

# Exposure to COVID-19: Healthcare Personnel Work Restrictions

Holly Simpson, MSPH, CIC  
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BUREAU OF EPIDEMIOLOGY



**pennsylvania**  
DEPARTMENT OF HEALTH

# PA-HAN-569

PENNSYLVANIA DEPARTMENT OF HEALTH

2021 – PAHAN – 569 – 4-30 - UPD

**UPDATE: Work Restrictions for Healthcare  
Personnel with Exposure to COVID-19**



<b>DATE:</b>	4/30/21
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Alison Beam, JD, Acting Secretary of Health
<b>SUBJECT:</b>	<b>UPDATE: Work Restrictions for Healthcare Personnel with Exposure to COVID-19</b>

This guidance applies only to asymptomatic healthcare personnel with potential **exposure** to patients, visitors, or other HCP with confirmed COVID19.



# ▶ PA-HAN-569

For public health action for other situations, please refer to the following guidance:

- For symptomatic HCP with any known exposure to COVID-19, exclude immediately from work and counsel them to seek testing. Follow PA-HAN-535 and PA-HAN-553.
- For HCP who are asymptomatic, but test positive for COVID-19, follow guidance PA-HAN-553.
- For patients and visitors exposed to COVID-19 in a healthcare setting, refer to CDC Guidelines for community exposure. The guidance provided in this document does not apply to patients and visitors exposed in healthcare settings.
- To address patients and visitors exposed in a hospital, guidance is also available in PA-HAN-544.

# PA-HAN-569

- Replaces PA-HAN-560 (which replaced PA-HAN-510)
- Adds additional information about testing of HCP following higher-risk exposure:
  - Asymptomatic HCP with a higher-risk exposure, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection.
    - In these situations, testing is recommended immediately and 5–7 days after exposure.

# ➤ High Risk Exposures

- Any exposure to COVID-19 that meets the criteria outlined for
  - ▣ Community-related exposure
  - ▣ Household exposure
  - ▣ Higher risk exposure in the healthcare setting while at work

# Community Related Exposure

- CDC defines this as:
  - ▮ Persons who have had close contact (within 6 feet for a total of 15 minutes of more) with an infectious person
  - ▮ Includes shorter duration
    - ▮ Providing care for sick person
    - ▮ Hugging or kissing
    - ▮ Sharing dishes or utensils
    - ▮ Being coughed or sneezed upon



# ▶ Household Exposure

- Live with an infectious person
  - ▣ Except if infectious person wasn't home
- Most cases – not appropriate to apply close contact definition
  - ▣ Shared environment represents a level of risk consistent with high risk exposure



# Exposure in the Healthcare Setting While at Work

- Involves exposure of HCP's eyes, nose, or mouth to SARS-COV-2
  - ▮ Especially aerosol-generating procedures (AGP)



## Exposure in the Healthcare Setting While at Work

- Prolonged close contact with a confirmed COVID-19 patient, visitor, or HCP **AND**
  - ▮ HCP not wearing a respirator or facemask
  - ▮ Not wearing eye protection if the person with COVID was not wearing a cloth mask or facemask
  - ▮ HCP not wearing ALL recommended PPE while performing AGP

## **Cloth masks are NOT PPE**

*HCP should not wear cloth masks  
when PPE is indicated*



# Testing

- Symptomatic HCP, regardless of vaccination status
- Asymptomatic HCP with a higher risk exposure, regardless of vaccination status
  - ▮ Series of 2 viral tests for SARS-CoV-2 infection
    - ▮ Immediately and 5-7 days afterwards

# Testing

- Healthcare facilities with outbreaks –  
Refer to HAN-570 (LTCFs) or HAN-544 (Hospital)
- Skilled nursing facilities should conduct routine testing of HCP as outlined by CMS for unvaccinated HCP

# Scenarios

# Scenario 1: Close Contact

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Q. A direct care HCP was working during their infectious period. They wore their mask consistently around the patients. However, when documenting their notes at the nurses station, the HCP had a habit of removing their facemask.

