Post-Acute and Long Term Care

Staff returning safely to work during COVID-19

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Today's Speakers

Abby Luck Parish
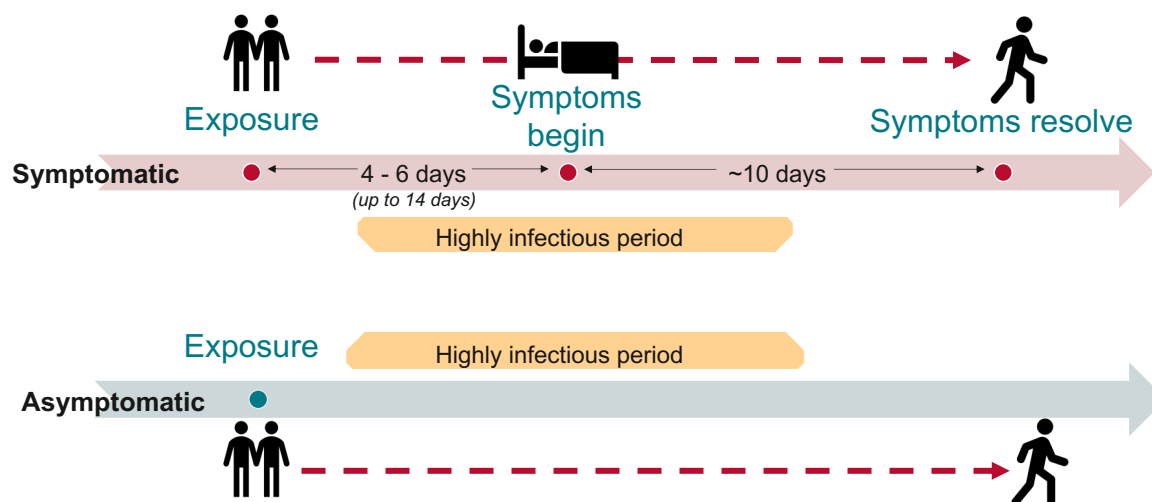
Associate Professor

Vanderbilt University

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Objectives

- By the end of the session, the participant will identify:
  - Potential check list to use when evaluating readiness of affected staff member's return to work.
  - One method to improve staff disclosure of COVID-19 exposure & symptoms.
  - At least one way to reduce potential of staff shortages.

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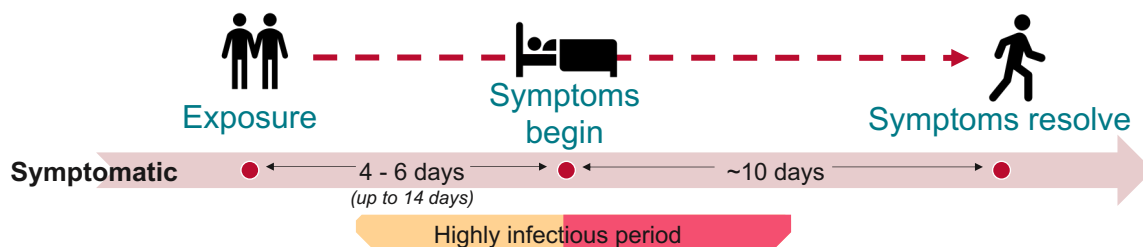# Natural history of COVID-19 infection

Exposure

Symptoms begin

Symptoms resolve

Symptomatic ● ← 4 - 6 days → ● ← ~10 days → ●
(up to 14 days)

Highly infectious period

Exposure

Highly infectious period

Asymptomatic ●

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Quarantine vs. Isolation

Quarantine:
Healthy person with
exposure stays home

Isolation:
Confirmed case stays home
(symptomatic OR asymptomatic)

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What we know: *Symptoms? Isolate at home*

Exposure

Symptoms
begin

Symptoms resolve

Symptomatic

4 - 6 days
(up to 14 days)

~10 days

Highly infectious period

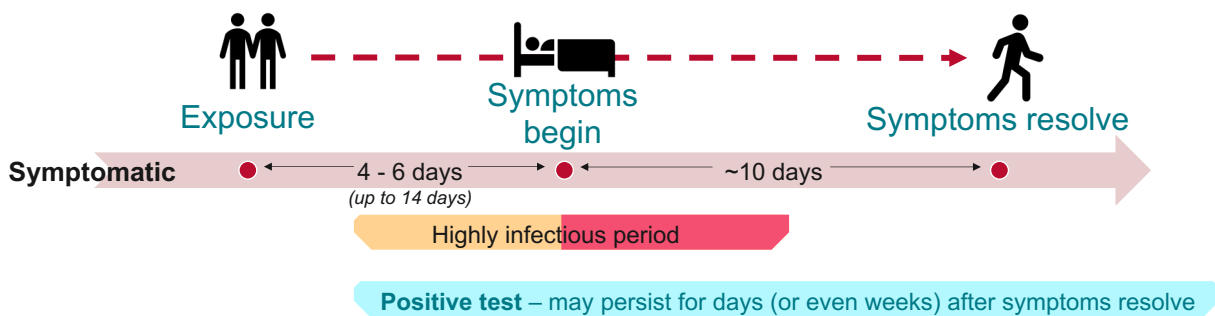AHRQ ECHO National Nursing
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Return to work after symptomatic infection

- Checklist for staff with mild to moderate illness on **day 10 of symptoms**:
  - ✓ 24 hours since last fever without the use of fever-reducing medications
  - ✓ Symptoms improved

- If yes to both on day 10, CDC says ok to return to work.

