STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
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Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-113

TO: Healthcare Workers and First Responders

FROM: Commissioner Deidre S. Gifford, MD, MPH

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Adelita Orefice, MPM, JD, CHC, Senior Advisor to the Commissioner
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
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Vivian Leung, MD, HAI & Antimicrobial Resistance Program Coordinator

DATE: November 30, 2020

RE: Return to Work Guidance for Healthcare Workers and First Responders

Attached for your attention:

- Return-to-Work Guidance for Healthcare Workers and First Responders during the COVID-19 Pandemic

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Infectious Diseases Section

Return-to-Work Guidance for Healthcare Workers and First Responders during the COVID-19 Pandemic (Updated 11-24-2020)

This guidance applies to healthcare workers in all settings (e.g. hospitals, nursing homes, outpatient offices, dental practices) and medical first responders. This document has been updated to reflect the latest CDC guidance on use of facemasks and return to work guidance for healthcare workers who have COVID-19 or have had significant exposure to someone with COVID-19.

Guidance for first responders who are critical infrastructure workers (e.g. fire, police) can be found here.

Healthcare Workers and First Responders with Suspected or Confirmed COVID-19

Healthcare workers (HCWs) and first responders (FRs) who develop symptoms suggestive of COVID-19 should be tested as soon as possible. HCWs and FRs with suspected or confirmed COVID-19 should not return to work until:

- At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; AND,
- Improvement in symptoms (e.g. cough, shortness of breath); AND,
- At least 10 days have passed since symptoms first appeared

HCP and FRs with severe to critical illness or who are severely immunocompromised should extend the minimum days of exclusion up to 20 days after symptom onset.

HCWs and FRs who meet these criteria but continue to have mild symptoms can return to work provided they:

- Adhere to respiratory hygiene and cough etiquette

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- Perform frequent hand hygiene
- Wear a facemask (not a cloth face covering) at all times while in the healthcare facility or office setting (or at work for first responders). [Additional PPE requirements may apply depending on the setting and the patient population]
- Employers should consider reassigning HCWs who work with severely immunocompromised patients, such as bone marrow transplant patients, to temporarily work in other areas.

If an asymptomatic HCW or FR is tested and is subsequently positive for COVID-19, they should be excluded from work for 10 days after the date of their positive test, assuming they don't develop fever or other symptoms.

Asymptomatic Healthcare Workers and First Responders With Unprotected Exposure To A Suspected Or Known Case Of COVID-19 At Work Or Home/Community

CDC has interim guidance for risk assessment and work restrictions for healthcare personnel with potential exposure to COVID-19. The CDC guidance should be used to determine when asymptomatic HCWs or FRs have had an unprotected exposure to a suspected or known case of COVID-19 at work, home, or in the community.

Asymptomatic HCWs or FRs with unprotected exposures to COVID-19 should quarantine if possible.

- Quarantine should begin after the last exposure to someone who is infectious with COVID-19, as determined by contact tracing, and last for 14 days.
- HCWs or FRs who have an unprotected exposure to COVID-19 but who have tested positive for the SARS-CoV-2 virus in the previous 90 days and are currently asymptomatic are not required to quarantine and may continue to work.[1]

Should healthcare organizations face staffing shortages due to a high volume of HCWs or FRs quarantining after unprotected exposures, they should refer to CDC's staffing mitigation guidance. When contingency capacities are reached, exposed HCWs and FRs can be allowed to return to work provided they do the following for a 14-day monitoring period (after the unprotected exposure):

- Actively monitor for signs (fever) and symptoms (e.g. cough, muscle aches, loss of taste/smell, others) consistent with COVID-19 infection; temperatures should be taken at least twice daily; AND
- Adhere to cough etiquette and hand hygiene; AND
- Wear a facemask at all times while in the healthcare facility or at work. Employers should consider reassigning HCWs who work with severely immunocompromised patients, such as bone marrow transplant patients, to work in other areas.
- The monitoring period for HCWs and FRs exposed to ill household members could be longer than 14 days depending on the length of illness of the household member and how well recommended precautions can be implemented in the home. If another household member becomes ill, the monitoring period would have to be extended.

[1] https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html#Annex

- Decisions should be made on a case-by-case basis in consultation with the facility or organization's occupational health or infection control professional.

Adherence to the above criteria should be monitored by an occupational health or infection control professional, or a designated individual who oversees healthcare worker and patient safety.

If HCWs and FRs develop fever (measured temperature > 100.0° or subjective fever) or symptoms (e.g. cough, muscle aches, loss of taste/smell, others consistent with COVID-19 during the monitoring period, the following should occur:

- If symptoms develop while in the workplace, the HCW or FR should cease patient care activities, put on a facemask (if not already wearing one), immediately self-isolate (separate themselves from others), and notify their supervisor or occupational health services promptly and prior to leaving work so they can coordinate consultation and referral to a healthcare provider for further evaluation.
- Testing for COVID-19 should be performed.
- If the HCW or FR tests positive, refer to guidance above for infected HCWs and FRs.
- If molecular testing for SARS-CoV-2 is negative, they can return to work under the following conditions: Symptoms have resolved; It has been at least 24 hours since the fever has resolved without use of fever-reducing medications (for persons who develop fever); They should wear a facemask at all times while in the healthcare facility. If new symptoms arise during a 14-day monitoring period, retesting is indicated as above.

References

CDC. Return to work for healthcare personnel with suspected or confirmed COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

CDC. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

CDC. Implementing safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html.

CDC. Duration of isolation and precautions for adults with COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html

Definitions

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.
Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
Severely Immunocompromised: Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone

>20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions.