



HFHS Health Care Worker (HCW) COVID-19 Exposure Workflow

All positive or potential COVID-19 exposures whether work, community or travel-related, must inform their immediate manager about the exposure. The manager notifies Employee Health Services (EHS), providing Name and Date, and Location of the exposure. EHS maintains database and tracks the status of exposed HCW and Adherence to policy.

If HCW is asymptomatic

- No fever and/or new respiratory symptoms (cough, runny nose, congestion, sore throat)

HCW may remain at work or report to work- No testing necessary

- HCW must wear a mask at all times including at breaks and meals, and exercise social distancing – 6 feet
- Must undergo active monitoring of fever (oral temp if available) **twice/day** and respiratory symptoms up until 14 days from exposure
- Dispose of mask upon leaving a contact isolation room, or the facility (do not reuse mask).

Local Units

- Responsible for monitoring exposed staff and reporting abnormal values to Employee Health
- Continue with temperature screening assessments at facility entrance prior to starting work or follow temperature measurement process identified by your manager or supervisor.

If HCW is symptomatic

- develops fever (subjective or measured temperature $\geq 100.0^{\circ}$ F OR fever symptoms – sweats/chills)
- OR **NEW** (in the last week) or **worsening** cough or shortness of breath, sore throat, muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache, runny nose, congestion.

- HCW should immediately don a mask and leave work immediately
- HCW must report their symptoms to their immediate manager or supervisor.
- Employee health should be contacted to arrange for testing and follow-up according to current policy

Return to work for COVID-19 positive HCW

Return to work to follow test-based strategy:

- Resolution of fever without use of fever-reducing medications, **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- **Negative results of COVID-19 test done on 2 consecutive days** separated by at least 24 hours

Scenarios not considered exposures significant enough to warrant implementation of the policy

- Brief encounters such as passing a patient in the hallway, greeting them at the front desk or indirect exposures are not considered significant enough to warrant implementation of the policy.
- Interaction while using full PPE (gown, gloves, respirator, and face shield)
- Interactions with asymptomatic individuals that have interacted with a COVID positive person

CDC Definition of Exposure

High-risk exposures refer to prolonged (more than 10 minutes) close (within 6 feet) contact with patients with known COVID-19 who were not wearing a facemask while the HCW's nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

Medium-risk exposures refer to prolonged close contact with patients with COVID-19 who were wearing a facemask while the HCW's nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. An HCW were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would also be considered to have a medium-risk exposure

Low-risk exposures generally refer to brief interactions (within 6 feet, less than 10 minutes) with patients with known COVID-19 or prolonged close contact with COVID-19 patients who were wearing a facemask while the HCW was also wearing a facemask or respirator.

