DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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DC **MURIEL BOWSER, MAYOR**

<u>**Coronavirus 2019 (COVID-19):**</u>
<u>**Guidance for Universal Masking and Healthcare Personnel Monitoring,**</u>
<u>**Restriction and Return to Work**</u>

In accordance with the Mayor's Order 2020-063, this guidance is for employers of healthcare personnel (HCP) and includes recommendations related to universal masking and eye protection and HCP exposure, monitoring, and work restrictions for Coronavirus 2019 (COVID-19). HCP include all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. This guidance applies to all healthcare facility settings and is based on currently available data about COVID-19. Recommendations regarding HCP work restriction may not anticipate every potential scenario and will change as the local response progresses.

Healthcare facilities should use clinical judgement as well as the recommendations in this guidance to create internal policies that address universal masking and HCP monitoring, restriction and return to work in the context of COVID-19. This document was updated on **May 13, 2020** and will be refined as information becomes available and response needs change.

<u>**Key points to reinforce with your HCP:**</u>
- Follow the facility policy for sick employees.
- Remain vigilant for symptoms of illness consistent with COVID-19. These include fever, cough, shortness of breath or difficulty breathing, sore throat, chills, repeated shaking with chills, muscle pain that is not attributed to exercise, headache, or new loss of taste or smell.
- HCP that develop symptoms should stay home. If they develop symptoms at work, they should keep their face mask or cloth face covering on, isolate, and notify their supervisor.
- HCP should always wear a facemask (medical, surgical or procedure) while in the healthcare facility or any alternative setting where patient care services are provided.
- Skilled nursing facilities should implement universal use of eye protection by HCP providing direct patient care or will be in patient care areas.
- HCP should be screened at the beginning of their shift for fever and symptoms of COVID-19.
- **UPDATE:** HCP can continue to work if are asymptomatic and comply with universal masking, including when test results are pending.
- **UPDATE:** Symptomatic HCP with laboratory-confirmed COVID-19 may return to work after meeting the symptom-based strategy criteria for clearance.
- **UPDATE:** HCP with laboratory-confirmed COVID-19 who have not had any symptoms may return to work after meeting the time-based strategy criteria for clearance.

Universal Masking
As community transmission continues in the region, it is recommended that all HCP wear a facemask (medical, surgical or procedure) while in the healthcare facility or any alternative setting where patient care services are provided.

Universal Eye Protection
In addition to universal masking, it is recommended that skilled nursing facilities implement universal use of eye protection by HCP who provide direct patient care or will be in patient care

areas. It is recommended that hospitals and other healthcare settings consider implementing this, as well.

Monitoring Signs and Symptoms

Healthcare facilities should implement the following processes:

- Continuously educate HCP to remain vigilant for symptoms of illness consistent with COVID-19, such as fever (measured temperature ≥100 degrees Farenheit or subjective fever), respiratory symptoms (e.g., cough, shortness of breath, sore throat), repeated shaking with chills, muscle pain that can't be attributed to exercise, headache, or new loss of taste or smell.
- Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19; facilities undergoing COVID-19 outbreaks should consider screening HCP at the start, middle and end of each shift. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace.

Testing and Diagnosis of Persons with COVID-19

DC Health requires laboratory confirmation for COVID-19 diagnosis for documenting and taking public health action against COVID-19. When HCP are tested, please note the following:

- **If symptomatic HCP have positive test results:**
  - HCP should undergo either the **symptom-based strategy or test-based strategy** for clearance to return to work (see 'Getting Back to Work' section below).
- **If symptomatic HCP have negative test results:**
  - HCP who are still symptomatic at the time of test result should continue to follow the facility policy for sick employees (i.e. stay home when sick).
- **If the HCP has had COVID-19 ruled out** and has an alternate diagnosis then criteria for return to work should be based on that diagnosis.
- **In the event that the HCP has laboratory-confirmed COVID-19 but never had any symptoms** (i.e. asymptomatic):
  - HCP should undergo the **time-based strategy or test-based strategy** for clearance to return to work (see 'Getting Back to Work' section below).[1]

Getting HCP Back to Work

The HCP return-to-work guidance is being updated based on the current knowledge of transmission risk consistent with CDC guidelines, noting that detecting viral RNA via PCR does not necessarily mean that infectious virus is present. Details informing these recommendations can be found on the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html).

Symptomatic HCP with Laboratory-Confirmed COVID-19:
Symptomatic HCP should be excluded from work until they meet the criteria outlined in either the symptom-based strategy or test-based strategy. Test-based strategy is no longer preferred.

- Symptom based-strategy

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND,**
- At least 10 days have passed since symptoms first appeared

- Test-based strategy
  - Resolution of fever without the use of fever-reducing medications **AND**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND**
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

HCP with laboratory-confirmed COVID-19 who have not had any symptoms:
HCP who tested positive for COVID-19, and who never had any symptoms, should be excluded from work until they meet the criteria outlined in either the time-based strategy or the test-based strategy.

- Time-based strategy
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
  - Note: If the HCP develops symptoms, then the *symptom-based* or *test-based strategy* should be used.

- Test-based strategy
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

Return to Work Practices and Work Restrictions
After returning to work, HCP should:
- Continue to wear a facemask at all times while in the healthcare facility (universal masking).
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Additional Considerations for HCP
- Consider limiting exposure of pregnant HCP, and other HCP who report chronic health conditions, to patients who are confirmed or have tests pending for COVID-19, especially during higher risk procedures (such as aerosol generating procedures).
- All asymptomatic HCP with an exposure to a laboratory-confirmed COVID-19 patient may continue to work.