COVID-19 Health Alert # 2:

Recommendations for Active Symptom Monitoring for Employees in Health Care Settings where Community Transmission of COVID-19 is Occurring

Bureau of Communicable Diseases, March 20, 2020

- DHS recommends that all health care providers, including inpatient, outpatient, and residential care facilities, actively monitor staff for symptoms consistent with COVID-19.
- Employers should ensure that staff involved in patient care are systematically evaluated for symptoms of respiratory infection, including temperature monitoring and query for specific symptoms before every shift.
- Providers who develop fever or respiratory symptom MUST be excluded from work for at least 7 days. If testing for COVID-19 is performed and is negative, staff may return to work after they have been afebrile for 72 hours.
- Health care providers who have been exposed to COVID-19 but are asymptomatic do not need to be excluded from work, but should self-monitor symptoms.

Community transmission of COVID-19 is increasing in Wisconsin.

As of 3/19/20, 155 cases of COVID-19 have been detected in 14 counties in Wisconsin, including a growing number of cases with no known exposure to confirmed cases or out of state travel. Health care workers have been diagnosed with COVID-19 in multiple areas of the state, raising concern for transmission within health facilities among staff and patients. To minimize the risk of nosocomial transmission of COVID-19 and to protect the health of the health care workforce, aggressive infection control efforts are necessary.

New research suggests that transmission of the virus that causes COVID-19 often occurs from individuals who have mild or no symptoms of the disease. Also concerning is that individuals' level of infectiousness may be high during the pre-symptomatic phase, or in the presence of mild symptoms such as sore throat and myalgia. This poses a challenge to rapid detection and isolation of cases in health care settings.

Health care workers must stay home when they are sick.

It is critically important at this time that all providers assume personal responsibility for reducing the spread of respiratory viruses by not reporting to work when ill, **including if they only have mild symptoms that would not normally cause them to miss work**. Employers should reinforce the message that during the current pandemic, the usual tendency for staff to "push-through" and come to work when mildly ill is not acceptable. To support staffing needs, employers should explore available resources for back-up coverage and discourage vacations during the

next 60 days. When possible, employers should re-evaluate existing sick leave policies to ensure they do not pose unnecessary burdens on essential staff who must miss work due to illness.

All health care organizations should develop and implement procedures for evaluating health care workers for symptoms of respiratory illness before every shift involving direct patient care.

The purpose of self-monitoring is to identify illness early and encourage self-isolation at home to reduce the potential of transmission to co-workers and patients. Monitoring should include temperature monitoring and query for symptoms of COVID-19 like illness which include any of the following:

- measured temperature >100.0F* (37.8C) or subjective fever
- new or worsening cough
- new or worsening shortness of breath
- sore throat
- myalgia

*CDC recommends fever cutoffs are different in its guidance for the healthcare workers. This is done to recognize illness early.

Monitoring may be performed by designated staff at the facility or by employees themselves with allowances for documentation of the symptoms screen to supervisors (e.g. via text, email or other methods). Staff should be evaluated before every shift. Staff who develop symptoms while at work should be instructed to don a face mask, notify their supervisor, and leave work for the day.

When may staff return to work if COVID-19 testing is not available?

According to DHS priorities for COVID-19 testing, health care workers who have a febrile "influenza-like illness" with lower respiratory symptoms should be tested for COVID-19. If the test is negative, then staff may return to work after the illness has resolved, according to usual best practices. Staff confirmed as having COVID-19 disease must be excluded from work for no fewer than 7 days since symptom onset, and 3 days since fever resolved. Staff with mild symptoms who are not tested for COVID-19 should remain home from work until their illness has resolved.

Expanded use of personal protective equipment to prevent asymptomatic transmission

Some health systems are considering enacting policies for more universal use of face masks to prevent respiratory droplet-based transmission in most or all patient care areas. While scientific evidence for the effectiveness of this strategy is lacking, CDC has advised that health care

facilities may consider requiring heath care workers to wear a surgical mask when in the facility as a community mitigation strategy when substantial community transmission is occurring. Given the limited availability of personal protective equipment, use of surgical masks by all staff is not likely to be feasible in all settings. This strategy may be focused in areas with highest disease burden, or limited to health care workers who have had known high-risk exposures or are involved in care of vulnerable patients (e.g., age ≥60, chronic lung disease (e.g., asthma, COPD), heart disease, diabetes or immunocompromised hosts). CDC has published specific guidelines for optimizing the supply of facemasks, which should inform decisions about expanded use of masks in routine care.

About the COVID-19 Health Alert Network

The HAN will be the primary method for sharing time-sensitive public health information with clinical partners during the COVID-19 response. Health care providers and other officials can subscribe and unsubscribe using their preferred email address at the DHS COVID-19 website.

For More Information

Please contact DHSResponse@dhs.wisconsin.gov with questions regarding this update. A team of DHS staff is monitoring the inbox. We will use the incoming questions to update our FAQs and guidance.