PENNSYLVANIA DEPARTMENT OF HEALTH

2021 – PAHAN – 596 – 9-16 - UPD

UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19

DATE:	9/16/21
TO:	Health Alert Network
FROM:	Alison Beam, JD, Acting Secretary of Health
SUBJECT:	**UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19**
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This transmission is a Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL**; EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF

There are minor changes to the guidance on how to evaluate and respond to exposure of healthcare personnel (HCP) to COVID-19.

This update adds the following clarifications:

- Asymptomatic HCP with a higher-risk exposure, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately ***(but not earlier than 2 days after the exposure if the date of a discrete exposure is known)*** and 5–7 days after exposure.
- For vaccinated HCP who are not excluded from work following a higher-risk exposure, source control should be maintained at all times while in the healthcare facility for 14 days following exposure.
- Changes were made to Section 5 outlining when to consider quarantine for fully vaccinated or recently infected (<90 days prior) HCP. Specific changes include:
    - Removing the recommendation for those who are exposed to a novel variant; and
    - Adding a recommendation to consider quarantine for these persons in the event of ongoing transmission within a facility that is not controlled with initial interventions.

This guidance replaces PA-HAN-569. Additions are written in red. If you have additional questions about this guidance, please contact DOH at 1-877-PA- HEALTH (1-877-724-3258) or your local health department.

This guidance replaces PA-HAN-569 and includes the following sections:

1. Background
2. Definition of a higher-risk exposure for HCP
    a. Community-related exposure
    b. Household exposure
    c. Exposure in the healthcare setting while at work
3. How and when work exclusion and quarantine should occur for asymptomatic HCP who neither meet criteria as fully vaccinated nor have a history of COVID-19 in the prior 3 months
4. Criteria for reducing work exclusion for HCP with higher-risk exposure to mitigate staffing shortages
5. How and when work exclusion and quarantine should occur for asymptomatic HCP who meet criteria as fully vaccinated or have a history of COVID-19 in the prior 3 months
6. Testing HCP for SARS-CoV-2
7. Decision-support algorithm for response to exposed HCP

1. BACKGROUND

Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and applying work restrictions is recommended to prevent transmission from potentially contagious HCP to patients and residents, other HCP, and visitors. Occupational health programs should have a low threshold for evaluating any potential symptoms of COVID-19 and testing HCP.

This guidance describes the process for contact tracing and application of work restrictions that should occur when capacity exists to perform these activities without compromising other critical infection prevention and control functions. If a healthcare facility is not performing contact tracing and work restrictions as outlined in this guidance, they must be operating according to the facility's emergency management plan.

This guidance is based on currently available data about COVID-19. Occupational health programs should use clinical judgement as well as the principles outlined in this guidance to assign risk level and determine the need for work restrictions.

2. DEFINITION OF A HIGHER-RISK EXPOSURE FOR HCP

The term **higher-risk exposure** has been used by CDC and the Department to outline when work restriction should occur for HCP following exposure to COVID-19. **A higher-risk exposure includes any exposure to COVID-19 that meets the criteria outlined below for community-related exposure, for household exposure, or for higher-risk exposure in the healthcare setting while at work.**

a. Community-related exposure

As outlined in the CDC guidance for community-related exposure to COVID-19, persons who have had close contact (within 6 feet for a total of 15 minutes or more) with an infectious person with COVID-19 are considered exposed. Other activities of shorter duration may also be considered close contact, like providing care for a sick person,

hugging or kissing them, sharing dishware or utensils, and having been coughed or sneezed upon by an infectious person.

Note that when an HCP is exposed to COVID-19 within a healthcare setting as a *patient or visitor*, the criteria for community-related exposure apply.

b. Household exposure

An infectious person living in the home with an HCP represents an exposure to that HCP except in the unusual situation that the HCP was not in the home at any point during the infectious period (for example, HCP had been away on vacation or staying elsewhere). In most cases, it is not appropriate to apply the close contact criteria for household exposure, because even if two persons in the home are not in direct contact with each other (e.g. as reported sometimes by roommates who work different shifts), the shared environment represents a level of risk consistent with higher-risk exposure.

c. Exposure in the healthcare setting while at work

Higher-risk exposures in the healthcare setting generally involve exposure of HCPs' eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure. Other exposures classified as lower-risk, including having body contact with the patient (e.g. rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCP then touch their eyes, nose, or mouth. The specific factors associated with these exposures should be evaluated on a case-by-case basis and restriction from work can be applied if the risk for transmission is deemed substantial. *Exposures can also be from a person under investigation (PUI) if test results for the PUI are not expected to return within 48 to 72 hours. A record of HCP exposed to PUIs should be maintained.*

Higher-risk exposure in a healthcare setting while at work includes any HCP who had prolonged[1] close contact[2] with a patient, visitor, or HCP with confirmed COVID-19[3] while **also** meeting one or more of the following criteria:

- HCP not wearing a respirator or facemask[4];
- HCP wearing a respirator or facemask, but not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask; or
- HCP not wearing all recommended PPE (i.e. gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure.

