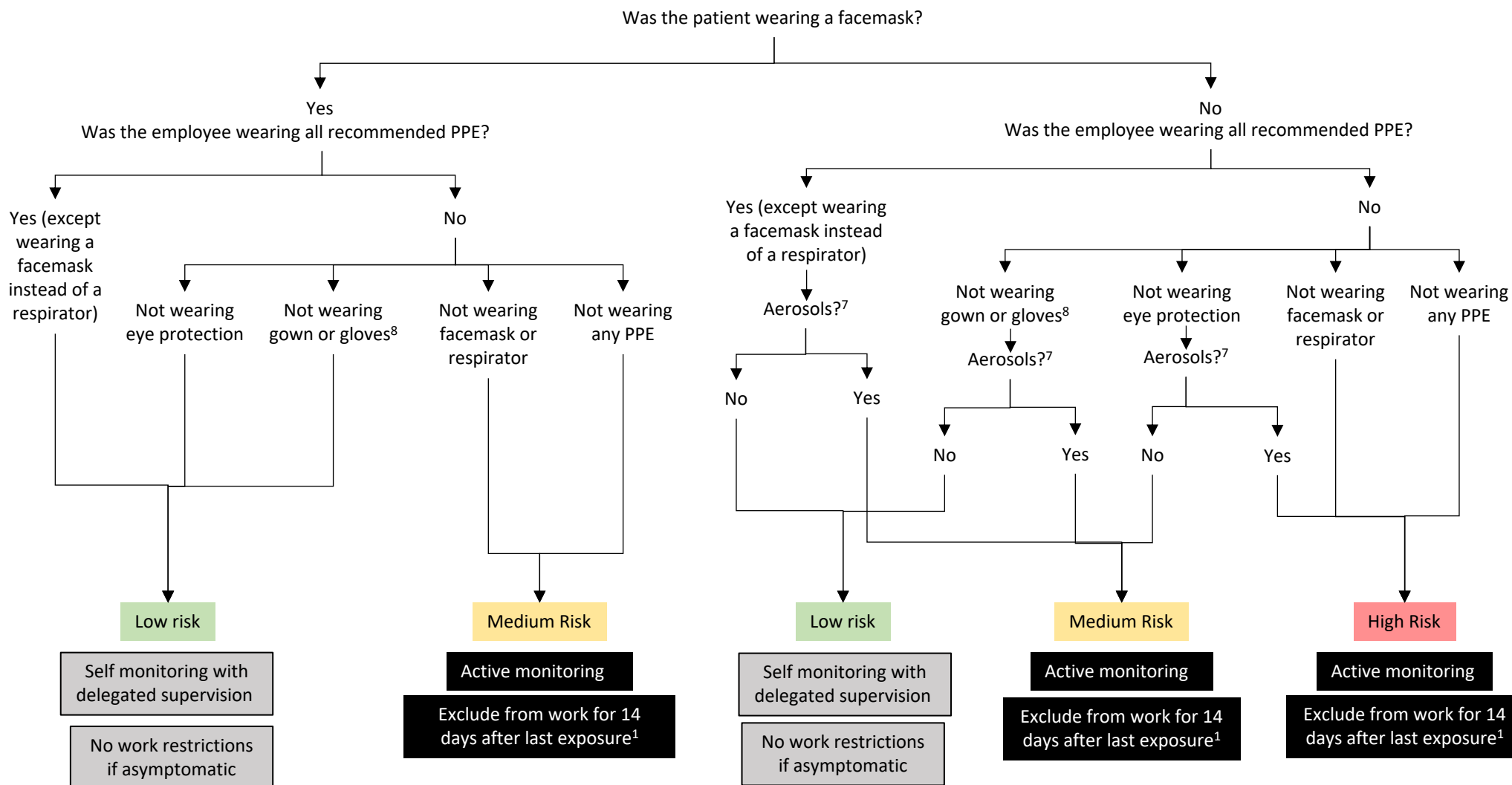


# Interim Guidance at GLA during regular staffing mode<sup>1</sup> for ASYMPTOMATIC employees **WITH prolonged close contact<sup>2</sup>** with a COVID-19 patient (not brief<sup>3</sup> or indirect<sup>4</sup> or tertiary contact<sup>5</sup> or travel history<sup>6</sup>)



