



Interim Guidance: Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 In the Setting of Community Transmission

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BACKGROUND:

Community transmission of COVID-19 in the United States has been reported in multiple areas, including San Francisco County. This guidance discusses practical steps that healthcare facilities should take to ensure the health of healthcare personnel (HCP) and patients during this outbreak and is in alignment with the CDC's 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>).

In the setting of community transmission, all HCP are at some risk for exposure to COVID-19, whether in the workplace or in the community. This development means full implementation of previously recommended actions (e.g., contact tracing and risk assessment of all potentially exposed HCP) may be impractical for some healthcare facilities. Devoting substantial resources to contact tracing and retrospective risk assessment could divert resources from other important infection prevention and control activities.

The guidance below addresses two issues: recommendations for all employees now that we have community transmission of COVID-19 and recommendations for employees who are specifically exposed to patients with known COVID-19.

GENERAL EMPLOYEE HEALTH MONITORING IN THE SETTING OF COMMUNITY COVID-19 TRANSMISSION

All healthcare facilities in San Francisco County should plan and implement vigilant general employee monitoring practices:

- Ask all HCP to regularly monitor themselves for fever (subjective or $\geq 100.0^{\circ}\text{F}$) and symptoms of respiratory infection.
- Ask all HCP to not report to work when ill.
- Develop a plan for more active screening and evaluation of ill HCP. This could include having all HCP report absence of fever and symptoms prior to starting work each day. It is likely that healthcare facilities will need to activate this plan in the near future.
- Require employees to report recognized exposures to COVID-19 cases to employee health.

MONITORING HCP WHO HAVE BEEN EXPOSED TO A CONFIRMED CASE

Following identification of a COVID-19 case in a healthcare facility, the facility has a choice to make. If resources allow, facilities may choose to continue stratifying their exposed HCP according to the CDC guidance below (i.e., into low, medium, and high risk categories) and follow the exclusion and monitoring recommendations for those risk groups (see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>). Public Health would be available for consultation if needed, but this work would be the facility's responsibility.

Alternatively, if staffing resources are strained, healthcare facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after consultation with their employee health program. We recommend that facilities require these HCP to:



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- Report temperature and absence of symptoms to the facility employee health program each day prior to starting work.
- Wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks.
- Refrain from direct patient care of severely immunosuppressed patients (at a minimum, patients receiving a transplant or chemotherapy).
- Immediately cease patient care activities if the HCP develops even mild symptoms consistent with COVID-19. They should continue to wear their facemask and notify their supervisor or occupational health services prior to leaving work.

Again, facilities have a choice on whether to use the standard approach or the alternative approach depending on their resource constraints.

This guidance and other clinical guidance specific to San Francisco can be found online at:

<http://www.sfgdcp.org/covid19hcp>