Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel

Given the widespread transmission of COVID-19 in New Jersey and the likelihood of asymptomatic and pre-symptomatic transmission, the feasibility and benefits of formal contact tracing in healthcare settings are likely limited. Facilities should emphasize routine precautions, which include asking all healthcare personnel (HCP[1]) to report recognized exposures, regularly monitor themselves for fever and symptoms of COVID-19, use facemasks for source control, and not report to work when ill. If HCP develop fever or symptoms of COVID-19 while at work they should keep their facemask on, inform their supervisor, and leave the workplace. HCP with suspected COVID-19 should be prioritized for testing.

The NJDOH provides additional guidance for HCPs, including for HCPs exposed to confirmed cases at https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml. W**hen overburdened, healthcare facilities may consider having asymptomatic staff who have a HIGH or MEDIUM risk exposure to COVID-19 to continue working while masked (see Resources)**. Additional information, including isolation guidance is available in the Communicable Disease Manual Chapter for the novel coronavirus infection, COVID-19, at https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf.

HCP Testing Results Guidance

1) **COVID-19 Positive HCP**
   a) **Asymptomatic HCP Tested Positive:** Due to the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. Asymptomatic HCP who have tested positive for COVID-19 may return to work using one of the below two strategies:
      i) **Time-based strategy**: Asymptomatic HCP who have tested positive for COVID-19 may return to work 10 days after their first positive COVID-19 test AND have had no subsequent symptoms. If symptoms develop, refer to the "Symptomatic HCP Tested Positive" criteria, below.
      ii) **Test-based strategy[2]**: Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
   b) **Symptomatic HCP Tested Positive:** Symptomatic HCP who have tested positive for COVID-19 may return to work once one of the following criteria have been met:
      i) **Symptom-based strategy:** 10 days after symptoms first developed AND 3 days (72 hours) after fever has resolved without the use of fever-reducing medications with a significant improvement in respiratory symptoms (whichever period is longer).
      ii) **Test-based strategy[2]:** Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swabs specimens collected ≥24 hours apart (total of two negative specimens) AND resolution of fever, without use of fever-reducing medication AND improvement in respiratory symptoms.

Upon returning to work, all HCP who have tested positive or diagnosed with COVID-19 should be:

- Masked (i.e., prioritized for medical grade mask) at work until symptoms have completely resolved or until 14 days after illness onset/positive test (whichever is longer). **After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.**
  - Facemasks should be worn even when they are in non-patient/resident care areas such as breakrooms, as they may also expose their co-workers.
  - They should be reminded that they may be exposing patients/residents.
  - If they remove their facemask (e.g., to eat) they should separate themselves from others.
- Restricted from caring for severely immunocompromised patients/residents (e.g., transplant, hematology-oncology) until 14 days after illness onset/positive test (whichever is longer).
- Self-monitored for symptoms and seek re-evaluation from occupational health if symptoms of COVID-19 (re)occur or worsen.

2) **COVID-19 Negative HCP**
   a) **Symptomatic HCP Tested Negative:** Symptomatic HCP who test negative for COVID-19 may have another respiratory virus. Similar guidance on infection prevention and control should be followed (e.g., isolate from others, practice good hand hygiene, clean and disinfect environmental surfaces, etc.). If HCP have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis. At minimum HCP should be excluded from work for at least 24 hours after symptoms resolve including fever, if applicable. Consult your facilities occupational health policy for return to work after illness criteria.
   b) **Asymptomatic HCP Tested Negative:** No restrictions based on COVID-19 test results. HCP should continue to report recognized exposures, regularly monitor themselves for fever and symptoms of COVID-19, use facemasks for source control, and should not report to work when ill.

HCP Crises Level Recommendations

Facilities experiencing severe staffing shortages due to work exclusions related to COVID-19, may consider alternative strategies to mitigate those shortages. The CDC provides guidance for contingency and crisis capacity strategies at https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html. Facilities considering implementing these strategies should consult CDC guidance and public health authorities to assure appropriate implementation. Additional considerations include:

- Maintain staffing internally (e.g., extra shifts, extra pay, contact staffing agencies).
- Review and implement executive directives, waivers, and guidance, available on the COVID-19 Temporary Operational Waivers and Guidelines page at https://www.nj.gov/health/legal/covid19/. NJDOH has issued various guidance and waivers to address some of the challenges facilities are facing. Routine monitoring of this page is encouraged as it is continuously updated.
- Partner with other facilities within the area or corporation.
- Review existing pandemic influenza and disaster preparedness plans for resource allocation references.
- Utilize the Medical Reserve Corps (contact the local health department and Office of Emergency Management in your jurisdiction).

References & Resources

NJDOH Monitoring and Movement Guidance for HCP Exposed to Confirmed Cases of COVID-19
https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance%20for%20HCW%20EXPOSURE%20Monitoring%20and%20Movement%20NJDOH%20DOC%203_9_20_.pdf

NJDOH COVID-19: Information for Healthcare Professionals
https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

NJDOH COVID-19, Communicable Disease Manual Chapter
https://www.nj.gov/health/cd/documents/topics/NCOV/NCOV_chapter.pdf

CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19)
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

[1] 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, and volunteer personnel).

[2]Detecting viral RNA via PCR testing does not necessarily mean that infectious virus is present. There have been reports of prolonged detection of RNA without direct correlation to viral culture.