

Coronavirus Disease 2019: Contingency and Crisis Facility Staffing Guidance

Covid-19 Test Status		Staff Symptoms		Staff Exposure (by Contact Tracing)		Infection Control Guidance	Return to Work (RTW) Guidance	Subject to Staff Mitigation Tier
Test		Symptoms		Exposed				
+		+		N/A		Isolation* x 10 days (10/3/3 rule)	After 10 days from date of first symptoms (10/3/3 rule)	3
+			-	N/A		Isolation* x 10 days from date + test collected	After 10 days from date + test collected	3
	-	+		+		<p>Begin quarantine* x 14 days from date of last known exposure; Self-monitor</p> <p>Arrange for medical evaluation for potential alternate diagnosis/ symptom management</p> <p>Consider a repeat test in 5 days, particularly if symptoms persist or are not explained by another diagnosis</p>	<p>After 14 days of quarantine (if no repeat testing done)</p> <p>If repeat testing done:</p> <ul style="list-style-type: none"> • If test negative, may RTW when symptoms resolved per HR policies (as for non-COVID conditions) • If test positive, RTW 10 days from date of first symptoms (10/3/3 rule) • Mask for 14 days from first symptoms (during breaks, etc, to protect other employees) 	3
	-	+			-	<p>Quarantine-like monitoring* x 10 days from date of first symptom; Self-monitor</p> <p>Arrange for medical evaluation for potential alternate diagnosis/symptom management</p> <p>Consider a repeat test in 5 days, particularly if symptoms persist or are not explained by another diagnosis</p>	<p>After 10 days of quarantine-like monitoring (if no repeat testing done)</p> <p>If repeat testing done:</p> <ul style="list-style-type: none"> • If test negative, may RTW when symptoms resolved per HR policies (as for non-COVID conditions) • If test positive, RTW 10 days from date of first symptoms (10/3/3 rule) • Mask for 14 days from first symptoms (during breaks, etc, to protect other employees) 	3
	-		-	+		Quarantine x 14 days, but may work if remains asymptomatic	<p>Follow policies for universal employee screening and mask use and diligent handwashing</p> <p>Mask for 14 days after exposure event (during breaks, etc, to protect other employees)</p>	2
	-		-		-	No quarantine required	Follow policies for universal employee screening and mask use and diligent handwashing	1

Note: Asymptomatic personnel may work while awaiting test results. Repeat testing assesses if first test was a false negative or done during incubation period. This guidance is relevant for all Health Care Personnel and potentially exposed staff and individuals not directly involved in patient care e.g. (clerical, food & laundry service) as described by [cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html). Please note: Potential exposures can occur when personnel come within 6 feet of an infected person for at least 15 minutes or during performance of an aerosol-generating procedure or from direct contact with infectious secretions while not wearing recommended PPE.

CDC Definitions

Isolation:

Isolation is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

Quarantine:

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.

[cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html)

10/3/3 rule:

- 10 days have passed since symptoms first appeared **AND**
- 3 days (72 hours) have passed without fever without the use of fever-reducing medications (anti-pyretics) **AND**
- 3 days of improvement in respiratory symptoms
- [cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)

Note: CDC guidance for COVID-19 may be adapted by states to respond to rapidly changing local circumstances

Mitigation of Personnel Shortage Tiers:

Tier 1

- All wear face masks; wash hands before and after patient contact or touching mask/face
- Standard precautions (gown and glove with contact with blood and body fluids)
- All personnel get temperature and symptom checks prior to shift

Tier 2: Must complete everything in Tier 1 in addition to the following:

Allow asymptomatic health care professionals (HCP) who have had an [unprotected exposure](#) to SARS-CoV-2, but are not known to be infected, to continue to work.

- A face mask, instead of a cloth face covering, should be used by these HCP for source control while in the facility and must be worn for 14 days after the exposure event.
- If HCP develop even mild symptoms, they must cease patient care activities, notify their supervisor and arrange testing

Tier 3: Must complete everything in Tier 1 and Tier 2 in addition to the following:

If shortages continue despite other mitigation strategies, allow HCP with suspected or confirmed COVID-19 who are well enough to work but have not met all [Return to Work Criteria](#) to work. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:

- If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP).
- Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
- Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
- **As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19. This must be communicated to the local hospital and health district coalition partners and other members of the Congregate Care Unified Response Team BEFORE implementing this mitigation strategy in the event that additional resources may be garnered.**

If HCP are permitted to return to work before meeting all [Return to Work Criteria](#), they should still: Self-monitor for symptoms (seeking re-evaluation if symptoms recur or worsen) and wear a face mask for source control at all times while in the healthcare facility, even in non-patient areas such as break rooms.

- A face mask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.

HCP should be reminded that in addition to potentially exposing patients, they could also expose their co-workers. If they must remove their face mask, for example, in order to eat or drink, they should separate themselves from others.