## Self Monitoring with delegated supervision

- Employees should discuss reporting expectations with individual supervisor
- Employee should take temperature twice a day
- If you develop fever (>100.3) → Report to the VA ED tent for evaluation
- Remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat) and notify your supervisor
- If you develop cough without fever → if during regular hours, contact employee health at 310 268 3522 for evaluation; if during off hours, report to the VA ED tent for evaluation

## Active monitoring

- Please contact Jody Conn - jody.conn@va.gov, phone extension 310 478 3711 ext 40172 at Employee Health for details on active monitoring

Adapted from 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-assessment-hcp.html>

## Supplementary Appendix: Interim Guidance at GLA during regular staffing mode<sup>1</sup> for ASYMPTOMATIC employees **WITH** **prolonged close contact**<sup>2</sup> with a COVID-19 patient (not brief<sup>3</sup> or indirect<sup>4</sup> or tertiary contact<sup>5</sup> or travel history<sup>6</sup>)

1. **Note regarding circumstances with staffing shortages:** Medium and high risk employees will be excluded from the workplace until such time that hospital administration determines that we are in imminent danger of facing staffing shortages. At this time, supervisors will have authority to call back asymptomatic employees regardless of risk category if they determine they have critical staffing needs.
2. **Close contact** is defined as either:
  - a) being within approximately 6 feet of a person with COVID-19 for 5 minutes or more (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room)
  - b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand)
3. **Brief interactions:** Guidance for employees not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are **considered low-risk**. These employees should undergo **self monitoring with delegated supervision**. Examples include:
  - a) brief conversation at a triage desk
  - b) briefly entering a patient room but not having direct contact with the patient or the patient's secretions/excretions
  - c) entering the patient room immediately after the patient was discharged
4. **Indirect contact:** Workers who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk. No evaluation is currently indicated for these patients.
5. **Tertiary contact:** If the employee comes into prolonged close contact with an asymptomatic contact of a confirmed or suspected COVID-19 patient, they are considered to have no identifiable risk and no evaluation is currently indicated for these patients. If the employee came into into prolonged close contact with a symptomatic contact of a confirmed or suspected COVID-19 patient, if asymptomatic these employees should return to work **while wearing a mask for 14 days** and undergo **self monitoring with delegated supervision**.
6. **Travel history:** Given the extensive community transmission of COVID-19 in the USA, at this time we will not adjust our algorithm based on employee travel history to a high risk area alone if the employee has no history of prolonged close contact with a patient with confirmed or Suspected COVID-19
7. **Aerosols:** Elevate the risk category for these personnel if the worker performed or was present for a **procedure likely to generate higher concentrations of respiratory secretions or aerosols**, including:
  - Cardiopulmonary resuscitation
  - Intubation
  - Extubation
  - Bronchoscopy
  - Nebulizer therapy
  - Sputum induction
8. **Body Contact:** Elevate the risk category by one for these personnel if the worker had **extensive body contact** with the patients (e.g., rolling the patient).

## Interim Guidance GLA: Employees WITH *prolonged close contact*<sup>1</sup> with GLA COVID-19 patient who presented to ED on 3/12 and 3/13

### For employees who interacted with patient on March 12, 2020 in the Emergency Room

- Because the patient was not on droplet precautions during stay, if employee is ASYMPTOMATIC: exclude from work for 14 days after last exposure (March 26, 2020)
- If symptomatic, please see guidance for employees with symptoms.