Are my other HCP considered exposed?



# Scenario 1: Close Contact

## A. Possibly

*Anyone* who has prolonged close contact (within 6 feet for at least 15 minutes) within 24 hours **and** was either NOT wearing their facemask or eye protection would be considered exposed.



## Scenario 2: Unexpected Sightings

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Q. One of my HCP ran into a friend while running errands. They greeted each other by hugging but only talked for 5-10 minutes. The friend called the next day to report that she tested positive. Would my HCP be considered exposed?



## Scenario 2: Unexpected Sightings

Q. One of my HCP ran into a friend while running errands. They greeted each other by hugging but only talked for 5-10 minutes. The friend called the next day to report that she tested positive. Would my HCP be considered exposed?



A. YES, this is a high-risk exposure.

# Scenario 3: Household Contact

## ➤ Scenario 3: Household contact

Q. My employee is NOT fully vaccinated and a household contact of a COVID-19 case. Does this employee need to be excluded from work?



Photo by [Ned Horton](#) from [Freelimages](#)

## ➤ Scenario 3: Household contact

Q. My employee is NOT fully vaccinated and a household contact of a COVID-19 case. Does this employee need to be excluded from work?



A. YES, this is a high-risk exposure.

Photo by [Ned Horton](#) from [Freelimages](#)



# ➤ Scenario 3: Household contact

...For how long?



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## ➤ Scenario 3: Household contact







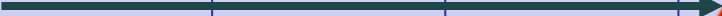
- Quarantine and exclude from work for 14 days following the last exposure to the case
  - If HCW can remove themselves from the home or stop exposure (e.g., case is hospitalized), this is when the 14 day count begins
  - If exposure is continued, 14 day count begins at the first day after the case is “released” from home isolation per PA-HAN-566
- If the HCW becomes ill and positive for COVID-19, follow return-to-work in PA-HAN-553



