Staff Returning to Work Safely during COVID-19

Cohort 8 Session 8

January 22, 2021

11:00 AM

Please note, Project ECHO collects registration, participation, questions/answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives.

AHRQ ECHO National Nursing Home COVID-19 Action Network

UNM HEALTH SCIENCES | Project ECHO

AHRQ Agency for Healthcare Research and Quality

Institute for Healthcare Improvement | Massachusetts Senior Care Association

Hebrew SeniorLife | Harvard Medical School Affiliate

Today's Agenda

Checking in

Staff Returning to Work Safely during COVID-19

Discussion

Performance Improvement Discussion

Wrap-up and Poll

Questions & Answers

Checking In

What are you doing to care for yourself at this point in time?

Occupational Health COVID-19 Guidelines

Alexis Kirk

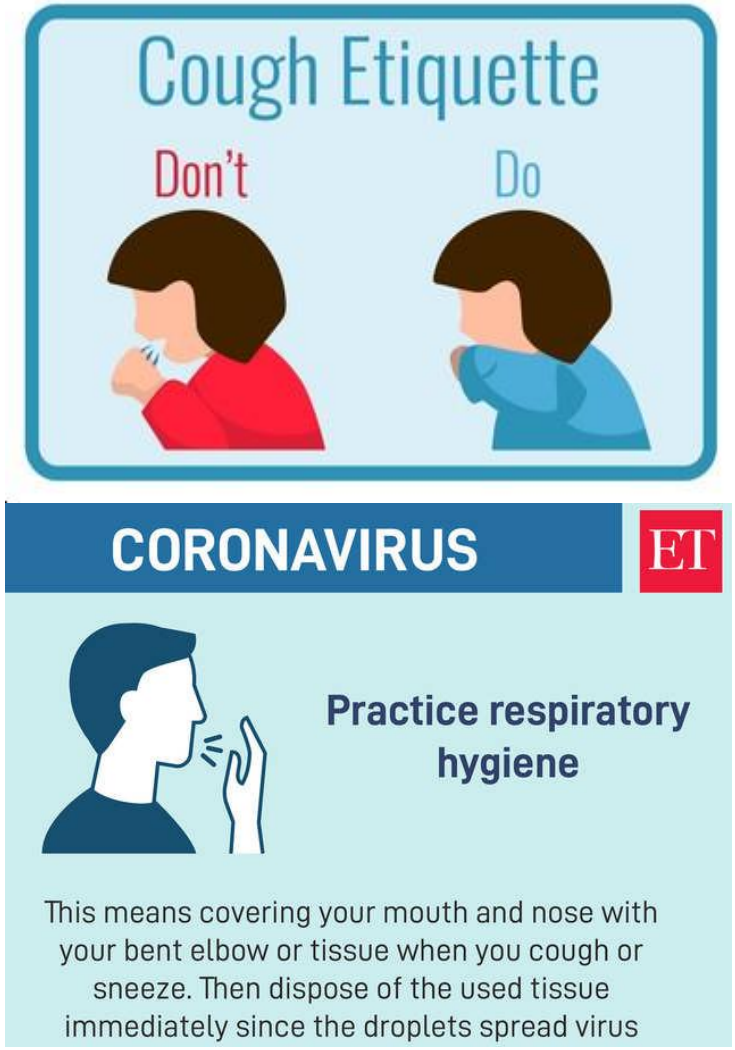
Occupational Health Clinic Coordinator and Data Specialist at Hebrew SeniorLife

Return to Work Criteria for Health Care Providers: *Confirmed or Suspected COVID-19 Infection*

- Excluded from work until:
  - At least 72 hours (3 days) have passed ***since recovery***
    - Recovery defined as: *resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath)*
  - At least 10 days have passed since symptoms first appeared **OR** at least 10 days have passed since date of positive swab if employee is asymptomatic
    - Return on day 11 if positive person remains asymptomatic

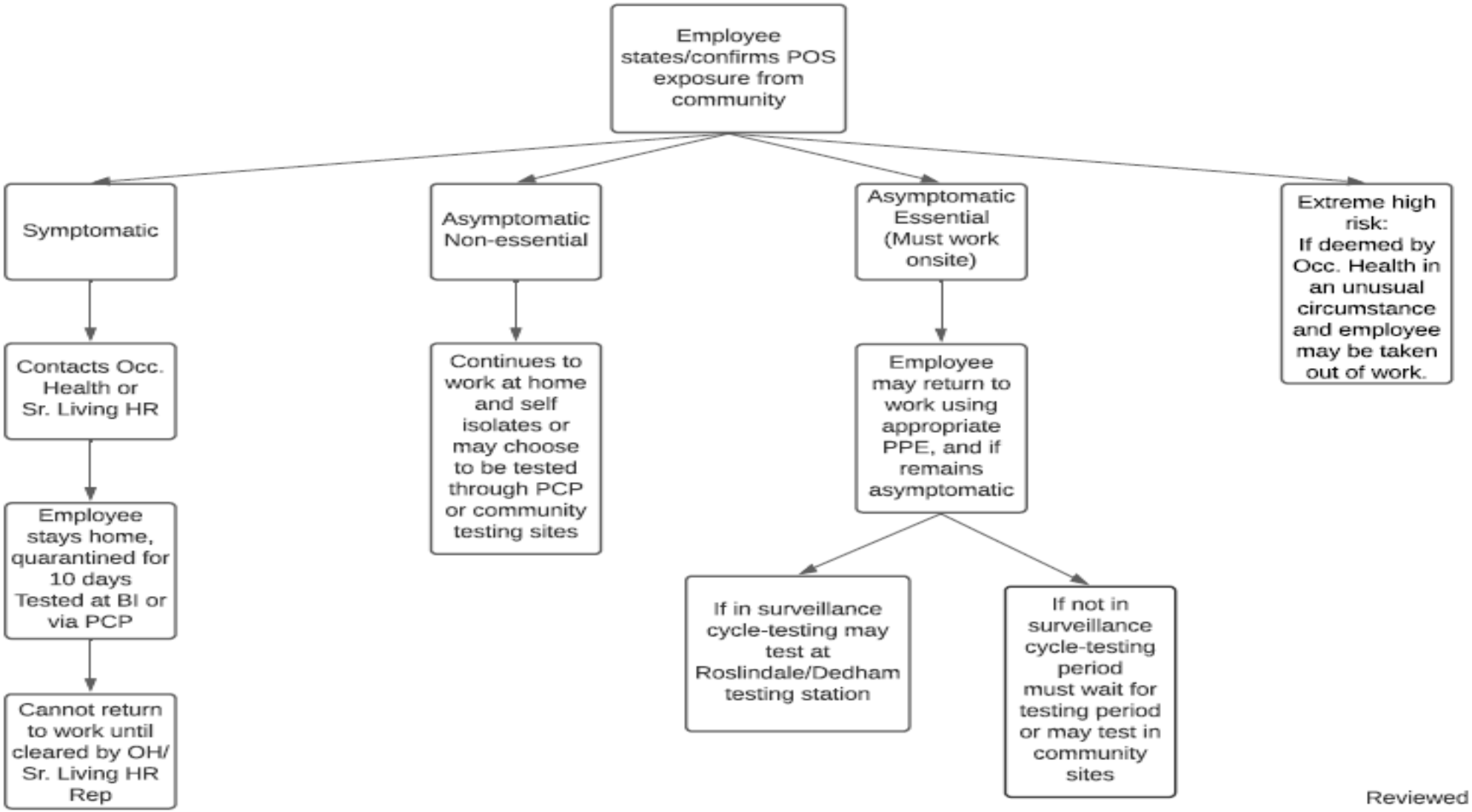
Return to Work Practices and Work Restrictions

- After returning to work, employees should:
  - Adhere to hand hygiene, respiratory hygiene, and cough etiquette as outlined in the CDC's interim infection control guidance
    - Cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles, etc.



Hebrew SeniorLife | HARVARD MEDICAL SCHOOL AFFILIATE

Community Exposure Algorithm



Reviewed 12/8/2020

Travel Testing, Contact Tracing, and New Hires

- **Travel Testing**
  - Massachusetts Governor Charlie Baker has mandated quarantining or testing post-travel
  - Occupational health will do swabs for employees who travel
    - Employees must complete **TWO** swabs – First swab must be completed within 3 days of returning to Massachusetts per state mandate. The second swab must be completed within 5-7 days to ensure negative status.

