

Assessment and triage of staff exposed to SARS-Cov-2 (COVID-19)

We have created the following policy to help our team members who could be or have been exposed to COVID-19.

Assessment and Triage of Staff Exposed to SARS-CoV-2 (COVID-19)

UofL Health seeks to develop a framework to help managers and employee health assess, triage and answer questions from staff who has been exposed to SARS-CoV-2, the virus that causes COVID-19.

Exposure Designations: Low, Medium and High Risk

The CDC's Level of Exposure Guidance: CDC guidance for health care setting web page defines risk exposures.

Direct or Indirect Contact/Low Risk: Employees are seeking guidance on what to do if they may have had indirect contact with COVID-19. Perhaps they have visited a school, medical facility or other locations in which suspected or positive COVID-19 cases have been found. Similar questions arise when an employee family's member may have been exposed to COVID-19 but are asymptomatic.

Asymptomatic After Indirect Contact: For cases in which an employee has had indirect contact and is asymptomatic, they should continue to report to work while self-monitoring. If symptoms develop, they should follow their unit's sick time off procedure and contact Employee Health.

Asymptomatic After Direct Contact: For cases in which an employee has had direct contact and is asymptomatic, they should continue to report to work while self-monitoring once per day. Employee Health will help conduct this symptom surveillance. If symptoms develop, they should follow their unit's sick time off procedure and contact Employee Health.

Experiencing Symptoms: For cases in which an employee has had indirect contact and experiencing symptoms, should follow their unit's sick time off procedure, and contact Employee Health.

Direct Contact/Medium Risk: CDC guidance for health care setting webpage defines close contact for health care exposures as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for 15 minutes or longer or b) having

unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

UofL Health employees who have close contact with a suspected or confirmed case of COVID-19 while not wearing indicated PPE should report the situation to Employee Health. If the exposed employee is asymptomatic, he or she should return to work and will be asked to complete a symptom survey twice per day. If symptoms develop within 14 days, employees should go home and call Employee Health regarding possible COVID-19 testing.

Direct Contact/High Risk: CDC level of exposure for high risk include a) performing aerosolizing procedures without proper PPE (Intubation, nasotracheal suctioning) or b) performing other invasive procedures without PPE (bronchoscopy, colonoscopy, etc.). In cases where this occurs, Employee Health will contact the employee and the Department of Public Health to ascertain whether isolation/quarantine is required.

Symptomatic HCP with suspected or confirmed COVID-19:

Symptom-based strategy for determining when HCP can return to work.

HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared AND
- At least 24 hours have passed since last fever without the use of fever-reducing medications AND
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised:

- At least 20 days have passed since symptoms first appeared AND
- At least 24 hours have passed since last fever without the use of fever-reducing medications AND
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.

Quick Guide

If you are experiencing symptoms consistent with an acute respiratory infection (such as fever, new cough or new shortness of breath) or symptoms of gastrointestinal disease (nausea, emesis, diarrhea), please inform your manager, go home. Call Employee Health who can assist with getting you swabbed for COVID at Campus Health.

If you are concerned that you may have secondary exposure to COVID-19, you should report to work while self-monitoring.

Frequently Asked Questions

I'm sick with an acute respiratory infection. What should I do?

- You should remain at home. You cannot work while ill with a respiratory illness.
- If you need medical care, you should contact your primary physician. If urgent care is needed, please call the urgent care clinic or emergency department before coming in.
- Call your manager to let them know.
- Contact employee health who can set you up for COVID-19 testing at Campus Health Monday - Friday.

I tested negative for COVID-19. When can I return to work?

You may return to work when you are asymptomatic for 24 hours. This applies even if you tested positive for influenza or RSV.

I tested positive for COVID-19. When can I return to work?

A minimum of 10 days have passed since the date you were swabbed and you have not developed a fever within the past 24 hours or the start of any symptoms. If immunocompromised, a minimum of 20 days have passed since symptoms first appeared and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications and improvement in symptoms.

I have traveled out of the state. Will I be quarantined?

Health care workers will not be quarantined if they travel. However, you must call Employee Health when you return.