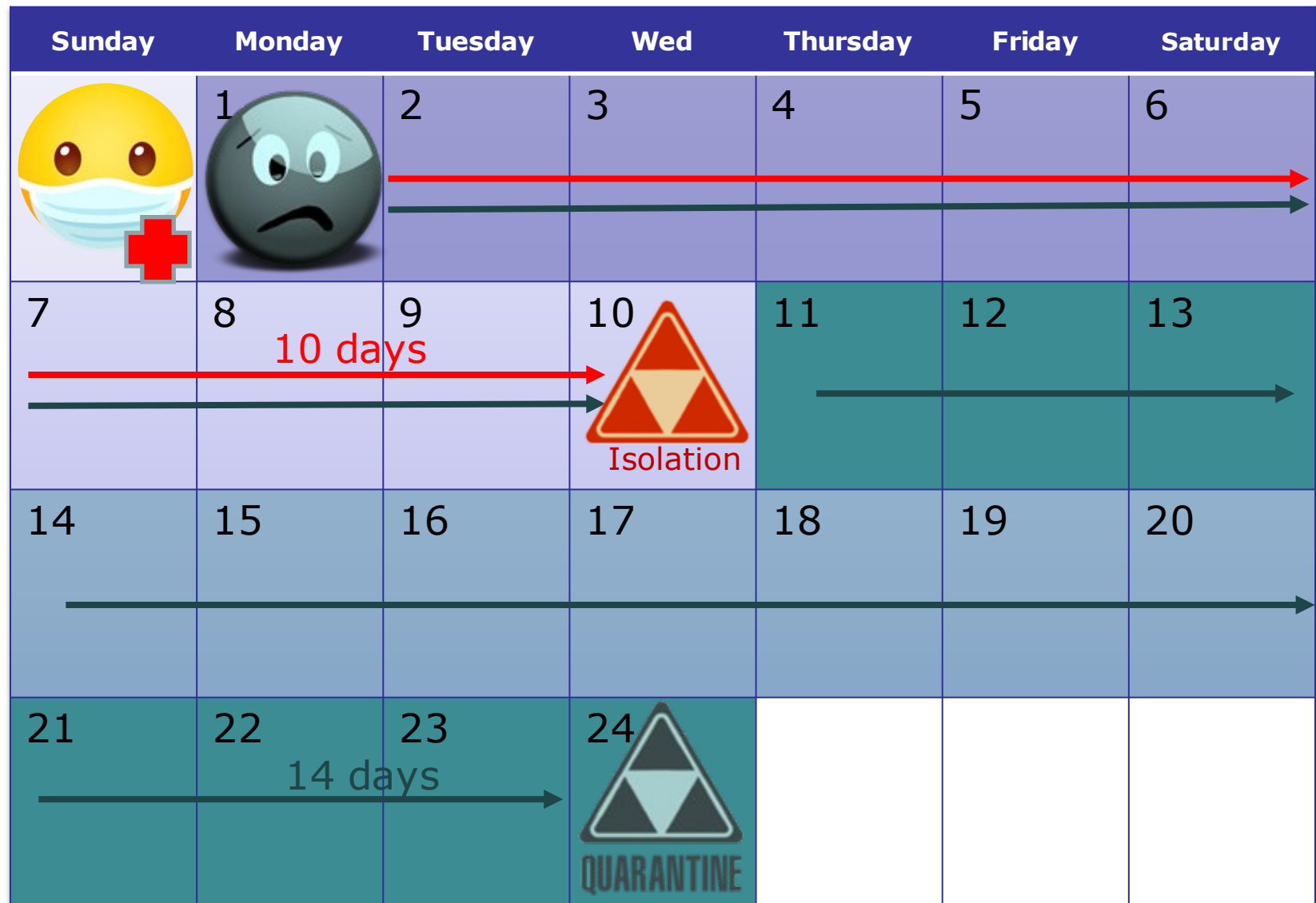
# ➤ Scenario 3: Household contact

Sunday	Monday	Tuesday	Wed	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10  Isolation	11	12	13
14	15	16	17	18	19	20
21	22	23	24			

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# ➤ Scenario 3: Household contact



## ➤ Scenario 3: Household contact

...What if this healthcare personnel has recently had COVID or is fully vaccinated?



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## ➤ Scenario 3: Household contact

A. For asymptomatic HCP with a higher-risk exposure who have recovered from SARSCoV-2 infection in the prior 3 months or asymptomatic HCP who are fully vaccinated (per PA-HAN-566), quarantine and work exclusion **are not routinely recommended**

# Excluding Asymptomatic Vaccinated HCP

- HCP with underlying immunocompromising conditions
- HCP who become immune compromised in the 3 months following SARS-Cov-2 infection HCP
- HCP for whom there is evidence that they were exposed to a novel SARS-CoV-2 variant

## ➤ Scenario 3: Household contact

...What if this healthcare personnel (exposed but also with a history of COVID-19) later becomes symptomatic?



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## ➤ Scenario 3: Household contact

- If symptoms develop, the exposed HCP should be assessed and potentially tested for SARS-Cov-2
- Look for alternative etiology
- Exclude from work pending diagnostic conclusion

See also: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>



# Scenario 4: Community Exposure

## ➤ Scenario 4: Community exposure

Q. My unvaccinated employee was identified as a close contact to a case in the community. Does the employee need to be excluded from work?



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Q. My unvaccinated employee was identified as a close contact to a case in the community. Does the employee need to be excluded from work?



A. YES, same as with a household exposure.

# ➤ Scenario 4: Community exposure

...What if the HCP is fully vaccinated?



## ➤ Scenario 4: Community exposure

...What is the HCP is fully vaccinated?



