Interim Guidance for Health Departments for Monitoring Healthcare Personnel Possibly Exposed to Coronavirus Disease 2019 (COVID-19)

Purpose

This document provides guidance for temperature and symptom monitoring by a public health official of healthcare personnel (HCP) who were possibly exposed to Coronavirus Disease 2019 (COVID-19), until 14 days after the last potential exposure (see *Interim Exposure Risk Categories for Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 (COVID-19)*). Currently this guidance is intended to apply to HCP with potential exposure in a healthcare setting to patients with confirmed COVID-19. However, HCP exposures may involve a person under investigation (PUI) who is awaiting testing.

Implementation of the 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 all HCP exposed to the PUI must be maintained and the HCP must 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 all monitoring and work restrictions described in this document must be followed.

For the purposes of this document, HCP refers to 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 document, HCP does not include clinical laboratory personnel. Definitions utilized in this guidance document are located in the Appendix.

Introduction

Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and restriction from

work was taken to quickly identify early symptoms and prevent transmission from potentially contagious HCP to patients, other HCP, and others visiting or working in a healthcare setting. Healthcare facilities must 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. However, in the event of community transmission, additional flexibility in implementing these guidelines may become necessary.

Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP must still report temperature and absence of symptoms each day prior to starting work. Facilities could have their exposed HCP wear a facemask while at work for the 14 days after the exposure event, if there is a sufficient supply of facemasks. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

When assigning risk, factors to consider include:

- the duration of exposure (e.g., longer exposure time likely increases exposure risk),
- clinical symptoms of the patient (e.g., coughing likely increases exposure risk),
- whether the patient was wearing a facemask (i.e., source control, which can efficiently block respiratory secretions from contaminating others and the environment),
- whether an aerosol generating procedure was performed, and
- the type of PPE used by HCP.

However, data on the risk of transmission of COVID-19 are currently incomplete and the precision of current risk assignment is limited. Any public health decisions that place restrictions on an individual's or group's movements or impose specific monitoring requirements must be based on an assessment of risk for the individual or group. Healthcare facilities, in consultation with public health authorities must use the concepts outlined in this guidance along with clinical judgement to assign risk and determine need for work restrictions.

Exposure Risk Assessment

The risk of exposure in a healthcare setting must be assessed and classified into one of four exposure categories for each person under monitoring (PUM): high risk, medium risk, low risk, and no identifiable risk. The distinction between high and

medium risk exposures in this document is somewhat artificial as they both place HCP at risk for developing infection; and the recommendations for active monitoring and work restrictions are the same for these exposures, although the activity restrictions are slightly different.

Community or travel-associated exposures: HCP with potential exposures to COVID-19 in community settings must have their exposure risk assessed according to Texas Department of State Health Services (DSHS) guidance. See the *Interim Guidance for Health Departments for Monitoring Persons Possibly Exposed to Coronavirus Disease 2019 (COVID-19) in Travel-Associated or Community Settings* and *Interim Exposure Risk Categories for Travelers, Flight Crews, and Contacts in Community or Household Settings for Coronavirus Disease 2019 (COVID-19)* for more information.

HCP must inform their facility's occupational health program that they have had a community or travel-associated exposure. HCP who have a community or travel-associated exposure must undergo monitoring as defined by that guidance. Those who fall into the high- or medium- risk category described there must be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

See the* DSHS Interim Exposure Risk Categories for Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 (COVID-19) *for exposure risk category information, such as definitions, type of monitoring, restrictions and actions.

Active Monitoring and Self-Monitoring with Delegated Supervision

Active monitoring is recommended for persons in the **high risk category** and the **medium risk category.** Self-monitoring with delegated supervision is recommended for individuals in the **low risk category**.

Active Monitoring

Active monitoring means that the Public Health Region (PHR) or Local Health Department (LHD) assumes responsibility for establishing regular communication with possibly exposed people to assess for the presence of fever or other symptoms of COVID-19. For HCP with high- or medium-risk exposures, it is recommended that this communication occurs at least once each day. Check-ins can be done through daily phone calls, or another mutually agreeable, HIPAA compliant method, with possible follow-up home visits as needed.