Footnotes for Section 2.c.:

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period. **Any duration** should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.
2. Close contact is defined as a) being within 6 feet of a person with confirmed

COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of a person with confirmed COVID-19.

3. Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:
    a. For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 48 hours before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions in PA-HAN-554 or its successor.
    b. For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
        1. In general, asymptomatic individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet criteria for discontinuing Transmission-Based Precautions in PA-HAN-554 or its successor.
        2. If the date of exposure cannot be determined, although the infectious period could be longer, contact tracing should be conducted using a starting point of 2 days prior to the specimen collection date through the time period when the individual meets criteria for discontinuing Transmission-Based Precautions in PA-HAN-554 or its successor.
4. While respirators provide a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still provide some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.

3. HOW AND WHEN WORK EXCLUSION AND QUARANTINE SHOULD OCCUR FOR ASYMPTOMATIC HCP WHO NEITHER MEET CRITERIA AS FULLY VACCINATED NOR HAVE A HISTORY OF COVID-19 IN THE PRIOR 3 MONTHS

Following any of the **higher-risk exposures** outlined above, most asymptomatic HCP ***who are not considered fully vaccinated*** (i.e. ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine) nor have a history of COVID-19 in the prior 3 months, should follow guidance in PA-HAN-566 or its successor to quarantine at home **AND** be excluded from work for 14 days. Shortening the period of work exclusion for any reason for these persons should only be implemented under strategies for mitigating staffing shortages, as outlined below in Section 4. See Section 5 for exceptions for asymptomatic HCP with a history of COVID-19 in the prior 3 months and asymptomatic HCP who are fully vaccinated.

Quarantine and work exclusion begin after the date of last exposure (Day 0) to a person with SARS-CoV-2 who is infectious. For persons with COVID-19 who cannot isolate from their household members, the household members' quarantine period begins when the case is no longer infectious. During quarantine or work exclusion, advise HCP to monitor themselves for fever or symptoms consistent with COVID-19 and report any changes to their occupational health program. An HCP under quarantine who develops symptoms should receive viral diagnostic testing for SARS-CoV-2 immediately. If the test is positive, follow guidance for

return-to-work in PA-HAN-595 or its successor.

4. CRITERIA FOR REDUCING WORK EXCLUSION FOR HCP WITH HIGHER-RISK EXPOSURE TO MITIGATE STAFFING SHORTAGES

For exposed HCP who are neither considered fully vaccinated nor have a history of COVID-19 in the prior 3 months, exclude HCP with a higher-risk exposure for 14 days following the last date of exposure unless the facility is implementing strategies for mitigating staffing shortages. These strategies are outlined in detail in the CDC guidance and represent a continuum of options for addressing staffing shortages. Contingency and crisis capacity strategies augment conventional strategies and are **meant to be considered and implemented sequentially** (i.e., implementing contingency strategies before crisis strategies).

Prior to allowing exposed HCP to work, all of the following criteria must be met by the healthcare facility:

- Exclusion of the exposed HCP would mean there would no longer be enough staff to provide safe patient care.
- Other contingency capacity strategies have been exhausted (see CDC strategies). These include:
    - Cancelling all non-essential procedures and visits. Shifting HCP who work in these areas to other patient care areas. Ensure HCP receive appropriate orientation and training in areas that are new to them.
    - Adjust staff schedules and offer incentives for working off-schedule or additional hours.
    - Attempt to address social factors that might prevent HCP from reporting to work such as need for transportation or housing that allows for social distancing, particularly if HCP live with individuals with underlying medical conditions or older adults that are not fully vaccinated.
    - Identify means of hiring additional HCP. Refer to state-specific waivers that may facilitate hiring.
- **The facility has met criteria for contingency or crisis capacity standards for staffing as defined in their emergency management plan.**

Options to allow exposed HCP to continue to work represent a spectrum of risk to patients, visitors and other HCP in the facility. Based on current understanding of the transmission of COVID-19, a suggested risk continuum is given below for exposed HCP. These decisions should be outlined in the facility-specific emergency management plan.