**A. Not routinely. Healthcare facilities should refer to their risk assessment and use the same exclusions for household contact.**

# Scenario 5: Novel Variant

## ➤ Scenario 5: Delta Variant

Q. My fully vaccinated employee was told they were exposed to COVID-19. Since most of the cases in the US are now the Delta variant, does my employee need to be excluded from work?



## ➤ Scenario 5: Delta Variant

Q. My fully vaccinated employee was told they were exposed to a Delta variant. Does my employee need to be excluded from work?



A. No, work exclusion is not routinely recommended.



# ➤ Scenario 5: Delta Variant

- Information is known about this variant
  - ▣ Vaccinated individuals can get infected and have the potential to transmit **but** the risk is very low
- Universal mask mandate in healthcare facilities is still in effect
  - ▣ Adds additional layer of protection
- Testing still applies
  - ▣ Immediately after exposure and 5-7 days later

# ➤ Scenario 5: Novel Variant

...What if it is a different novel variant?



A. Maybe. If exposure was confirmed to be a novel variant, where not much information is known about the variant, implement work exclusion.

Let's talk about staffing  
shortages

# ▶ Mitigating Staffing Shortages

- Exclusion of exposed HCW is the ***best practice*** for containing the spread of COVID-19
- This is not always practical
- Regularly re-evaluate policies to strive toward this ideal
- Contingency and crisis capacities augment conventional strategies
  - ▮ Meant to be implemented sequentially

# ▶ Mitigating Staffing Shortages

- To allow exposed HCW to work, all the following criteria must be met in the healthcare facility:
  - ▣ Exclusion of the exposed HCP would mean there would no longer be enough staff to provide safe patient care
  - ▣ Other contingency capacity standards have been exhausted ([see CDC strategies](#))
  - ▣ The facility has met criteria for contingency or crisis capacity standards for staffing as defined in their emergency preparedness plan

# Contingency Capacity Standards

- Allow asymptomatic HCPs who are NOT vaccinated and have a higher risk exposure to SARS-CoV-2

BUT

are not known to be infected, to shorten their duration of work restriction from 14 days to 10 days or to 7 days with testing.

# Crisis Capacity Standards

- Allow asymptomatic HCP who are not fully vaccinated and who have had a higher-risk exposure to SARS-CoV-2  
BUT  
are not known to be infected to continue to work onsite throughout their 14-day post-exposure period.

# ▶ Mitigating Staffing Shortages

- Exclusion of exposed HCW is the *best practice* for containing the spread of COVID-19
- This is not always practical
- Regularly re-evaluate policies to strive toward this ideal



# Summary

Has the exposed HCP had a confirmed COVID-19 infection in the 90 days prior to exposure?

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Yes

## **Conventional Capacity Standard**

No work restrictions indicated in most cases\*

# Summary

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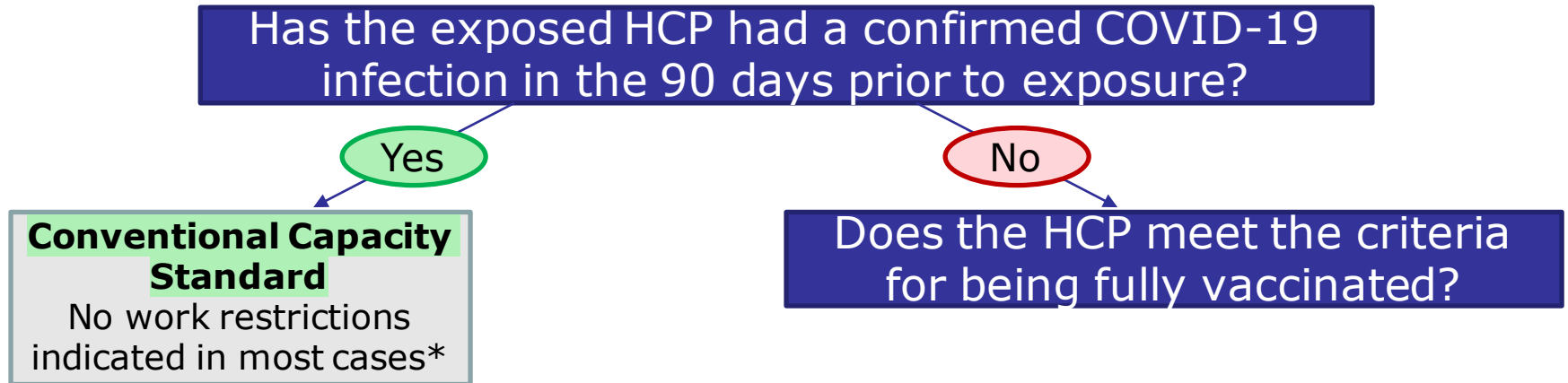
## **Conventional Capacity Standard**

