



New Jersey Department of Health (NJDOH) Monitoring and Movement Guidance for Healthcare Personnel (HCP) Exposed to Confirmed Cases of COVID-19 March 2020

Background

COVID-19 is a new and emerging public health concern that originated in Wuhan City, Hubei Province, China in late 2019. COVID-19 is caused by SARS-CoV-2, a novel coronavirus. Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Coronaviruses can also regularly infect humans and are a frequent cause of the common cold.

Early reports suggest that COVID-19 most often is spread during close exposure to a person who is ill with the disease, although asymptomatic spread might be possible before people show symptoms. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs, similar to other respiratory pathogens. These droplets can land in the mouth, nose, or eyes of people who are nearby, or possibly be inhaled into the lungs. While much is still to be learned, touching a contaminated surface and then touching the mouth, nose, or eyes, might also contribute to transmission.

As the spread of COVID-19 has been confirmed throughout the United States, including in New Jersey, it is important to keep updated on the most recent information and guidance. For up-to-date case counts or and other information please visit the Centers for Disease Control and Prevention (CDC) COVID-19 webpage at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> or the New Jersey Department of Health COVID webpage at <https://www.nj.gov/health/cd/topics/ncov.shtml>.

Purpose

Due to their often extensive and close contact with vulnerable individuals in healthcare settings, NJDOH recommends a conservative approach to HCP monitoring and restrictions from work to quickly identify early symptoms and prevent transmission from potentially contagious HCP to patients, HCP, and visitors. Healthcare facilities (HCFs) should have a low threshold for evaluating symptoms and testing symptomatic HCP, particularly those who fall into the high- and medium-risk categories described in this guidance. HCFs, in consultation with public health authorities, should use clinical judgment as well as the principles outlined in this guidance to assign risk and determine need for work restrictions.

NOTE: CDC has defined HCP as all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this guidance, HCP does not include clinical laboratory personnel.

Lastly, HCP who are returning travelers or exposed in a community setting while NOT providing care to patients in a healthcare setting with confirmed COVID-19 infection should be assessed using the traveler and community guidance previously released by NJDOH.

Supplemental Tools

To help HCFs document and assess HCP risk and exposure, NJDOH has developed the below series of tools and checklists:

- 1. “NJDOH Healthcare Personnel (HCP) Exposure to Confirmed COVID-19 Case Risk Algorithm”**
 - This document can be used to assess the type of potential exposure HCP may have experienced while caring for the COVID-19 patient and assign risk level (High, Medium, Low or No Risk). It also provides guidance on the management of exposed HCP.
- 2. “Retrospective Assessment Tool for Healthcare Personnel Potentially Exposed to COVID-19”**
 - This tool can be used to assess HCP exposure risk prior to the patient being identified as having COVID-19.
- 3. “NJDOH COVID-19 Healthcare Personnel (HCP) Exposure Checklist”**
 - This tool can be used to monitor and assess the appropriate use of personal protective equipment (PPE) for HCP caring for the COVID-19 patient after they have been identified in the facility.
- 4. “NJDOH COVID-19 Fever and Symptom Monitoring Log for Healthcare Personnel”**
 - This tool can be used by a HCF or local health department (LHD) to assist HCP with daily symptom monitoring.

The guidance outlined below will assist HCFs and public health partners in determining COVID-19 exposure risk of HCP and which appropriate course of action to take in their management.

Role of the HCF and Public Health Officials

Central to this guidance are the roles of the HCF and collaboration with the state and local health departments. For the purposes of this guidance, NJDOH recommends HCFs determine their internal capacity to assess HCP exposure and monitor for symptoms of COVID-19.

- Healthcare providers or facilities who have an infrastructure (e.g., occupational health, infection prevention, administration) to support risk assessment and monitoring will be responsible for assessing risk exposure, initiating and tracking symptom monitoring if warranted, conduct contact tracing, make decisions about furlough from work and complete any associated documentation.

- HCFs should include their occupational health program if applicable in the assessment and management of risk
- Decisions to furlough HCP based on risk should be done in accordance with current CDC and NJDOH guidance for management of HCP exposed to COVID-19
- Facilities who require assistance with the above tasks may reach out to their LHDs for support and guidance in managing any exposed HCP. LHDs may assist with or manage any of the above tasks.
- If active monitoring is being conducted and managed by the HCF, LHDs should be notified for situational awareness purposes.

Below is guidance for assessing and managing HCP who may have been exposed to patients with confirmed COVID-19. HCFs and LHDs may choose to adapt and use this in accordance with their own policies and procedures.

NJDOH guidance is based on currently available data about COVID-19 and guidance from CDC. Guidance and Recommendations may be subject to change as new information becomes available.

HCP Exposures to Confirmed COVID-19 Case(s)

HCP who are working in facilities **where they may be exposed to confirmed cases of COVID-19 should be educated on potential risk and the appropriate infection control measures for preventing exposure.** Should an exposure occur, the facility should have the capacity to evaluate exposure risk and notify HCP. HCFs, with support of the LHDs if needed, may conduct active or passive monitoring, make decisions on work furlough, and provide follow up and resources to HCP who develop symptoms.

1. **HCP Exposure Risk Assessment:** When caring for COVID-19 patients, HCFs should have policies and procedures in place that align with CDC’s Interim Infection Control Guidance for COVID-19. This guidance provides direction for facilities on the appropriate use of PPE, isolation, identifying breaches in PPE, and tracking HCP movement in and out of isolation rooms. HCP with exposure to confirmed COVID-19 cases should be identified and an appropriate risk assessment completed to determine if they have a high, medium, low, or no identifiable risk exposure (including breaches in PPE). Documentation should be done by the facility for those HCP with identified risk. This can be done by the department(s) of infection prevention, occupational health or another designee. The facility may request assistance from the LHD at any time to assist with these tasks. Exposure assessment can be done using the tools developed by NJDOH, described above.
2. **Active or Passive Symptom Monitoring:** The decision to initiate active or passive symptom monitoring for 14 days after last exposure should be made based on the level of HCP exposure risk. The facility will conduct appropriate monitoring with associated documentation using internal processes previously developed or the *NJDOH COVID-19 Fever and Symptom Monitoring Log for Healthcare Personnel*.

