

# COVID-19 Recommendations for Health Care Workers

5/19/2021

**This guidance was updated on May 10, 2021, to include:**

- Fully vaccinated health care workers may be exempt from screening testing for SARS-CoV-2.
- Fully vaccinated health care workers should be tested for SARS-CoV-2 when symptomatic, after a higher-risk exposure, and when working in a facility experiencing an outbreak.
- Health care facilities can consider adaptation of policies and protocols to allow fully vaccinated health care workers to dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing, as long as no unvaccinated health care workers are present.

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## Testing of HCW for COVID-19

Health care workers (HCW) should not work while sick, even if presenting with mild signs or symptoms. HCW with fever and/or respiratory symptoms that are concerning for COVID-19 should be tested for SARS-CoV-2 as soon as possible. HCW who have had unprotected exposure to a person with confirmed COVID-19 but remain asymptomatic should be tested immediately and 5-7 days following the date of exposure at a minimum.

Specific routine staff testing is required or recommended by federal and/or state guidelines in skilled nursing or assisted living facilities. Please refer to the following guidance for detailed testing recommendations, which have been updated to discuss recommendations for vaccinated HCWs:

- [COVID-19 Testing Recommendations for Long-term Care Facilities \(www.health.state.mn.us/diseases/coronavirus/hcp/lctestrec.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/lctestrec.pdf)

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## HCW with exposure to COVID-19

MDH and health care organizations cooperate to identify, manage, and monitor HCW who have experienced a high-risk (unprotected) exposure to a patient, resident, co-worker, or household/social contact with confirmed COVID-19. Most HCW who have had a high-risk exposure are identified through occupational tracking of personal protective equipment (PPE) breaches and/or contact tracing and assessment of PPE worn while in contact with a COVID-19 positive patient, resident, or co-worker. HCW with high-risk exposures are also identified through MDH COVID-19 case interviews and self-report.

## Fully vaccinated HCW

Fully vaccinated HCW with high-risk exposures who remain asymptomatic do not need to quarantine from work or the community for the 14 days following their exposure. HCW are considered fully vaccinated two weeks after their final COVID-19 vaccine dose (two doses in a two-dose series or one dose in a one-dose series). Work restriction for 14 days should still be considered for:

- HCW who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact the level of protection provided by the COVID-19 vaccine. Data on which immunocompromising conditions might affect response to the COVID-19 vaccine, and the magnitude of risk, are not available.
- HCW in some situations where MDH has identified that the exposure might be associated with a SARS-CoV-2 variant of concern.

HCW who have had a high-risk exposure should be proactively tested post-exposure, immediately upon recognition of the exposure and between days 5-7 post-exposure. If signs or symptoms develop at any time in the 14 days following exposure, HCW should seek testing and isolate at home.

- Fully vaccinated asymptomatic HCW may be exempt from expanded screening testing in health care facilities (e.g., routine staff testing in long-term care facilities).
- Fully vaccinated HCW should have a SARS-CoV-2 test if symptomatic, after a higher-risk exposure, or when working in a facility experiencing an outbreak.

In rare situations, MDH might recommend quarantine of a fully vaccinated HCW after exposure to a variant of concern. CDC continues to evaluate the impact of vaccination and the emergence of novel SARS-CoV-2 variants on health care infection prevention and control recommendations.

- [CDC: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html)

## Unvaccinated HCW

These recommendations are relevant for unvaccinated HCW (all HCW who do not meet the fully vaccinated criteria above) who have had a high-risk workplace exposure to COVID-19 and for HCW with household, intimate, or close community contacts who have confirmed or suspected COVID-19.

- HCW should quarantine from work for 14 days following a high-risk exposure.
- HCW might consider temporarily moving into alternative accommodations, if available, to maintain distance from an ill household member and shorten the time needed to be excluded from work. The quarantine period does not begin until the last date of unprotected exposure to the positive household member. Given family and caregiver responsibilities, this will not be feasible for many HCW.

HCW who have had a high-risk exposure should be proactively tested post-exposure (e.g., immediately upon recognition of the exposure and again between days 5-7 post-exposure). If signs or symptoms develop at any time in the 14 days following exposure, the HCW should seek testing and isolate at home.

As a component of the contingency staffing plan, if a health care facility has exhausted all other staffing options and is experiencing a staffing shortage, asymptomatic HCW who have experienced a high-risk exposure but not tested positive for COVID-19 may be asked to return to work during the voluntary quarantine

period (see below). HCW who return to work in that time must wear a medical-grade facemask for source control at all times. Facilities may consider asking exposed HCW to return when a staffing shortage persists even despite systemic implementation other means of filling shifts (for example: bonuses, leadership assisting with direct patient care, 12-hour shifts vs. eight-hour shifts, hazard pay, reducing non-time sensitive procedures, etc.). HCW who have experienced a high-risk exposure are protected under Minn. Rule 144.4196, which provides worker protections to those asked by MDH to stay out of work because of exposure to, or infection with, an infectious disease. As such, these exposed HCW are in a position to choose whether to return to work during the recommended quarantine period.

Unvaccinated HCW should remain out of work for 14 days but may return to community activities based on the quarantine options outlined in the community quarantine guidance. Specifically, HCW must be asymptomatic (not ill), not have a positive SARS-CoV-2 test, and have a defined exposure with specific date of last exposure. Exposed HCW must continue to self-monitor for signs and symptoms of COVID-19 through day 14. If signs or symptoms develop at any time during the 14-day period, HCW should seek testing and isolate at home.

- [Quarantine Guidance for COVID-19 \(www.health.state.mn.us/diseases/coronavirus/quarguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/quarguide.pdf)

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## Travel recommendations for HCW

Travel increases your chances of getting and spreading SARS-CoV-2. CDC and MDH recommend that unvaccinated people do not travel at this time. Delay travel and stay home to protect yourself and others from COVID-19.

MDH recommends that **unvaccinated** (including those who are not fully vaccinated) HCWs and non-HCWs in Minnesota participating in domestic and international travel:

- Quarantine for 14 days after arrival in Minnesota, by limiting their interactions to their immediate household.
- Get tested for COVID-19 1–3 days prior to travel and 3–5 days post-travel, and practice careful preventive measures during travel.
- These recommendations do not apply to people who must cross state or country borders for work, study, medical care, or personal safety and security.

MDH recommends that **fully vaccinated** HCW who participate in non-essential travel do the following:

- Practice careful preventive measures during travel.
- Get tested for COVID-19 3–5 days post-travel.

Fully vaccinated HCW who remain asymptomatic do not need to quarantine from work or the community following international or domestic travel. Further guidance for pre- and post-travel testing and quarantine recommendations following travel can be found here:

- [CDC: Safer Travel Ideas \(www.cdc.gov/coronavirus/2019-ncov/travelers/travel-risk.html\)](https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-risk.html)
- [Protect Yourself & Others: Traveling \(www.health.state.mn.us/diseases/coronavirus/prevention.html#travel\)](http://www.health.state.mn.us/diseases/coronavirus/prevention.html#travel)

## Standards for bringing HCW back to work after experiencing a high-risk exposure

Health care facilities experiencing acute staffing shortage should have a systemic crisis staffing plan in place that systematically addresses all other options (for example, bonuses, leadership assisting with direct patient care, 12-hour shifts versus eight-hour shifts, hazard pay, reducing non-time sensitive procedures) to obtain staff prior to considering the return of HCW who are in quarantine after experiencing a high-risk exposure to a person with COVID-19, as long as these HCW are not experiencing symptoms and are not infectious (i.e., have not recently tested positive) with COVID-19. These HCW should be brought back to work using the following standards. **This information does not pertain to asymptomatic SARS-CoV-2-positive HCW, who should be excluded from the workplace until they meet return to work criteria for individuals with COVID-19.**

1. Worker protections are established in state isolation and quarantine statute, and HCW who have experienced a high-risk exposure cannot be forced to return to work during the quarantine period. If HCW choose not to return to work, Minnesota Statutes, section 144.4196 protects them from retaliation.
2. Different types of high-risk exposures carry different risks of testing positive for COVID-19. Therefore, facilities should ask exposed HCW to return to work in the following order. All HCW from one group should be asked to return prior to bringing back HCW from the next group. Facilities should also take into account specialty-specific or unit-specific needs when asking HCW with high-risk exposures to return.
  - a. Unvaccinated (or not fully vaccinated) HCW with occupational high-risk exposure to a patient, resident, or co-worker.
  - b. Unvaccinated (or not fully vaccinated) HCW with recent return from non-essential travel. If travel was by private car, consistent prevention measures were used, and HCW stayed only with household members, may bring back before HCW with known occupational exposure.
  - c. Unvaccinated (or not fully vaccinated) HCW with high-risk exposure to a social contact.
  - d. Unvaccinated (or not fully vaccinated) HCW with high-risk exposure to a household member; HCW with a household exposure should only return if able to isolate from the positive household member.
3. Exposed HCW who return during quarantine should take on a role that does not have direct patient care duties (e.g., telemedicine, phone triage), when feasible.
4. If it remains necessary for the HCW to provide direct patient care during the quarantine period, the HCW should:
  - a. Avoid seeing high-risk patients (e.g., older adults, immunocompromised people, and those with co-morbidities), if possible.
  - b. Practice diligent hand hygiene and wear a medical-grade facemask at all times.
  - c. Avoid sharing breakroom or lunchroom with co-workers.
  - d. Monitor themselves closely for any symptoms associated with COVID-19 (e.g., measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell), and measure body temperature daily before going to work.
  - e. Remain at home and notify their supervisor if they develop respiratory symptoms OR have a measured body temperature of greater than 100 degrees Fahrenheit.
  - f. If at work when fever or respiratory symptoms develop, immediately notify their supervisor and go home.

- g. Notify their supervisor of other symptoms (e.g., fever greater than 100 degrees Fahrenheit, nausea, vomiting, diarrhea, abdominal pain, runny nose, fatigue), as medical evaluation may be recommended.
5. HCW who have had a high-risk exposure and return to work during quarantine should be proactively tested post-exposure or post-travel (for example: testing immediately upon recognition of the exposure and again on days 5, 7, 10, and 12). Specific testing protocols are dependent on the health care facility testing capacity and turnaround time. At a minimum, MDH recommends that exposed HCW who work during the 14-day quarantine period be tested at approximately immediately upon recognition of the exposure and again between days 5–7 following the date of the high-risk exposure.
6. HCW should consider a mid-shift self-assessment for signs and symptoms of COVID-19 while working during quarantine.
7. Facilities should increase audits for PPE, hand hygiene, and activity in breakrooms and lunchrooms and limit the number of HCW in breakrooms to ensure social distancing. HCW working during a quarantine period should take breaks alone in the breakroom, if possible.
8. Facilities should establish a higher level of awareness for potential SARS-CoV-2 spread within the facility, following recommendations from MDH for assessment of clusters of individuals (patients, residents, health care workers) who have symptoms or have tested positive. Maintain a low threshold for investigating increases in staff calling in sick and for observing fatigue in using personal protective equipment in areas such as break rooms.

## Data to inform return to work for exposed HCW

Analysis of data from HCW exposure risk assessments and post-exposure monitoring has shown that not all high-risk exposures are equal. HCW who experience a high-risk exposure in the household or social setting are much more likely to test positive in the following 14 days. During October 2020, 15.5% of acute care HCW with high-risk exposures to positive household or social contacts tested positive during the 14 days following exposure. In contrast, only 1.6% of acute care HCW with high-risk exposures to a patient, and 3.6% of HCW exposed to a co-worker, tested positive in the next 14 days. Similar disparities between outcomes of occupational and non-occupational exposures exist for congregate care settings.

## Management of staffing shortages

Health care facilities may continue to experience staffing shortages despite recalling asymptomatic HCW who experienced a high-risk exposure but have not tested positive for COVID-19. Refer to the following guidance for additional staffing considerations.

- [Clarification of Staffing Options for Congregate Care Facilities Experiencing Staff Shortages \(www.health.state.mn.us/diseases/coronavirus/hcp/staffoptions.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/staffoptions.html)
- [Staffing Options for Acute Care Facilities With Staff Shortages \(www.health.state.mn.us/diseases/coronavirus/hcp/staffacuteecare.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/staffacuteecare.pdf)
- [Defining Crisis Staffing Shortage in Congregate Care Facilities: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html\)](http://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html)

## Guidance for ill HCW with confirmed or suspected COVID-19

As recommended above, any HCW who becomes ill with respiratory symptoms OR fever ( $\geq 100^{\circ}\text{F}$ ) should communicate with their supervisor and stay out of work. HCW with this clinical presentation are considered to have a suspected or confirmed (with laboratory testing) diagnosis of COVID-19. CDC has provided [Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html) ([www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)). A symptom-based strategy is recommended and includes:

- HCW with mild to moderate illness who are not severely immunocompromised:
  - At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); AND,
  - At least 10 days have passed since symptoms first appeared.
  - Practice of diligent hand hygiene and wearing a medical-grade facemask at all times until 14 days after illness onset.
- HCW with severe to critical illness or who are severely immunocompromised:
  - At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); AND,
  - At least 20 days have passed since symptoms first appeared.

A test-based strategy is not recommended to determine when to allow HCW to return to work but could be considered in specific situations to allow the HCW to return to work sooner than the symptom-based strategy.

Asymptomatic HCW with laboratory-confirmed COVID-19 should be excluded from work for 10 days following specimen collection. HCW who are severely immunocompromised but remain asymptomatic throughout their infection should be excluded from work for 20 days following specimen collection. If these individuals subsequently develop symptoms since their positive test, their return to work should be guided by the recommendations for confirmed COVID-19, above.

HCW who present to work or screen positive with cold or flu symptoms should leave work immediately and be tested for COVID-19 using RT-PCR. If the HCW does not get tested or tests **positive**, follow the COVID-19 work exclusion and isolation guidance outlined above. If **negative** and the HCW is still experiencing symptoms, the HCW should follow the guidance below:

- If persistent symptoms are consistent with an established chronic health condition, the HCW may return to work after consultation with their manager and occupational health department. Evaluation of acute symptoms by the HCW's health care provider might also be indicated.
- If persistent symptoms are not consistent with a known chronic health condition, the HCW should be evaluated by a health care provider.
  - If the health care provider provides an alternate diagnosis, criteria for return to work should be based on that diagnosis.
- If the health care provider does NOT provide an alternate diagnosis and the HCW does NOT have a known high-risk exposure to a person with confirmed COVID-19, the HCW should remain isolated and not return

to work until at least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath).

- If the health care provider does NOT provide an alternate diagnosis and the HCW does have a known high-risk exposure, the HCW should obtain a second SARS-CoV-2 RT-PCR test. The HCW should remain isolated until the test results are known. Minnesota continues to experience high levels of community transmission, and the potential consequences of working with COVID-19 are serious.
  - If positive, follow the COVID-19 work exclusion and isolation guidance outlined above.
  - If negative, the HCW can return to work following the test-based strategy if at least 24 hours have passed since resolution of fever and symptoms are improving.

HCW who experience symptoms following vaccination for SARS-CoV-2:

- Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. Facilities should refer to [CDC: Post Vaccination for Workplaces \(www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html\)](https://www.cdc.gov/coronavirus/2019-ncov/community/workplaces-businesses/vaccination-considerations-for-workplaces.html) for guidance on evaluation and work exclusion for HCW who experience symptoms following vaccination.

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## Guidance for recovered HCW who are exposed to COVID-19 positive patients

A HCW with past confirmed COVID-19 infection should return to work based on the symptom-based strategy recommended above. Within three months of COVID-19 symptoms starting or positive RT-PCR test for SARS-CoV-2, an asymptomatic HCW with a high-risk exposure to a confirmed COVID-19-positive person does not need to be quarantined or retested but should self-monitor for symptoms consistent with COVID-19. If symptoms develop, the exposed HCW should be assessed and potentially tested for SARS-CoV-2, if an alternate etiology is not identified. However, if the HCW has a high-risk exposure to a confirmed case three months or more after onset of their initial illness, the HCW should follow the quarantine and work exclusions outlined above.

MDH does not currently recommend using serological tests to determine whether a previously infected HCW can continue to work after experiencing a new exposure to a person with COVID-19. There are currently insufficient data regarding immunological response and protective immunity after COVID-19 infection. Because the interval between resolution of illness and development of any protective immunity is also unknown, viral carriage and transmission to others during this period cannot be ruled out.

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## Guidance for HCW communal activities within a health care setting

Unvaccinated and fully vaccinated HCW should continue to wear a medical-grade facemask and eye protection while at work for source control and maintain appropriate physical distancing while interacting with co-workers and follow the recommended transmission-based precautions while caring for patients or residents.

CDC has outlined considerations for health care facilities to allow HCW to gather without source control or physical distancing if all present are fully vaccinated. MDH does not have specific recommendations on this topic. Medical and legal leadership should develop health care facility-specific protocols and procedures, which

may or may not include the relaxation of source control and distancing outlined by CDC for fully vaccinated HCW.

- [CDC: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html)

CDC considerations for allowing HCW to gather without source control or physical distancing include:

- Fully vaccinated HCW can dine and socialize together in break rooms and conduct in-person meeting without source control or physical distancing as long as no unvaccinated HCW are present.
- If unvaccinated HCW are present, all HCW should wear source control, and unvaccinated HCW should physically distance.

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## Definitions

The following definitions are from [CDC: Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings \(www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html).

SARS-CoV-2 Illness Severity Criteria were adapted from the NIH COVID-19 Treatment Guidelines.

**Mild illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.

**Critical illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

**Severely immunocompromised:** For the purposes of this guidance, CDC used the following definition:

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.



## Resources

- [CDC: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination \(www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html)
- [CDC: Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 \(www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html)
- [CDC: Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\) \(www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
- [CDC: Duration of Isolation and Precautions for Adults with COVID-19 \(www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html)
- [CDC: Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States \(www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html\)](https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html)
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- [CDC: Strategies to Mitigate Healthcare Personnel Staffing Shortages \(www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html\)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)
- [CDC: If You Are Sick or Caring for Someone \(www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html\)](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)
- [Rapid IgM/IgG SARS-CoV-2 Tests \(www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/sarscov2test.pdf)
- [COVID-19 Testing Recommendations for Long-term Care Facilities \(www.health.state.mn.us/diseases/coronavirus/hcp/lctestrec.pdf\)](https://www.health.state.mn.us/diseases/coronavirus/hcp/lctestrec.pdf)



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