Persons under **active daily monitoring** must be contacted each day for 14 days following their last potential exposure. The goal is to monitor the health of the person and to take actions if the person develops symptoms or is lost to follow-up. Persons under active monitoring must measure their temperature twice daily (at least 6 hours apart) and monitor themselves for symptoms. They must report the results of their monitoring to the PHR/LHD at least once a day for their 14-day monitoring period. The PHR/LHD must report the results of contact monitoring to the DSHS Central Office each day of active monitoring.

Self-Monitoring with Delegated Supervision

Self-monitoring with delegated supervision means, for persons working in healthcare facilities, self-monitoring with oversight by the appropriate occupational health or infection prevention program in coordination with the PHR/LHD of jurisdiction for 14 days from their last potential exposure. The occupational health or infection prevention personnel for the employing organization must establish points of contact between the organization, the self-monitoring HCP, and the PHR/LHD with jurisdiction for the location where the HCP under self-monitoring will be during the self-monitoring period. This communication will result in agreement on a plan for medical evaluation of HCP who develop symptoms during the self-monitoring period. The plan must include instructions for notifying occupational health and the local public health department, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if symptoms occur.

The number of persons and information needed by the PHR/LHD for persons under **self-monitoring with delegated supervision** is obtained from the appropriate occupational health program or infection prevention personnel when communication is established between the PHR/LHD and the occupational group. These HCP must check their temperature twice daily and remain alert for symptoms consistent with COVID-19. They must ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work.

Implementation

On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication. On non-working days HCP must remain alert for symptoms consistent with COVID-19. HCP must not go to work if they are febrile or have symptoms of COVID-19.

Below is guidance for monitoring HCP; including clinical and non-clinical staff such as environmental services, dietary, administrative, and other auxiliary services.

Healthcare Personnel

HCP caring for patients who are confirmed or suspected COVID-19 cases will be actively monitored or perform self-monitoring with delegated supervision based on the determined exposure risk level.

Proper adherence to currently recommended infection control practices, including all recommended PPE, will 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, HCP must still perform self-monitoring with delegated supervision.

Below are procedures for monitoring of HCP based on risk assessment.

Procedures for Active Monitoring

DSHS Central Office will notify PHRs/LHDs of any HCP that have been reported by CDC. Also, PHRs/LHDs will notify DSHS Central Office of any HCP that have been reported to the PHRs/LHDs or has self-reported. If after initiating contact with the HCP you receive additional information indicating a different risk level, please notify DSHS Central Office as soon as possible. Also notify DSHS Central Office if any HCP, now referred to as a person under monitoring (PUM), plans to travel and thus monitoring needs to transfer to another Texas jurisdiction or another state. Please send updates to EAIDBMonitoring@dshs.texas.gov, and include your Public Health Region, if applicable.

1. The PHR/LHD must confirm that the PUM received the *Interim DSHS Guidance for Persons Being Monitored for Potential Exposure to COVID-19*, which includes a **14-day fever and symptom log**.
    - Initial training is helpful to explain the monitoring process to ensure the PUM understands the required follow-up and to establish rapport.
2. Every day, the PUM will take their temperature in the morning and evening (at least 6 hours apart) and record their temperature and the presence or absence of all symptoms on the **14-day fever and symptom log**.
    - The PUM must record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen) and provide the reason why they are taking the

medication. Temperature readings must be taken **before** the PUM's next dose of any such medication.