Strategies for mitigating staffing shortages:

- **Contingency capacity:** Allow asymptomatic HCP who are not fully vaccinated and who have had a higher-risk exposure to SARS-CoV-2 (the virus that causes COVID-19) but are not known to be infected to shorten their duration of work restriction to 10 days or 7 days with testing, as described in PA-HAN-566.
- **Crisis Capacity:** Allow asymptomatic HCP who are not fully vaccinated and who have had a higher-risk exposure to SARS-CoV-2 (the virus that causes COVID-19) but are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.

Any HCP who develop fever or symptoms consistent with COVID-19 should immediately leave work and contact their established point of contact (e.g. occupational health program) to arrange for medical evaluation and testing. Healthcare facilities should follow guidance in PA-HAN-541 or its successor if signs and symptoms occur in the 3 days following vaccine.

5. HOW AND WHEN WORK EXCLUSION AND QUARANTINE SHOULD OCCUR: FOR ASYMPTOMATIC HCP WHO MEET CRITERIA AS FULLY VACCINATED OR HAVE A HISTORY OF COVID-19 IN THE PRIOR 3 MONTHS

For asymptomatic HCP with a higher-risk exposure who have recovered from SARS-CoV-2 infection in the prior 3 months or asymptomatic HCP who are fully vaccinated (per PA-HAN-583):

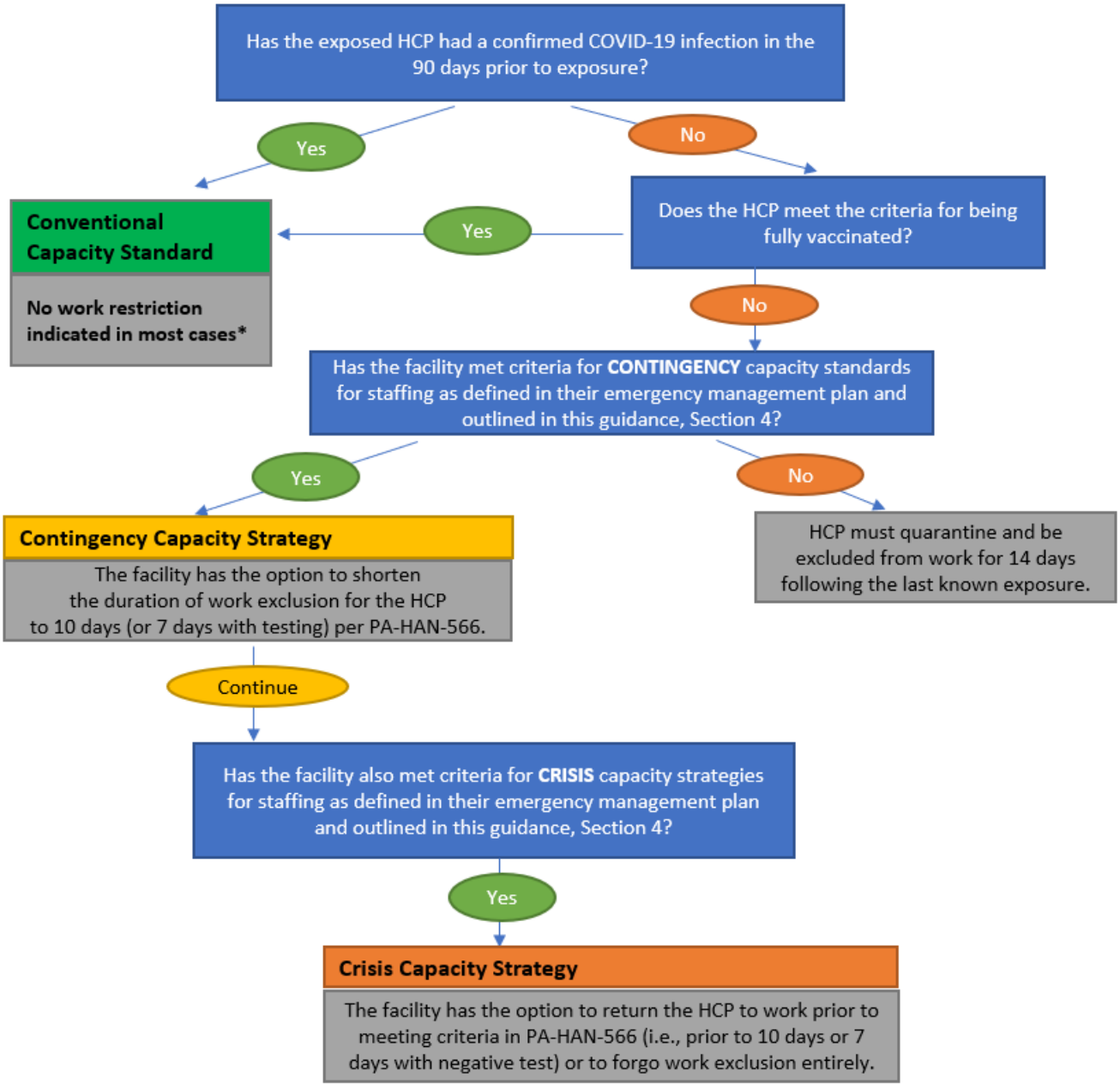
- Quarantine and work exclusion are not routinely recommended.
- Testing:
    - Follow testing guidance in Section 6 for asymptomatic vaccinated HCP following exposure.
    - Testing is not recommended for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days; this is because some people may be non-infectious but have detectable virus from their prior infection during this period (additional information is available).
- Source control: Universal use of source control while in the healthcare facility is recommended for 14 days following their higher-risk exposure, then they may default to routine source control recommendations for HCP outlined in PA-HAN-563 or its successor.
- If symptoms develop, exposed HCP should be excluded from work, assessed and tested for SARS-CoV-2.
- Some facilities might still choose to institute work restrictions for these HCP following a higher risk exposure, particularly if there is uncertainty about a prior infection or the durability of the person's immune response. Circumstances when work restrictions might be recommended:
    - Among asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days:
        - HCP who are moderately to severely immunocompromised and might be at increased risk for reinfection. However, data on which specific conditions may lead to higher risk and the magnitude of risk are not available; OR
        - Unvaccinated HCP for whom there is concern that their initial diagnosis of SARS-CoV-2 infection might have been based on a false positive test result (e.g., individual was asymptomatic, antigen test positive, and a confirmatory NAAT was not performed).
    - Among fully vaccinated HCP:
        - HCP who are moderately to severely immunocompromised; OR
        - When directed by public health authorities (e.g. during an outbreak where SARS-CoV-2 infections are identified among fully vaccinated HCP)
            - In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to use of work restriction of fully vaccinated HCP with higher-risk exposures. In addition, there might be other circumstances for

which the jurisdiction's public health authority recommends these and additional precautions.

6. TESTING HCP FOR SARS-COV-2

- Anyone with symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test immediately.
- Testing is not recommended for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.
- Asymptomatic HCP with a higher-risk exposure, **regardless of vaccination status**, should have a series of two viral tests for SARS-CoV-2 infection.
    - **If the date of a discrete exposure is known**, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure.
    - **If the date of a discrete exposure is NOT known** (for example, a household exposure with an undefined start date), testing is recommended immediately and, if negative, again 5–7 days after the first test. If the exposure is ongoing, as often occurs in household exposure, additional testing may be warranted.
- In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients (**regardless of vaccination status**) are available:
    - For long-term care facilities in PA-HAN-570 or its successor and in CMS Guidance for nursing homes QSO-20-38-NH;
    - For dialysis, outpatient, and other healthcare facility types in in PA-HAN-563 or its successor; and
    - For hospitals in PA-HAN-544 or its successor.
- For skilled nursing facilities, conduct routine testing of HCP as outlined in CMS Guidance for nursing homes QSO-20-38-NH for unvaccinated HCP.

7. DECISION-SUPPORT ALGORITHM FOR RESPONSE TO EXPOSED HCP



Footnotes:

***Consider special situations where work restriction may be indicated for persons with a confirmed COVID-19 infection in the 90 days prior to exposure if:

- HCP has underlying immunocompromising conditions; or
- There is concern the HCP's first infection could have been a false positive.

More details are provided in this guidance, Section 5.

Definitions:

Fully vaccinated is defined in the CDC Interim Public Health Recommendations for Fully Vaccinated People.

Healthcare Personnel (HCP): HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

Immunocompromised: For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the CDC Interim Clinical Considerations for Use of COVID-19 Vaccines.

- Other factors, such as end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about need for work restriction if the healthcare provider had close contact with someone with SARS-CoV-2 infection. However, fully vaccinated people in this category should consider continuing to practice physical distancing and use of source control while in a healthcare facility, even when not otherwise recommended for fully vaccinated individuals.
- Ultimately, the degree of immunocompromise for the healthcare provider is determined by the treating provider, and preventive actions are tailored to each individual and situation.

If you have questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877- 724-3258) or your local health department.

Categories of Health Alert messages:
Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of September 16, 2021 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.