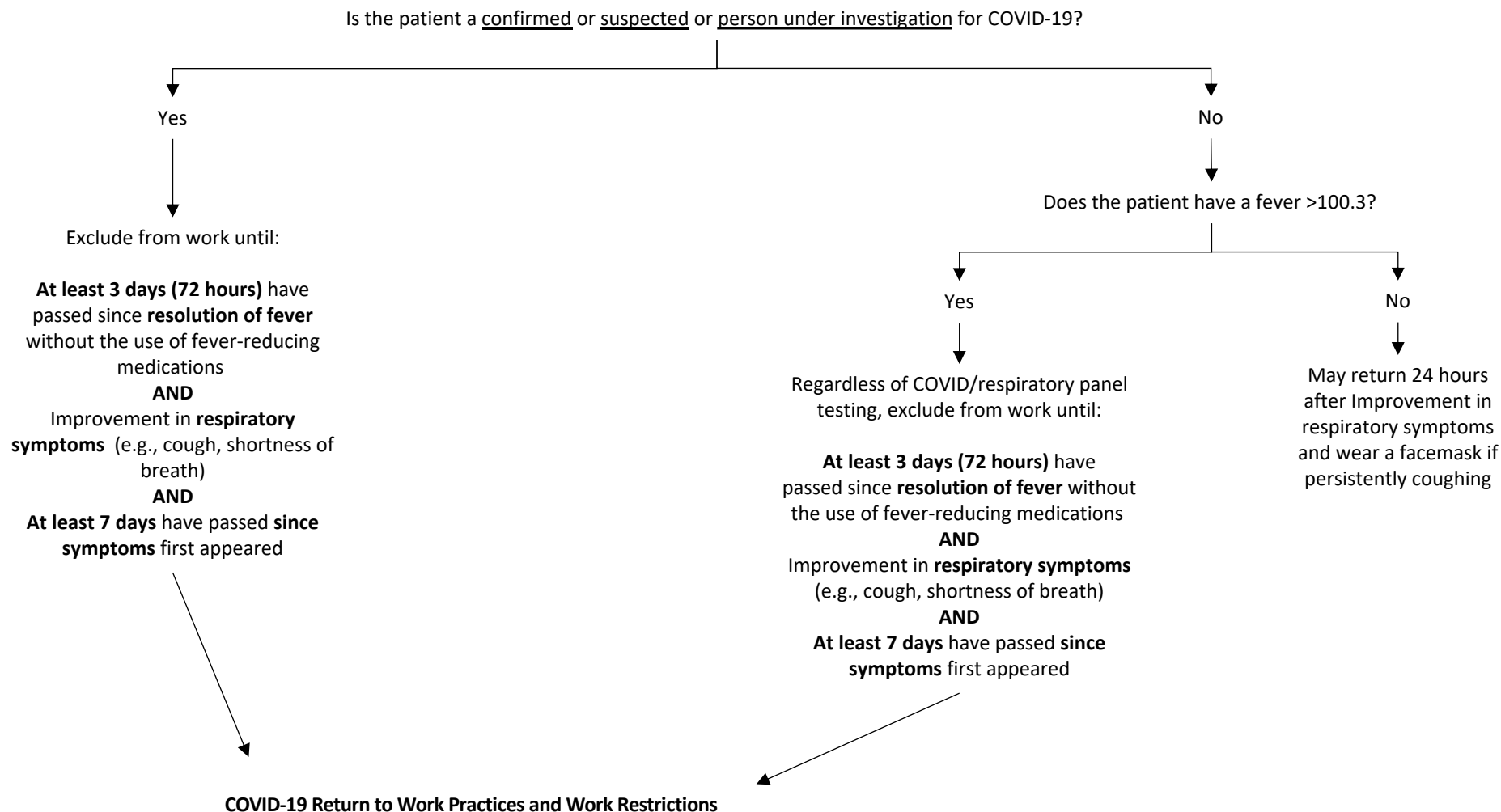
### For employees who interacted with patient from March 13, 2020 until discharge on March 16, 2020

Because the patient was on droplet precautions during admission, if employee is ASYMPTOMATIC:

- If employee **did not wear facemask**, exclude from work for 14 days after last exposure and participate in active monitoring
- If employee **wore a facemask but did not wear eye protection**, exclude from work for 14 days after last exposure and participate in active monitoring
- If employee **wore a facemask and eye protection but did not wear gown and gloves AND had extensive body contact with patient**, exclude from work for 14 days after last exposure and participate in active monitoring
- If employee **wore a facemask and eye protection but did not wear gown and gloves and did not extensive body contact with patient**, employee should undergo self monitoring with delegated supervision
- If employee **wore facemask, eye protection, gown, and gloves**, employee should undergo self monitoring with delegated supervision

If SYMPTOMATIC, please see guidance for employees with symptoms.

# Interim Guidance: Criteria for Return to Work for Employees with Lower Respiratory Symptoms



After returning to work, healthcare personnel should:

- **Wear a facemask** at all times while in the healthcare facility until all symptoms are completely resolved or until **14 days** after illness onset, whichever is longer
- Be **restricted** from contact with severely **immunocompromised patients** (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Adapted from CDC's Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Last Updated 3/19 at 5pm by Lauren Jatt  
Approved by Dr. Matthew Goetz