- 3. Management of symptomatic HCP with known COVID-19 exposure:** HCFs and LHDs who are conducting active monitoring should have a plan in place if HCP develop symptoms during their 14-day symptom monitoring period. Facilities should consider developing an individualized plan in conjunction with employee health, administration, infection prevention, LHDs and the HCP. **All HCP who undergo symptom monitoring should be made aware of** where to seek care should symptoms develop. This may include their personal healthcare provider, occupational health, the HCF where they currently work or other designated provider. **This should be discussed at the start of the monitoring process. In general, HCP who are exposed to a confirmed case of COVID-19 and develop symptoms (fever, cough, shortness of breath) should:**
- a. Isolate themselves from others in the home (if home monitoring is in place)
 - b. Alert their employer (HCF) and/or designee who is monitoring their symptoms and receive guidance on where to seek additional advice or care if needed. If care is needed emergently the HCP should be advised to call 911 and alert dispatch that they are currently being monitored for COVID-19.
 - c. The HCF and/or designee responsible for monitoring should notify the LHD immediately to determine if the HCP requires testing.
 - d. If the symptomatic HCP becomes a confirmed COVID-19 case, management and clearance for return to work should be done in accordance with the available evidence and guidance from CDC and NJDOH. Clearance for return to work should be made in collaboration with LHD, the HCP and the HCF management/occupational health.
- 4. Management of asymptomatic HCP and guidance for return to work:** HCP who complete their 14-day symptom monitoring period and remain asymptomatic should have complete and accurate documentation for LHD or NJDOH review, if requested. Individuals who remain asymptomatic should be allowed to return to work after their 14-day monitoring period is complete.

Guidance on Furlough/Work Restriction of HCP and Return to Work

Current guidance from CDC indicates that HCP with high- and medium-risk exposures should be restricted from work and undergo active monitoring for 14 days. **However, the guidance also states that the decision to furlough workers may be left to the discretion of the HCF and is dependent on nature of exposure, the symptoms of HCP and the needs of the facility.** Given the likelihood of community spread, restriction of all HCP with COVID-19 exposures may not be feasible particularly if HCP are exposed outside of the HCF. Personnel resources and the needs of the HCF should be considered when determining the need for work restriction or furlough. NJDOH recommends that HCFs review their internal work restriction/furlough and HCP exposure policies and update them as needed to address any questions about COVID-19 exposures and work restrictions. Guidance for HCP who are exposed to COVID-19 and not restricted from work can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

HCP with high- or medium-risk exposure and are furloughed or restricted from work, may return to work if they are asymptomatic at the end of their 14-day monitoring period. Those HCP who become

symptomatic and are diagnosed with COVID-19 may return to work in consultation with their employer. The employer/HCF should determine appropriateness for return to work using the available CDC guidance and consultation with NJDOH and LHD if necessary.

Exposure Risk Categories for HCP Caring for Confirmed COVID-19 Patients

CDC and NJDOH recommend the following risk-based stratification of **asymptomatic** HCP and corresponding monitoring, movement and work restriction guidance. NJDOH has developed an algorithm to assist with the identification of risk (see *NJDOH Healthcare Personnel (HCP) Exposure to Confirmed COVID-19 Case Risk Algorithm*). Additional guidance on conducting an appropriate HCP risk assessment can be found on the CDC website.

High-risk exposures generally refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were unprotected. CDC provides the example of a HCW who is 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 HCP eyes, nose, or mouth were not protected, would be considered high-risk.

Medium-risk exposures generally include exposures in which HCP had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were unprotected. Some low-risk exposures could be upgraded to medium-risk depending on the type of care activity performed. CDC provides the example of HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure, instead of a low-risk exposure.

HCP in the high- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. The distinction between high- and medium-risk exposures is the same in terms of recommendations for active monitoring and work restrictions. CDC created these risk categories to align with risk categories in the *Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases* (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).

Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

HCP in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). HCP should ensure they are afebrile and asymptomatic before leaving home and reporting for work.

No identifiable risk: HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have *no identifiable risk*.)

NOTE: Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, CDC recommends HCP should still perform self-monitoring with delegated supervision, the same as low-risk exposures.

If HCP become symptomatic such as developing any fever (measured temperature >100.0°F or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat) they should immediately self-isolate (separate themselves from others) and notify their LHD or NJDOH and HCF for further evaluation.

Currently, this guidance applies to HCP with potential exposure in a healthcare setting to patients with confirmed COVID-19. However, HCP exposures could involve a PUI who is awaiting testing. Implementation of monitoring and work restrictions described in this guidance could be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. A record of HCP exposed to a PUI should be maintained and HCP should be encouraged to perform self-monitoring while awaiting test results. If the results will be delayed more than 72 hours or the patient is positive for COVID-19, then the monitoring and work restrictions described in this document should be followed.

Resources

- NJDOH – COVID-2019 (Novel Coronavirus, Wuhan, China)
 - <https://www.nj.gov/health/cd/topics/ncov.shtml>
- CDC – Coronavirus Disease 2019 (COVID-19)
 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC – Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
- NJDOH – Local Health Department Directory
 - www.localhealth.nj.gov
- CDC – Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- CDC – Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

- 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 2019 (COVID-19)
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>