3. The PUM must report daily to public health officials by phone, or another mutually agreeable, HIPAA compliant method, to confirm symptoms have been monitored and the individual remains asymptomatic.
4. The PHR/LHD must report the results of monitoring to DSHS Central Office using the COVID-19 daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your Public Health Region, if applicable, by 10 am each day of monitoring. The daily monitoring log includes summary information of all PUM symptom checks for the previous days monitoring (AM and PM checks) for individuals that are actively monitored. The daily monitoring log also includes the total number of PUMs performing self-monitoring with delegated supervision and self-observation in your jurisdiction, if applicable.
5. If the PUM has a fever, is feverish, or reports at least one of the other symptoms, they must immediately notify the PHR/LHD. If the PUM has a medical emergency, the first call must be to 911 and the second call must be to the PHR/LHD.
6. If a PUM has not taken their temperature or recorded the presence or absence of symptoms for two consecutive days, additional efforts must be made to increase adherence to the monitoring protocol, such as in-person visits.
7. At the end of the monitoring period, the completed 14-day monitoring log is sent to DSHS Central Office at EAIDBMonitoring@dshs.texas.gov and your Public Health Region, if applicable, by 10 am the day after monitoring is completed.

Procedures for Self-Monitoring with Delegated Supervision

The occupational health or infection prevention program for the employing healthcare organization establishes points of contact between the organization, the HCP under self-monitoring, and the PHR/LHD with jurisdiction for the location where the HCP under self-monitoring will be during the self-monitoring period. PHRs/LHDs will notify DSHS Central Office of any HCP under self-monitoring with delegated supervision when notified by an occupational health or infection prevention program.

DSHS Central Office will notify PHRs/LHDs of any HCP under self-monitoring with delegated supervision when notified by an occupational health or infection prevention program.

1. When the PHR/LHD is contacted by occupational health or infection prevention personnel for the employing healthcare organization, communication results in agreement on a plan for medical evaluation of HCP

under self-monitoring who develop symptoms during the self-monitoring period. The plan includes instructions for notifying occupational health or infection prevention personnel and the local public health department, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if symptoms occur.

2. The PHR/LHD confirms that the HCP under self-monitoring received the *Interim DSHS Guidance for Persons Being Monitored for Potential Exposure to COVID-19*, which includes a **14-day fever and symptom log** or has received similar information from the occupational health or infection prevention personnel.
    - Initial training is helpful to explain the monitoring process to ensure that the HCP under self-monitoring understands the required follow-up and to establish rapport.

3. These HCP checks their temperature twice daily and remain alert for symptoms consistent with COVID-19. They must ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. The HCP under self-monitoring records their temperature and the presence or absence of all symptoms on the **14-day fever and symptom log**.

    - The HCP under self-monitoring must record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen) and provide the reason why the medication was taken. Temperature readings must be taken **before** the next dose of any such medication.

4. If the HCP under self-monitoring has a fever (measured or subjective), or reports at least one of the other symptoms, they must immediately notify the PHR/LHD per the plan established between the PHR/LHD and the occupational health program or infection prevention personnel. If the HCP under self-monitoring has a medical emergency, the first call must be to 911 and the second call must be to the PHR/LHD.
5. The PHR/LHD reports the total number of persons performing self-monitoring with delegated supervision to DSHS Central Office using the COVID-19 daily monitoring log to EAIDBMonitoring@dshs.texas.gov and your Public Health Region, if applicable, by 10 am each day of monitoring. The daily monitoring log includes the total number of persons that performed self-monitoring for the previous day. The daily monitoring log also includes the summary

information of all PUM monitoring symptom checks that are actively monitored and self-observation in your jurisdiction, if applicable.

If at any point during the monitoring period, a person under active monitoring or self-monitoring with delegated supervision develops any of the symptoms listed on the fever and symptom log, the PHR/LHD must be contacted immediately, and then it must be reported up through usual reporting channels to DSHS Central Office. If the PHR/LHD decide the person must undergo a medical evaluation for COVID-19, the person must be isolated, the appropriate healthcare facility must be notified, and arrangements must be made for safe transport to the facility for evaluation.

