

Managing Healthcare Personnel in the context of COVID-19

This guidance provides an overview of healthcare personnel work restrictions related to COVID-19 as well as recommendations to mitigate staffing shortages related to COVID-19 exposures and illness. Staffing mitigation strategies are meant to be considered and implemented sequentially. Please work with your local health department, as needed, on implementing this guidance or to request additional resources and support.

Conventional COVID-19 Work Restrictions for HCP

Healthcare Personnel with Higher Risk Exposure to SARS-CoV-2

Asymptomatic HCP who are [up to date](#) on vaccination should not be restricted from work following a [higher risk exposure](#) to COVID-19, as long as they have a negative test on day one and between days 5-7 post-exposure. They should monitor for signs and symptoms for 14 days following the exposure.

HCP who are *not* [up to date](#) on vaccination or within 90 days of a previous SARS-CoV-2 infection, should quarantine following a [higher risk exposure](#). These individuals may return to work after seven days with a negative test result (within 48 hours of returning to work). Without testing, these HCP should be excluded from work for a full 10 days.

HCP who develop fever or symptoms consistent with COVID-19 should immediately contact their supervisor or established point of contact to arrange for medical evaluation and testing.

Healthcare Personnel with Confirmed COVID-19

HCP with [mild to moderate illness](#) or who were asymptomatic, who are not [severely immunocompromised](#), may return to work:

- After seven days with a negative antigen or NAAT test result obtained within 48 hours of returning to work (HCP should return after 10 days without testing or if they had a positive test result on days 6-7),
- At least 24 hours have passed since the last fever without the use of fever-reducing medications; AND
- Symptoms have improved

HCP with [severe to critical illness](#), or who are immunocompromised, may return to work when the following criteria are met:

- At least 10 days and up to 20 days have passed since symptoms first appeared,
- At least 24 hours have passed since fever without the use of fever-reducing medications, AND
- Symptoms have improved.

Note that individuals who are severely immunocompromised may produce replication-competent virus beyond 20 days. Consultation with infectious diseases specialists is recommended to ensure a safe return to work.

Contingency Capacity Strategies

When staffing shortages are anticipated, long-term care facilities should use multi-layered strategies to mitigate this problem, including:

- Adjusting staff schedules, hiring additional healthcare workers, and rotating healthcare workers to positions that support direct resident care activities
- Identify additional staffing resources such as staffing agencies
- Investigate emergency waivers or changes to licensure requirements for select categories of healthcare workers, such as students and retired healthcare workers
- Implement a temporary hold on new admissions until staffing is sufficient to safely accommodate additional residents
- If staffing shortages persist despite the above strategies, the length of quarantine or isolation may be reduced for HCP as described below

Healthcare Personnel with Higher Risk Exposure to SARS-CoV-2

Asymptomatic HCP who are [up to date](#) on vaccination needn't be restricted from work following a [higher risk exposure](#) to COVID-19, with or without a negative test. They should monitor for signs and symptoms for 14 days following the exposure.

Asymptomatic HCP with a [higher-risk exposure](#) to SARS-CoV-2 and are NOT up to date with all recommended COVID-19 vaccines may continue to work with negative tests before their shift on days 1, 2, 3, and 5-7.

- These HCP should be screened for signs and symptoms before each shift
- For 10 days following their exposure, HCP should wear an N95 respirator or a well-fitting mask at all times, even in employee-only areas. If they must remove their mask to eat or drink, then they should separate themselves from others
- As much as possible, HCP should physically distance themselves from others
- Any patients they interact with should wear a well-fitted face mask

Healthcare Personnel with Confirmed COVID-19

Regardless of vaccination status, HCP with mild to moderate or asymptomatic illness and who are well enough and willing to work may return to work when:

- At least 5 days have passed since symptom onset (day 0) or if asymptomatic, at least 5 days have passed since the date of the positive test (day 0), AND
- At least 24 hours have passed since last fever without using fever-reducing medications, AND
- Symptoms have improved

The following are advised through Day 14 of infection:

