

Frequently Asked Questions: <u>Healthcare Personnel and COVID-19</u>

Healthcare Personnel and COVID-19

Healthcare personnel (HCP) may be at risk for contracting COVID-19 infection both in the community and in the healthcare facilities where they work. Below are some frequently asked questions that many HCPs may have as they care for patients who have or are suspected of having COVID-19.

I cared for someone with confirmed COVID-19, what should I do?

If you cared for someone with COVID-19 alert your supervisor to determine if you may have had a high-risk exposure to the person you cared for and what your next step should be. You should monitor yourself for symptoms (see below). If you do not have symptoms the next steps to take will depend on the type of contact you had and what personal protective equipment (PPE) was used. You may not need further action, you may be asked to self-isolate, or you may be asked wear a mask while working. You should work with your supervisor and occupational health group to determine the best action to take.

What if I have symptoms of COVID-19?

The most common symptoms of COVID-19 are fever, cough and shortness of breath. Other symptoms may include a runny nose, sore throat, gastrointestinal upset or generally feeling unwell. If you have these symptoms you should immediately self-isolate if not already in isolation and not go in to work or have any contact with patients or co-workers per the policy and guidance with your employer. Consult with your employer or healthcare facility to determine work restriction and contact your healthcare provider and/or employer (occupational health) to determine the need and availability for testing. If COVID-19 testing is not indicated or you test positive for another respiratory virus, discuss with your employer when you should return to work.

If someone in my family tested positive for COVID-19, what should I do?

If you are identified as a **close contact** to someone with COVID-19, you may have been told this by your healthcare provider, your employer, your local health department or the person themselves. In general, **close contact means being within 6 feet of a person for longer than 10 minutes**. Contact your supervisor or employer. Remain on home isolation until you receive additional guidance from your employer on when to return to work and what precautions to take. See "Frequently Asked Questions for Contacts to Persons with Confirmed COVID-19" for additional information about isolation and testing. If you have <u>not</u> been a close contact to someone with COVID-19 and <u>do not have symptoms</u>, then you are likely to be at lower risk for infection and can continue to go to work per the policy and guidance of your employer.

March 20, 2020 1

What if I'm a close contact or had a high-risk exposure to someone with COVID-19 but I'm not sick and I don't have symptoms?

You should monitor your health for fever, cough and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19. You may be asked to stay home or work with a mask during this period. This will depend on the policies and staffing needs of your employer.

For Healthcare Personnel Who Test Positive for COVID-19:

If I test positive for COVID-19, when can I return to work?

If you test positive for COVID-19 and are not hospitalized or are discharged before all symptoms have resolved, you should discuss with your employer when to return to work. In general, healthcare personnel may stop home isolation 7 days after you first developed symptoms AND 72 hours (3 days) after your fever has ended without the use of fever-reducing medications and your symptoms have significantly improved (whichever period is longer). Additionally, you may be asked to wear a mask at work until symptoms have completely resolved or until 14 days after illness onset, whichever is longer. You may also be restricted from caring for severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset. In certain crisis situations the above recommendations may be relaxed, but any earlier return to work should be done only in consultation with your employer and occupational health. See additional guidance here: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

What if I'm concerned that I may have exposed a patient?

Healthcare personnel are more likely to expose a patient while they are symptomatic and in close contact with a patient. This includes any activity in close proximity to a patient or in an enclosed space with a patient for longer than a few minutes (i.e. physical exams, certain diagnostic procedures, discussions in close proximity). The risk is higher if neither the provider nor the patient were using appropriate PPE during these interactions. If you think your patients may have been exposed to COVID-19, alert your supervisor and infection control practitioner (if applicable). The facility should take the steps necessary to assess the risk to patients and provide patient notification where indicated. If you are in private practice, then you must take the steps necessary to identify the risk to your patients and notify them as appropriate. Please see the New Jersey Department of Health risk assessment guidance for the community here: https://www.nj.gov/health/cd/documents/topics/NCOV/Guidance for Monitoring and Move ment NJDOH mar 10 2020.108112.pdf

What if I tested negative, but still feel sick?

If you test negative for COVID-19 but still have symptoms, it is likely you may have another respiratory virus. You should continue to follow similar guidance to isolate yourself from others, practice good hand hygiene and clean and disinfect surfaces in the home. You should not return to work until 72 hours after your fever has ended without the use of fever-reducing medications and your other symptoms have improved.

March 20, 2020 2