Appendix

Definitions Used in this Guidance

Symptoms compatible with COVID-19, for the purpose of these recommendations, include subjective or measured fever, cough, or difficulty breathing. The Texas Department of State Health Services (DSHS) is also directing individuals to monitor for muscle aches, fatigue, sore throat, headache, runny nose, chills, abdominal pain/discomfort, nausea, vomiting, or diarrhea.

Self-observation means people must remain alert for symptoms. If they develop symptoms during the self-observation period, they must take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring means that individuals will monitor themselves for fever twice a day: once in the morning and once in the evening at least 6 hours apart and remain alert for signs and symptoms consistent with COVID-19. If persons under monitoring develop symptoms during the monitoring period, they must self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

Self-monitoring with delegated supervision means, for certain occupational groups (e.g., some healthcare or laboratory personnel, airline crew members), self-monitoring with oversight by the appropriate occupational health or infection control program in coordination with the health department of jurisdiction. The occupational health or infection control personnel for the employing organization must establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments with jurisdiction for the location where personnel will be during the self-monitoring period. This communication must result in agreement on a plan for medical evaluation of personnel who develop fever, cough, or difficulty breathing during the self-monitoring period. The plan must include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a pre-designated hospital, if medically necessary, with advance notice if fever, cough, or difficulty breathing occur. The supervising organization must remain in contact with personnel through the self-monitoring period to oversee self-monitoring activities.

Self-monitoring with public health supervision means public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people. The ability of jurisdictions to initiate or provide continued oversight will

depend on other competing priorities (e.g., contact tracing, implementation of community mitigation strategies). Depending on local priorities, CDC recommends that health departments consider establishing initial communication with these people, provide a plan for self-monitoring and clear instructions for notifying the health department before the person seeks health care if they develop fever, cough, or difficulty breathing. As resources allow, health authorities may also check in intermittently with these people over the course of the self-monitoring period. If travelers for whom public health supervision is recommended are identified at a US port of entry, CDC will notify state and territorial health departments with jurisdiction for the travelers' final destinations.

Active monitoring means that the Public Health Region (PHR) or Local Health Department (LHD) assumes responsibility for establishing regular communication with possibly exposed persons, including checking daily to assess for the presence of symptoms and fever. Check-ins can be done through daily phone calls, or another mutually agreeable, HIPAA compliant method, with possible follow-up home visits as needed.

Close contact is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Public health orders are legally enforceable directives issued under the authority of a relevant federal, state, or local entity that, when applied to a person or group, may place restrictions on the activities undertaken by that person or group, potentially including movement restrictions or a requirement for monitoring by a public health authority, for the purposes of protecting the public's health. Federal, state, or local public health orders may be issued to enforce isolation, quarantine or conditional release. The list of quarantinable communicable diseases for which federal public health orders are authorized is defined by Executive Order and includes "severe acute respiratory syndromes." COVID-19 meets the definition for "severe acute respiratory syndromes" as set forth in Executive Order 13295, as amended by Executive Order 13375 and 13674, and, therefore, is a federally quarantinable communicable disease.

Isolation means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially*

infectious from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been *exposed to a communicable disease but not yet symptomatic*, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Conditional release defines a set of legally enforceable conditions under which a person may be released from more stringent public health movement restrictions, such as quarantine in a secure facility. These conditions may include public health supervision through in-person visits by a health official or designee, telephone, or any electronic or internet-based means of communication as determined by the CDC Director or state or local health authority. A conditional release order may also place limits on travel or require restriction of a person's movement outside their home.

Controlled travel involves exclusion from long-distance commercial conveyances (e.g., aircraft, ship, train, bus). For people subject to active monitoring, any long-distance travel must be coordinated with public health authorities to ensure uninterrupted monitoring. Air travel is not allowed by commercial flight but may occur via approved noncommercial air transport. CDC may use public health orders or federal public health travel restrictions to enforce controlled travel. CDC also has the authority to issue travel permits to define the conditions of interstate travel within the United States for people under certain public health orders or if other conditions are met.