- Wear face mask (instead of cloth face covering) until symptoms resolve.

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Re-testing people with symptoms

Exposure

Symptoms begin

Symptoms resolve

Symptomatic   ← 4 - 6 days →   ← ~10 days →
(up to 14 days)

Highly infectious period

Positive test – may persist for days (or even weeks) after symptoms resolve

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Return to work after symptomatic infection

- Checklist for staff with severe to critical illness OR staff who are immunocompromised on **day 10 - 20 of symptoms**:
  - ✓24 hours since last fever without the use of fever-reducing medications
  - ✓Symptoms improved

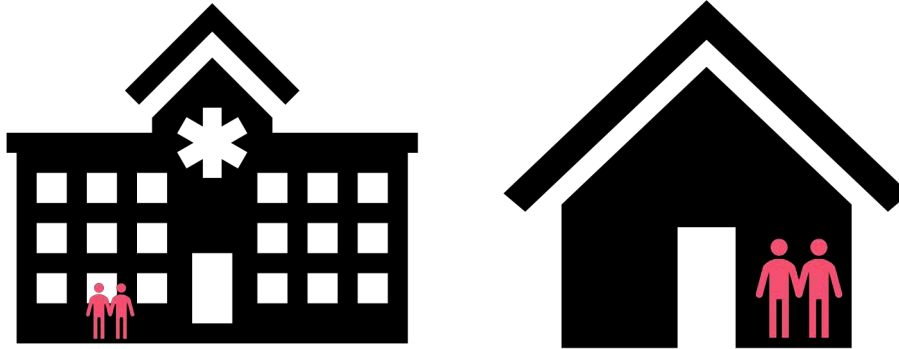- CDC suggests consulting with infection control for these cases when in doubt.

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Return to work after asymptomatic infection

- At least 10 days have passed since the date of their first positive viral diagnostic test.

  OR

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens).

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Return to work after exposure

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Exposure: In facility to confirmed case

Exposure	PPE gap	Work Restrictions
Staff member had prolonged close contact with a patient, visitor, or other staff member with confirmed COVID-19	1. Staff not wearing a respirator or facemask 2. Staff not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask 3. Staff not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure	Exclude from work for 14 days after last exposure Advise staff member to monitor themselves for fever or symptoms consistent with COVID Staff should contact facility if they develop symptoms
Staff member had any other exposure		No work restrictions Continue routine symptom monitoring and routine testing

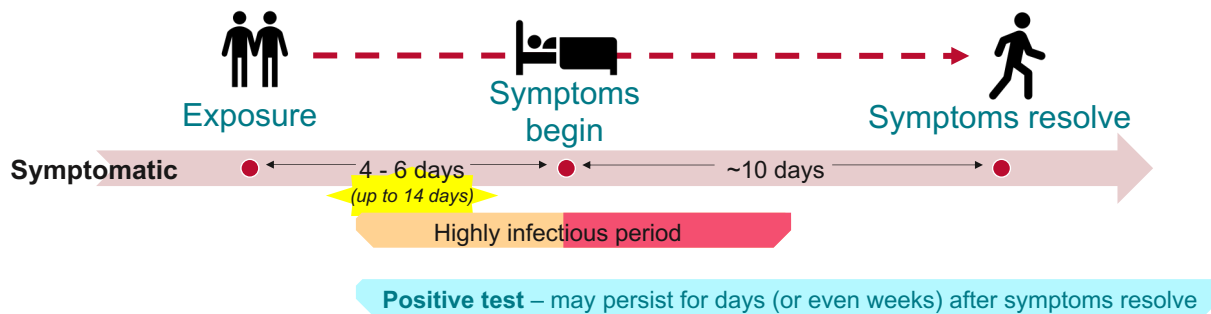https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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Exposure: At home to confirmed case

- Quarantine for 14 days.

- If symptoms arise, transition to return-to-work guidelines for symptomatic cases.

Testing post-exposure

Exposure

Symptoms begin

Symptoms resolve

Symptomatic

4 - 6 days
(up to 14 days)

~10 days

Highly infectious period

Positive test – may persist for days (or even weeks) after symptoms resolve

What else can we do to protect residents?

U.S. Air Force Airman 1st Class Jayna Barros, left, 99th Medical Group laboratory technician, wraps bandage around patient at Nellis Air Force Base, Nevada, June 17, 2020. https://www.whs.mil/News/News-Display/Article/2243477/an-afms-look-back-at-june-2020/

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Adapt and post policies re: symptoms

"Anyone with COVID-type symptoms will be doing the best thing for themselves, their coworkers, and their patients by staying home."

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Adapt non-punitive sick leave policies

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Create a culture of mutual support and transparency

Gorges RJ, Konetzka RT. Staffing Levels and COVID-19 Cases and Outbreaks in US Nursing Homes. Journal of the American Geriatrics Society. 2020 Aug 8. https://onlinelibrary.wiley.com/doi/full/10.1111/jgs.16787

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Reducing staffing shortages

- Taken from CDC (https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)

- Adaptations to return-to-work policies in response to escalating staffing crises may be undertaken after other measures have failed, and patients and families should be notified of these policy adjustments as they are made:
  - Staff with exposure may work until test results return, as long as they are asymptomatic
  - Staff with suspected or confirmed cases may work doing tasks that do not interact with other staff or patients (e.g., telehealth).
  - Staff with confirmed and asymptomatic infection may care for cohorted patients who are also infected.
  - Last resort: Staff with confirmed infections who are asymptomatic may care for patients who are uninfected

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Thank you!

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