- **Contact Tracing**
  - Employees should be tested if a household member or someone they've had close contact with became positive with COVID-19
  - Occupational Health works with employees and management to determine any potentially exposed employees. Exposed employees are swabbed on day 5-7 post exposure and all resulting positives are removed from work and placed on quarantine.
  - If an employee is considered essential they do not need to be taken out of work; it is preferred that employees work fully remote if they can. The decision is made with the manager.

- **New Hires**
  - In conjunction with Human Resources, new employees should be tested for COVID-19 as close as possible to their start date
  - If they are swabbed on day one of the start date they should have absolutely ZERO patient contact until results are returned (e.g., at orientation, classes) and remain masked and socially distanced

For reference: Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

MA DPH Return to Work Guidance Considerations

MA DPH does not use testing as criteria for return to work for HCP that are COVID positive with symptoms or COVID positive without symptoms

MA DPH guidance does not delineate between mild/moderate illness and severe to critical illness or immunocompromised staff or HCP who are **severely immunocompromised** but who were **asymptomatic** – recommend follow CDC guidance *and consult with provider, as appropriate*

MA DPH Guidance does not differentiate between an exposure to a confirmed case in the facility related to inappropriate PPE use.

- HCP may work following an occupational, household or community exposure under certain circumstances and only if not experiencing symptoms and have not tested positive for COVID-19

  - Household or Community Exposure: should have **PCR test** and have a negative result before returning to work.

  - Travel: should not be allowed to work during quarantine related to travel. Under these circumstances, employees should be required to meet the requirements set forth in the travel order.

Employers, after consultation with Contact Tracing Collaborative (CTC), Local Public Health or DPH, may consider allowing exposed but asymptomatic critical infrastructure workers to continue to work in select instances when it is necessary to preserve the essential functions of critical infrastructure. This option should be used as a last resort and only in limited circumstances. In such instances:

• provided the HCP remain asymptomatic and have not tested positive.
HCP must always wear a facemask or cloth face covering when at the worksite.
• Additional risk mitigation precautions should be implemented prior to and during the work shift.

https://www.mass.gov/doc/return-to-work-guidance/download

MA DPH Return to Work Guidance – December 7, 2020

Options for Shortened Strict Quarantine Period

Healthcare facilities including long-term care facilities, may have additional risks. Quarantine periods for patients, residents or staff in healthcare facilities should adhere to healthcare-specific guidance and any reductions only be instituted after careful consideration of risks. **These shortened quarantine periods do not apply to LTC residents and new admissions.**

OPTIONS	CRITERIA	ACTIVE MONITORING	RESIDUAL RISK
7 days of strict quarantine	Release on Day 8 after last exposure IF: • A test (either PCR or antigen) taken on Day 5 or later is negative; AND • The individual has not experienced any symptoms up to that point; AND • The individual conducts active monitoring through Day 14	Individual must actively monitor symptoms and take temperature once daily. IF even mild symptoms develop or the individual has a temperature of 100.0 F, they must immediately self-isolate, contact the public health authority overseeing their quarantine and get tested.	Approximately 5% residual risk of disease development
10 days of strict quarantine	Release on Day 11 after last exposure IF: • The individual has not experienced any symptoms up to that point; AND • The individual conducts active monitoring through Day 14. • No test is necessary under this option		Approximately 1% residual risk of disease development
14 days of strict quarantine	Release on Day 15 after last exposure IF: • The individual has experienced ANY symptoms during the quarantine period EVEN if they have a negative COVID-19 test; OR • The individual indicates they are unwilling or unable to conduct active monitoring.	No additional active monitoring required	Maximal risk reduction

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

Key Take-Aways

- According to the CDC, up to 35% of people with COVID-19 are asymptomatic.
- One of the primary ways that COVID-19 is transmitted or spread in nursing homes is through infected staff.
- Education of all nursing home team members (not just clinical staff) and visitors about how COVID-19 may be spread is essential to reduce the risk of contagious individuals returning to work or entering the nursing home.
- Frequent communication on return-to-work policies and procedures for staff who have tested positive for COVID-19 or have experienced signs or symptoms is an important component of each nursing home's IPCP/COVID-19 plan.
- Having leaders visible on the units and supporting staff training on proper return to work protocols promotes accountability for identifying and managing risks related to COVID-19.

Case Study

Pamela, a certified nursing assistant (CNA) contracted a moderate to severe case of COVID-19 and was hospitalized for three days. Upon returning home, she remained weak and short of breath for a few more weeks. She gradually returned to her previous level of function, walking 1-2 miles a day. She also slowly regained her appetite and her energy level. She is anxious to return to work.

- Under what conditions may Pamela return to work (does she need to have two documented negative COVID-19 test results, or may she return to work based on resolution of all symptoms and 14 or 20 days of isolation)?
- May Pamela work with any/all residents, or must she work with COVID-19 positive residents (work on the COVID unit)? If so, for how long?
- Does Pamela need to wear full PPE based on her previous (recent) COVID-19 positive status, or does her use of PPE depend on the status of the residents in her care, using the same protocols as other staff members?

Work Guidance Post Vaccination

Post Vaccination	Recommendation for SARS-CoV-2 NAAT (i.e. PCR) Testing	Work Restrictions
Local site reaction only	No	No restrictions
Mild allergic symptoms such as rash (not hives) or itching	No	No restrictions
Hives or more severe allergic reaction	No	No restrictions
<3 days post-vaccination with one or more of the following: • Mild symptoms <101˚F • Mild headache • Mild fatigue and sense of tiredness • Mild myalgias (muscle aches) • Mild arthralgias (join point)	Yes	Able to work while wearing appropriate PPE while PCR test is pending
< 3 days post-vaccination, with any of the following: • Fever ≥ 101˚F *or* • Severe headache *or* • Severe fatigue characterized by sense of exhaustion leading to curtailment of daily activities or • Severe myalgias (muscle aches) or • Severe arthralgias (joint pains) or • Any other symptoms consistent with COVID-19	Yes	Restricted from working onsite pending COVID-19 test results and suggest follow up with health care provider
≥ 3 days post-vaccination, any symptoms consistent with COVID-19	Yes	Restricted from onsite work pending COVID-19 test results and 24 hours post-symptom resolutions

Other Testing

- Surveillance
- Symptomatic Employees

Taking it to the Next Level

Integrate return to work protocols into overall infection prevention and management plan	Are return to work protocols for staff members, including non-essential workers or contractors/vendors detailed in the Infection Prevention and Control Program (IPCP)? Are there written communication materials to inform everyone about required screening protocols and staff safe return to work policies?
Documenting and Reporting Number of Staff COVID Cases	Is there a process in place for documenting and reporting staff COVID positive cases (de-identified to protect staff privacy)? Are numbers of cases compiled and reported to leadership, as well as to required NHSN and/or state agencies?
Follow-Up Plan (monitoring over time)	Is there a COVID-19 Team or Task Force that reviews numbers of cases, actions taken, documentation on a regular basis? Are updates/changes to processes and systems made in a timely manner and shared with relevant stakeholders?
Improvement Concepts	Is the IP or designee in regular communication with local (e.g., municipal or board of health) officials to learn about any updates to community transmission/case rates? Does the IP ask staff members (particularly direct care workers) and visitors for feedback on what would improve the safe return to work processes?

Check in on Staff Hesitancy and Improvements for Round 2 Clinics

Presenter Name

AHRQ ECHO National Nursing Home COVID-19 Action Network

Agency for Healthcare Research and Quality

Institute for Healthcare Improvement

Training Hub Logo

Breakout rooms

- We will break into 5 groups for 10 minutes
- One person offer to take notes and report back
- Address both questions
- You will automatically return to this room

Questions for breakout discussion:

- What improvements will you make to your processes for the second round of vaccines?

- What changes will you make to your strategy to address staff hesitancy?

What to expect next…

Next Session: **January 29, 2021**

Topics:

- Session 9: Effective Leadership & Communication

Send in your facility's best practices/challenges by Tuesday, January 26th to Tabitha Fineberg at Tabithafineberg@hsl.harvard.edu

Wrap Up and Poll

- Please watch your screen and respond to our 2 poll questions as they launch

Questions?