No work restrictions indicated in most cases\*

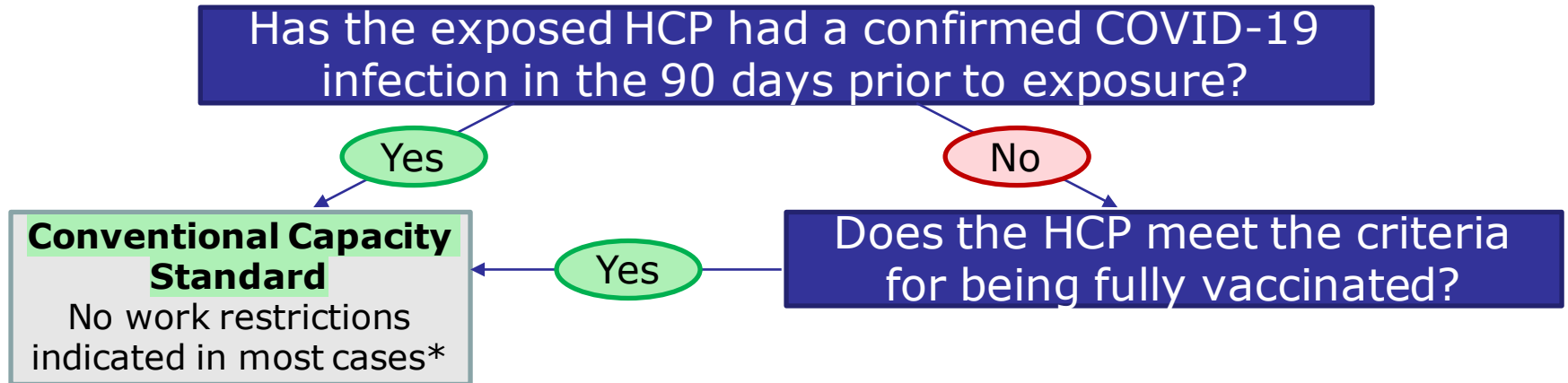
## **Exceptions**

- HCP has underlying immunocompromising conditions
- Concern the HCP's first infection could have been a false positive
- HCP has a known exposure to a person infected with a novel SARS-CoV-2 variant

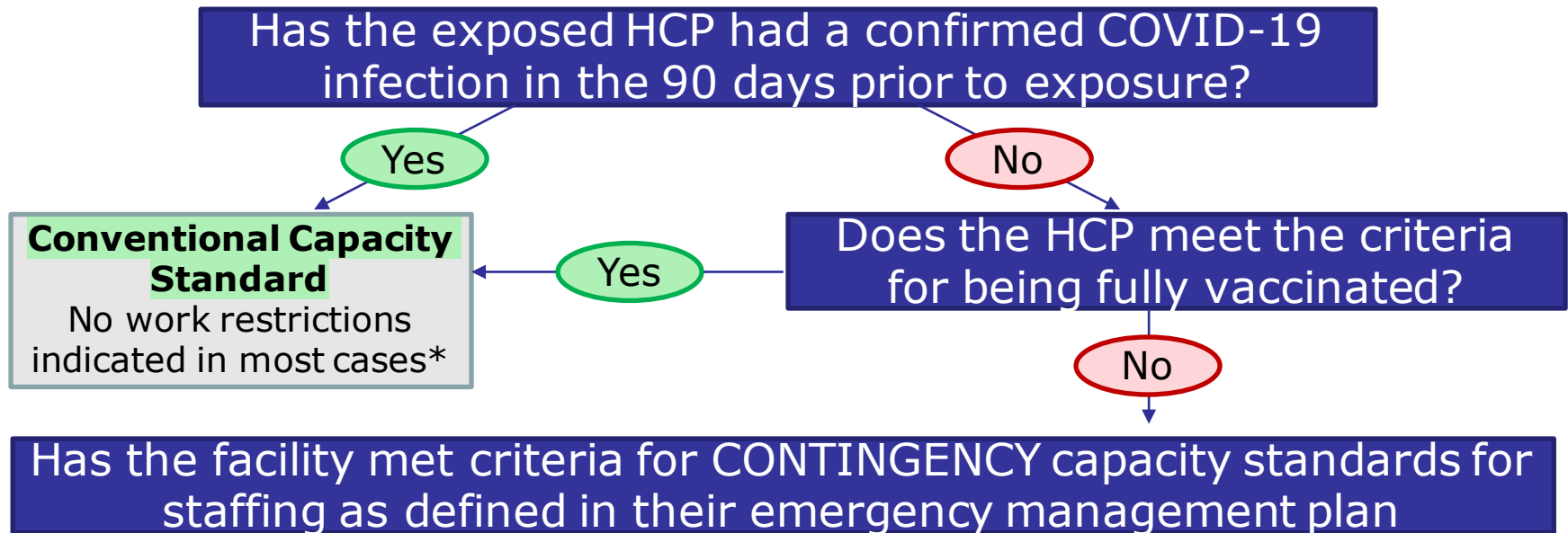
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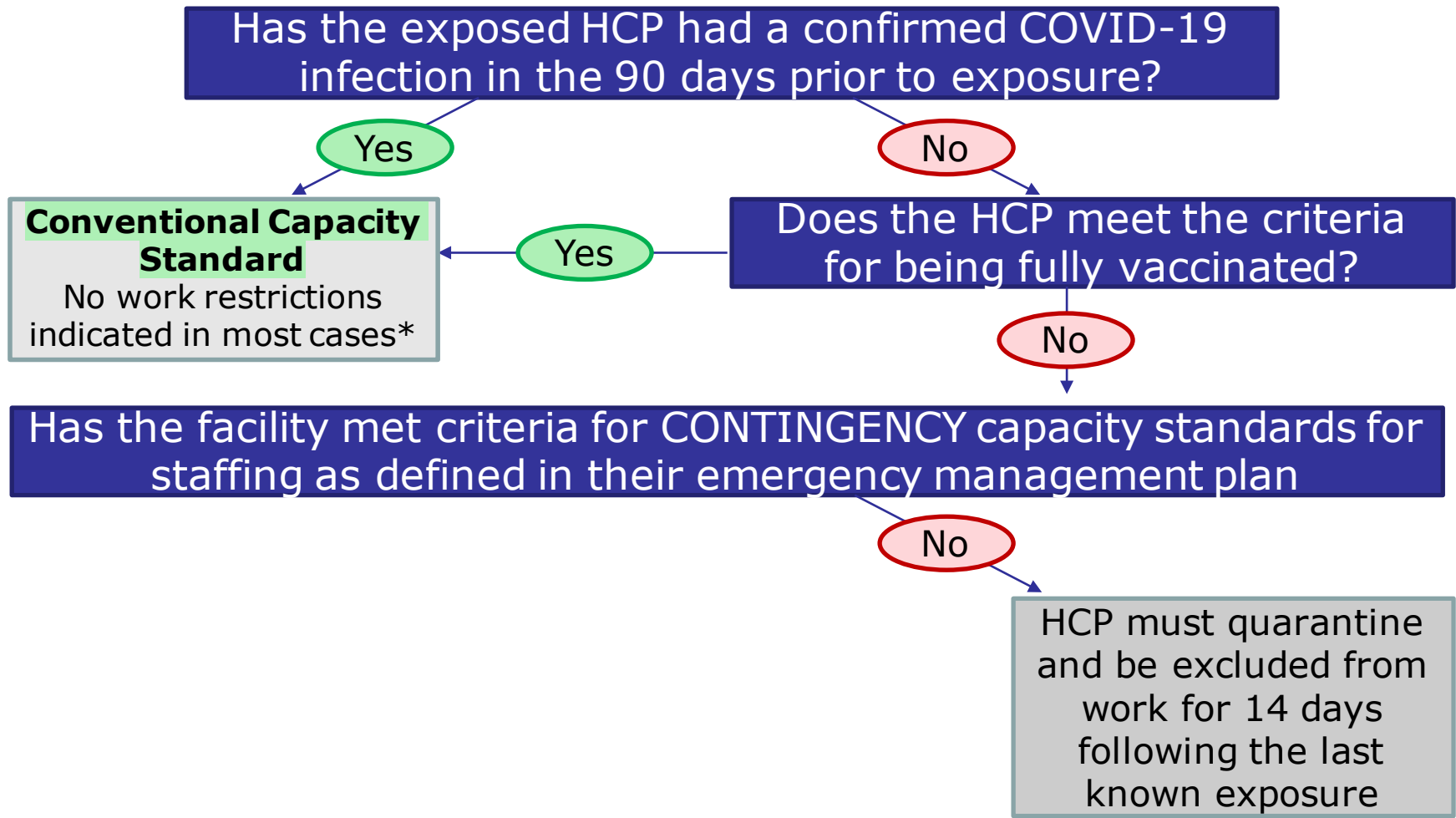
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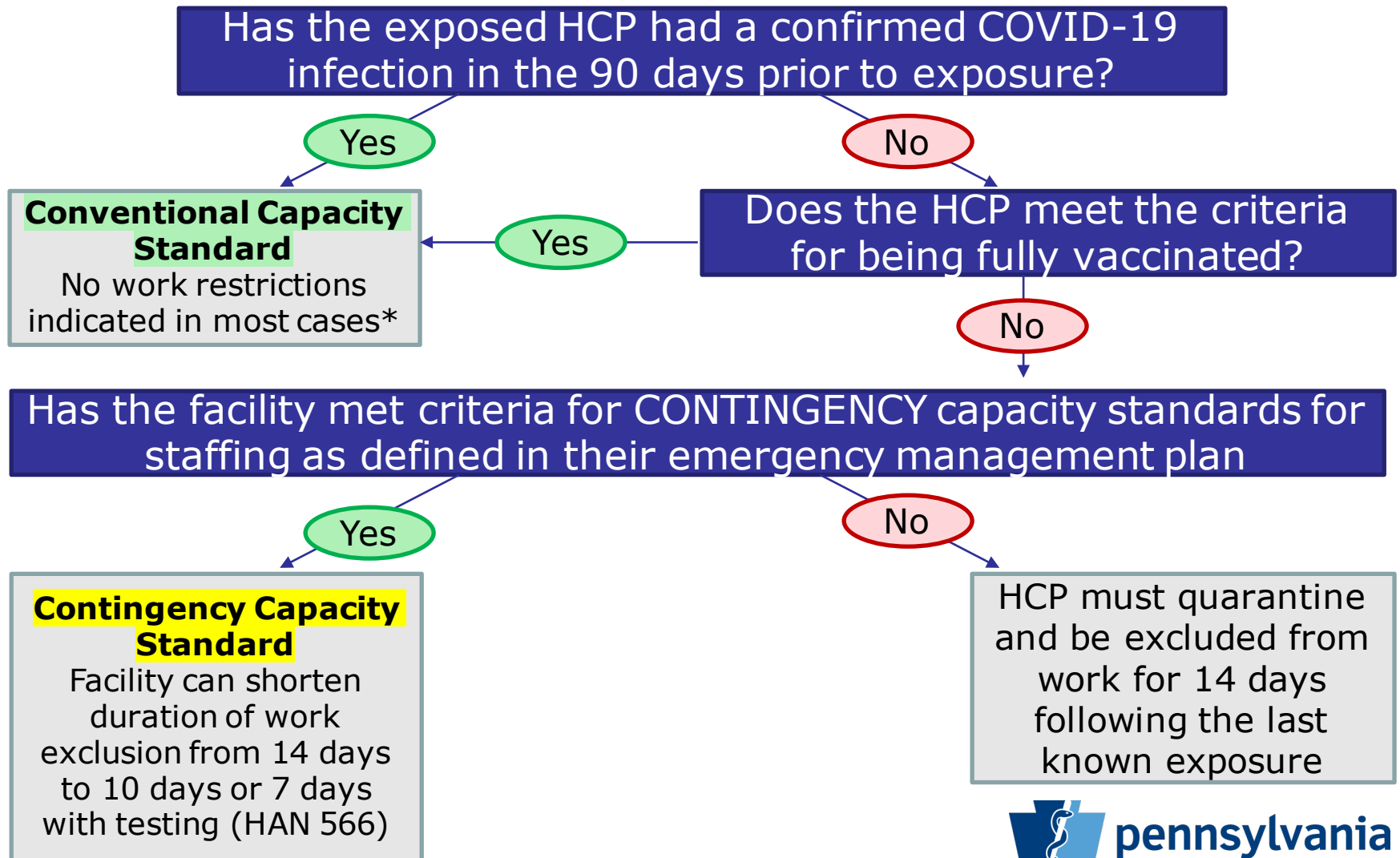
# Summary



# Summary



# Summary





# Summary Cont.

Has the facility met criteria for CONTINGENCY capacity standards for staffing as defined in their emergency management plan

Yes

No

## **Contingency Capacity Standard**

Facility can shorten duration of work exclusion from 14 days to 10 days or 7 days with testing (HAN 566)

HCP must quarantine and be excluded from work for 14 days following the last known exposure

Continue

Has the facility also met criteria for CRISIS capacity for staffing as defined by their emergency management plan?

# Summary Cont.

Has the facility met criteria for CONTINGENCY capacity standards for staffing as defined in their emergency management plan

Yes

No

## **Contingency Capacity Standard**

Facility can shorten duration of work exclusion from 14 days to 10 days or 7 days with testing (HAN 566)

HCP must quarantine and be excluded from work for 14 days following the last known exposure

Continue

No

Has the facility also met criteria for CRISIS capacity for staffing as defined by their emergency management plan?

# Summary Cont.

Has the facility met criteria for CONTINGENCY capacity standards for staffing as defined in their emergency management plan

Yes

No

## **Contingency Capacity Standard**

Facility can shorten duration of work exclusion from 14 days to 10 days or 7 days with testing (HAN 566)

HCP must quarantine and be excluded from work for 14 days following the last known exposure

Continue

Has the facility also met criteria for CRISIS capacity for staffing as defined by their emergency management plan?

Yes

## **Crisis Capacity Standard**

Facility can return the HCP to work prior to meeting criteria in HAN 566 or forgo work exclusions entirely

# ▶ Healthcare Facilities Role

*The success of COVID-19 containment in the absence/reduction of community mitigation efforts (e.g. stay-at-home orders, closed schools) depends on contact tracing and quarantine efforts.*

# Questions

Submit general questions to  
[RA-DHHCC-OPS@pa.gov](mailto:RA-DHHCC-OPS@pa.gov).

For questions about individual or facility-specific exposures, consult your local health department contact or call 1-877-PA-HEALTH.