- Continuous self-monitoring and daily facility screening for signs or symptoms of COVID-19
- Use of a fit-tested N95 respirator for source control
- Reassignment or redesign of duties to minimize contact with residents
- Only interact with residents who are currently positive, have tested positive for SARS-CoV-2 infection within the last 90 days, or are up to date on vaccinations
- If additional resident care is necessary, avoid contact with immunocompromised patients.
- Minimize contact with other staff, including during breaks and meals. If possible, provide a separate area for breaks and to perform tasks such as charting

Crisis Capacity Strategies

Only when staffing shortages persist despite all other mitigation strategies should long-term care facilities use crisis capacity strategies. You must document all efforts to mitigate staffing shortages using conventional and contingency strategies prior to moving to crisis strategies.

Healthcare Personnel with Higher Risk Exposure to SARS-CoV-2

Asymptomatic HCP who are [up to date](#) on vaccination should not be restricted from work following a [higher risk exposure](#) to SARS-CoV-2, with or without a negative test, as long as they are asymptomatic. They should monitor for signs and symptoms for 14 days following the exposure.

Asymptomatic HCP with a [higher-risk exposure](#) to SARS-CoV-2 and are NOT up to date with all recommended COVID-19 vaccines may continue to work during the 10 days following the exposure without testing.

- HCP should still be screened for signs and symptoms before each shift
- For the 10 days following the exposure
 - They should wear an N95 mask or higher level respirator or a well-fitted mask at all times, even in employee-only areas
 - As much as possible, they should physically distance from others
 - Patients should wear a well-fitted mask while interacting with this HCP

Healthcare Personnel with Confirmed COVID-19

As a last resort, HCP with suspected or confirmed SARS-CoV-2 infection who are well enough and willing to work may resume work before meeting all return to work criteria. This strategy may only be utilized as a temporary, emergency measure while alternatives are actively sought. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with immunocompromised residents and not interact with staff unaffected by COVID-19 (e.g., use of dedicated entrances, donning and doffing areas, break rooms, bathrooms, and charting areas).

Long-term care facilities should prioritize duties for HCP with suspected or confirmed SARS-CoV-2 infection in the following order:

- Perform job duties where they do not interact with others, such as teleworking
- Provide direct care only for residents with confirmed SARS-CoV-2 infection, preferably in a cohort setting
- Provide direct care for residents with suspected COVID-19 infection
- As a last resort, allow asymptomatic HCP with confirmed COVID-19 infection to provide direct care for patients without suspected or confirmed COVID-19 infection

These HCP should adhere to the recommendations below:

- Until the HCP meets criteria to return to work, they should adhere to the following recommendations:
 - Wear an N95 respirator or a well-fitted mask at all times, even in employee-only areas
 - Physically distance from others
 - Residents should wear a well-fitted mask while interacting with this HCP

Following each of the above recommendations is critical to ensure the ongoing safety of long-term care facility residents and staff. Additional questions should be directed to local public health professionals or to HAI@utah.gov.

Definitions

Higher Risk Exposure: occurs when the healthcare worker had [prolonged close contact](#) with someone with confirmed COVID-19 and any of the following:

- HCP was not wearing a respirator (N95) or eye protection and the person with SARS-CoV-2 infection was also not wearing a face mask;
- HCP was not wearing all recommended personal protective equipment (gown, gloves, eye protection, respirator) while performing an aerosol generating procedure.

Mild to Moderate Illness: Individuals who have any of the various signs and symptoms of COVID-19 infection (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging. Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Prolonged Close Contact: A cumulative time period of 15 minutes or more in a 24-hour period within six feet of a person with confirmed COVID-19 infection or any unprotected direct contact with infectious secretions or excretions. Any duration should be considered prolonged if exposure occurred during an aerosol-generating procedure.

Severe to Critical Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%. Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely Immunocompromised: Individuals who suffer from conditions, such as chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunodeficiency and require actions such as lengthening the duration of healthcare personnel work restrictions.

Up to date on vaccination: means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

References

CDC. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.

CDC. Stay up to Date With Your Vaccines. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>.

CDC. Strategies to Mitigate Healthcare Personnel Staffing Shortages. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.

Recommendations of the Long-Term Care Facility Subcommittee of the Utah Governor's COVID-19 Community Task Force