff and/or services clarify the management and reporting of staff exposure during the process of providing services to your patients. For hospices with contracts with SNFs/LTCs, GIP, and other entities, recommend clarification of reporting and management before a reported exposure occurs.

Finally, CHAP recommends that the record of the exposure be placed in the staff member's health record.

<b>Staff Exposure Reporting</b>	
Staff Name:	Date of Reported Exposure:
Who Reported Exposure Name/Title:	Name/of Suspected or Confirmed Person, and Relationship to Patient or if Staff
Patient/Client Name: Address: Phone Number:	Describe Exposure Circumstances, including date of first exposure to suspected or confirmed person:
What PPE was Staff Wearing When Exposed: <input type="checkbox"/> None <input type="checkbox"/> Cloth face Mask <input type="checkbox"/> Surgical Face Mask <input type="checkbox"/> Gloves	Was Staff Within 6 feet of person suspected/confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has Suspected Person been tested for COVID 19: <input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, date of testing: Are results Known: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, results and date reported: If no, date of follow up for results:	Is Staff member referred for COVID-19 testing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of testing: Date results received: <input type="checkbox"/> Positive <input type="checkbox"/> Negative
If Confirmed COVID 19, Date tested positive:	
Date and description of Work Restrictions, if any, and supporting decision information:	
Summary of staff outcome, comments:	
Staff Managing Exposure and Follow up: Name/Title	Exposure Report Closed Date: Name/Title: Signature: