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PURPOSE

To standardize risk-based testing guidelines for RT PCR (Reverse Transcription Polymerase Chain Reaction) and IgG and IgM Rapid Testing.

LEVEL

All Employees, Consultants, Resident Doctors, and Clinical Trainees

DEFINITION OF TERMS¹


Active monitoring – healthcare facility or public health authority establishes a minimum of daily communication with exposed HCWs to assess for the presence of fever or symptoms consistent with COVID-19. Monitoring could involve in-person temperature and symptom checks or remote contact (e.g., telephone or electronic-based communication).

Self-monitoring – HCWs monitor themselves for fever by taking their temperature twice a day and remaining alert for respiratory and other symptoms that may be compatible with COVID-19. HCWs are provided a plan for whom to contact if they develop fever or even mild symptoms during the self-monitoring period to determine whether medical evaluation and testing is needed.

Healthcare worker – all paid and unpaid persons serving in Riverside Medical Center, Inc (RMCI) who have the potential for direct or indirect exposure to patients or their infectious secretions and materials (e.g., doctors, nurses, laboratory workers, facility or maintenance workers, clinical trainees, volunteers).

High risk exposure – the term refers to a health care worker with the following exposures:

- Close contact with a person with COVID-19 in the community; OR
- Providing direct patient care for a patient with COVID-19 (e.g., physical exam, nursing care, performing aerosol -generating procedures, specimen collection, radiologic testing) without using proper personal protective equipment (PPE) or not performing appropriate hand hygiene after these interactions; OR

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- Having contact with the infectious secretions from a patient with COVID-19 or contaminated patient care environment, without using proper personal protective equipment (PPE) or not performing appropriate hand hygiene

Low risk exposure – contact with a person with COVID-19 having not met criteria for high-risk exposure (e.g., brief interactions with COVID-19 patients in the hospital or in the community).

GENERAL CONSIDERATION

A. DOH RISK-BASED SUB-GROUP CATEGORY²

A.1 Sub-groups were taken from the Department of Health Guideline in order to avoid indiscriminate testing beyond close-contact with confirmed COVID-19 patient. The following reflects the sub-groups of at-risk individuals arranged in order of greatest to lowest need for testing:

Subgroup A: Healthcare workers with severe/Critical symptoms, relevant history of travel/contact


Subgroup B: Healthcare workers with mild symptoms, relevant history of travel/contact, and considered vulnerable

Subgroup C: Healthcare workers with mild symptoms, relevant history of travel/contact

Subgroup D: Healthcare workers with no symptoms but relevant history of travel/contact

A.2 Due to global shortage of testing kits and limitation in local capacity for testing, there is a need to rationalize available tests and prioritize subgroups A and B.

A.3 However, in view of the expansion of testing capacity and to ensure healthcare workforce safety, subgroup C will be tested.

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CENTERS FOR DISEASE CONTROL (CDC) INTERIM GUIDELINES

B. This guidance applies to HCP with potential exposure in a healthcare setting to patients, visitors, or other HCP with confirmed COVID-19. Exposures can also be from a person under investigation (PUI) who is awaiting testing. Work restrictions described in this guidance might be applied to HCP exposed to a PUI if test results for the PUI are not expected to return within 48 to 72 hours. Therefore, a record of HCP exposed to PUIs should be maintained. If test results will be delayed more than 72 hours or the patient is positive for COVID-19, then the work restrictions described in this document should be applied.³

Exposure	Personal Protective Equipment Used	Work Restrictions
HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19 ³	<ul style="list-style-type: none"> HCP not wearing a respirator or facemask HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure 	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure Advise HCP to monitor themselves for fever or <u>symptoms consistent with COVID-19</u> Any HCP who develop fever or <u>symptoms consistent with COVID-19</u> should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.




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HCP other than those with exposure risk described above	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> No work restrictions Follow all <u>recommended infection prevention and control practices</u>, including wearing a facemask for source control while at work, monitoring themselves for fever or <u>symptoms consistent with COVID-19</u> and not reporting to work when ill, and undergoing active screening for fever or <u>symptoms consistent with COVID-19</u> at the beginning of their shift. Any HCP who develop fever or <u>symptoms consistent with COVID-19</u> should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.
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B.1 Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, it is reasonable to consider an exposure of 15 minutes or more as prolonged. However, any duration should be considered prolonged if the exposure occurred during performance of an aerosol generating procedure.

B.2 Data are limited for the definition of close contact. For this guidance it is defined as: a) being within 6 feet of a person with confirmed COVID-19 or b) having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.


B.3 Determining the time period when the patient, visitor, or HCP with confirmed COVID-19 could have been infectious:

B.3.1 For individuals with confirmed COVID-19 who developed symptoms, consider the exposure window to be 2 days before symptom onset through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions

B.3.2 For individuals with confirmed COVID-19 who never developed symptoms, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.

B.3.2.a In general, individuals with COVID-19 should be considered potentially infectious beginning 2 days after their exposure until they meet criteria for discontinuing Transmission-Based Precautions.

B.3.2.b If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of 2 days prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions for contact tracing.

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B.4 While respirators confer a higher level of protection than facemasks and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into this risk assessment. Cloth face coverings are not considered PPE because their capability to protect HCP is unknown.

B.5 If staffing shortages occur, it might not be possible to exclude exposed HCP from work.

B.6 For the purpose of this guidance, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0oF (37.8oC) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).

WORLD HEALTH ORGANIZATION GUIDELINES⁴


C. The management of health workers exposed to COVID-19 virus will vary according to the Risk categorization of health workers exposed to COVID-19 virus.

C.1 Recommendations for health workers with high risk for infection:

- Stop all health care interaction with patients for a period of 14 days after the last day of exposure to a confirmed COVID-19 patient;
- Be tested for COVID-19 virus infection;
- Quarantine for 14 days in a designated setting.


C.2 Health care facilities should:

- Provide psychosocial support to HCW during quarantine, or duration of illness if HCW becomes a confirmed COVID-19 case;
- Provide compensation for the period of quarantine and for the duration of illness (if not on a monthly salary) or contract extension for duration of quarantine/illness;
- Refresher infection prevention and control training for the health care facility staff, including HCWs at high risk for infection once he/she returns to work at the end of the 14-day period.




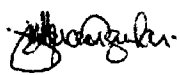




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C.3 Recommendations for health workers with low risk for COVID-19 infection:

- Self-monitor temperature and respiratory symptoms daily for 14 days after the last day of exposure to a COVID-19 patient. HCWs should be advised to call health care facility if he/she develop any symptoms suggestive of COVID-19;
- Reinforce contact and droplet precautions when caring for all patients with acute respiratory illness and standard precautions to take care of all patients;
- Reinforce airborne precautions for aerosol generating procedures on all suspect and confirmed COVID-19 patients.
- Reinforce the rational, correct and consistent use of personal protective equipment when exposed to confirmed COVID-19 patients;
- Apply WHO's "My 5 Moments for Hand Hygiene" before touching a patient, before any clean or aseptic procedure, after exposure to body fluid, after touching a patient, and after touching patient's surroundings;
- Practice respiratory etiquette at all times.




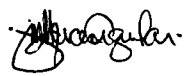



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Reviewed:	SUZETTE J. PIDO, RN Internal Quality Auditor-Patient Care		7/03/2020
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Recommending Approval:	MA. ANTONIA S. GENSOLI, MD, FPPS Medical Director		7-6-2020
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Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		07072020

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POLICY

1. It is expected that all Employees, Consultants, Resident Doctors, and Clinical Trainees with due diligence, shall keep themselves protected from being affected/infected/contaminated of any emerging and reemerging infectious diseases at all times, most especially when the disease spread is considered a public health concern.
2. Riverside Medical Center, Inc. (RMCI) adheres at all times to any and all statutes, regulations, interim guidelines, and advisories of the Department of Health (DOH) and other Inter-Agency Task Force on emerging infectious diseases. It follows therefore that all employees, consultants, resident doctors, and clinical trainees of RMCI shall do the same.
3. Health Care Workers (HCW) shall adhere to infection prevention and control measures while within the healthcare facilities such hand hygiene, wearing of medical face mask, social distancing, cough and sneeze etiquette and other infection prevention and control measures, Acts and Laws imposed by the Department of Health and other government lead agencies or task-force.
4. HCWs who had a high-risk exposure shall be restricted from work and remain quarantined in station 14 with active monitoring for COVID-19 symptoms for 14 days after the date of last exposure. If at any time the worker develops fever or symptoms, they should undergo medical evaluation as stipulated in ***DPOTMH-HRD-COMPEN-P025 (Revised 01)*** for RMCI employees or Infectious Disease Specialist for Resident Doctors, and if indicated, shall undergo COVID-19 testing.
Those who test negative should continue to be restricted from work, actively monitored, and may return to work at the end of the monitoring period if symptoms are resolved. Those HCWs who remain asymptomatic over the monitoring period may likewise return to work after 14 days.
5. HCWs who had a low-risk exposure and are considered essential staff may continue to work during the 14 days after their last exposure to a patient with COVID-19.
6. If the worker is scheduled for a shift, they should take their temperature and self-evaluate for symptoms before reporting to work.

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7. Any HCW who tests positive for COVID-19, either in the course of monitoring after an exposure or otherwise, shall be immediately restricted from work and public health (CESU) notified for further case management.
8. When overall testing capacity has been limited and must be rationed, Riverside Medical Center, Inc. shall prioritize symptomatic HCWs for testing over low-risk groups in the community (e.g., young healthy individuals).
9. **Riverside Medical Center, Inc. shall follow evidence-based or science-based strategies in deciding symptomatic returning to work HCW after suspected or confirmed COVID 19**

Symptom-based strategy. Exclude from work until:

- At least 3 days (72 hours) have passed *since recovery*, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*.


Test-based strategy. Exclude from work until:

- Resolution of fever without the use of fever-reducing medications, **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results from a WHO-recommended laboratory test for SARS-CoV-2 from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

For asymptomatic HCWs with confirmed COVID-19 who are returning to work:

Time-based strategy. Exclude from work until:

- 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used.

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Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Test-based strategy. Exclude from work until:

- Negative results from a WHO-recommended laboratory test for SARS-CoV-2 from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).
- Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

NEGLIGENCE OR NON-COMPLIANCE OR VIOLATION OF INFECTION PREVENTION AND CONTROL MEASURES

10. HCW who are found to be negligent or non-compliant to Infection Prevention and Control measures against COVID-19 or other emerging and reemerging infectious diseases shall co-pay with RMCI on the expenses during his/her hospitalization. The Human Resource Division shall determine whether the HCW is negligent or not.
11. If for financial and other reasons, the HCW opted not to be admitted in Station 14 or Station 10, the HCW shall be referred to the City Epidemiology and Surveillance Unit personnel (CESU), who in turn will determine whether or not the HCW's residence is fit or appropriate for home quarantine.
12. If the HCW residence is not appropriate for home quarantine, the DOH designated facilities for quarantine shall be used.
13. Riverside Medical Center, Inc. (RMCI) may provide assistance to the HCW during the 14 day quarantine period.

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RETURNING TO WORK HCW

14. All returning to work HCW shall secure return to work clearance as stated in *DPOTMH-HRD-COMPEN-P025 (Revised 01)* for *RMCI employees* or from the DEM Physicians and Infectious Disease Consultant on deck.
15. HCW shall wear a medical face mask for source control at all times while in the health care facility until all symptoms are completely resolved or at baseline. After returning to work, HCW's should continue to adhere to hand hygiene, respiratory hygiene, and cough etiquette at all times, and continue to self-monitor for symptoms, seeking medical evaluation if fever or respiratory symptoms worsen or recur.
16. Riverside Medical Center, Inc. (RMCI) guidelines were based on the current scientific and evidence-based studies and data available. The interim guidelines stipulated on this policy shall be updated when new scientific studies and evidences are made available.

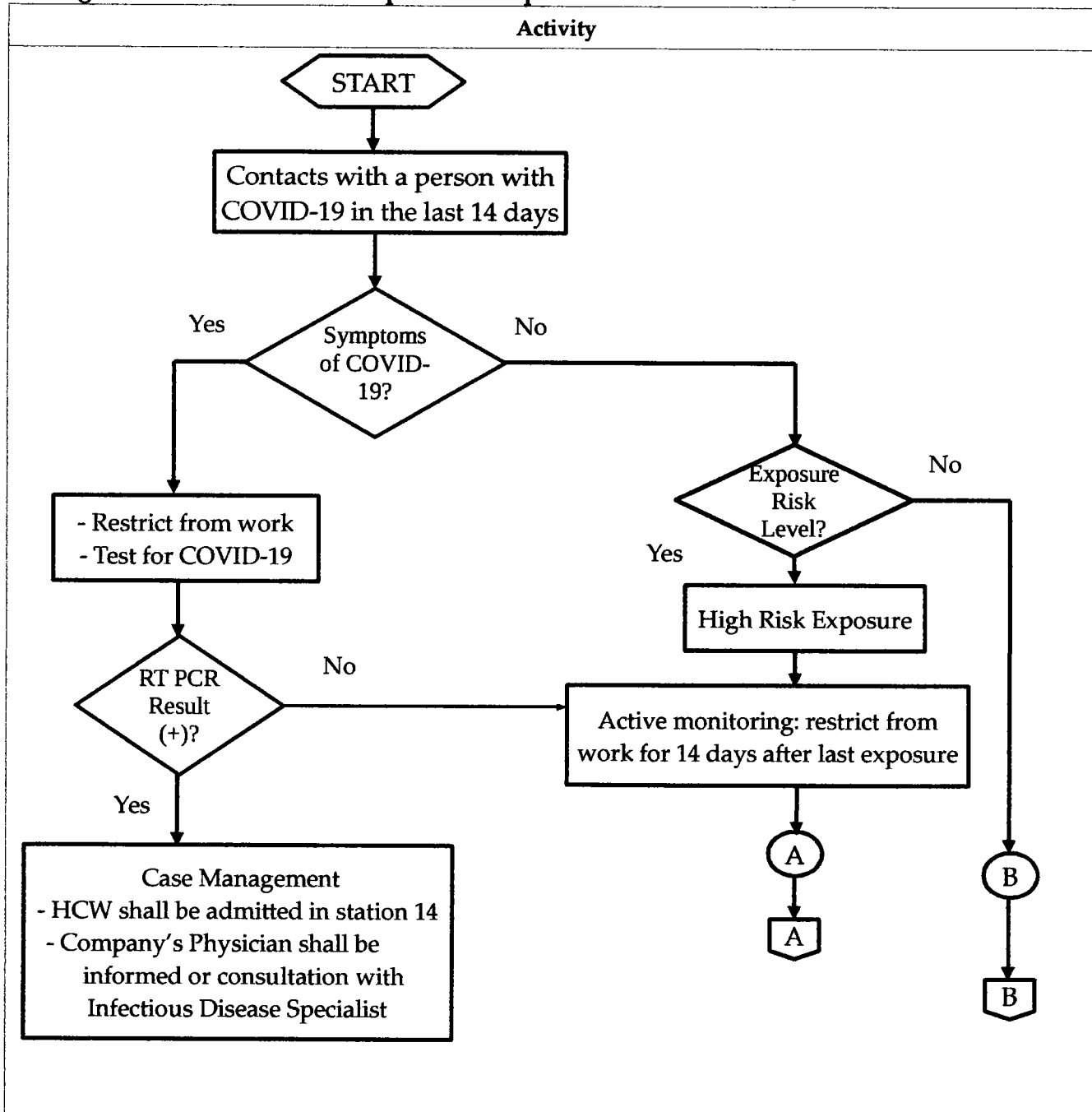


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Management of HCW's with exposure to a person with COVID-19

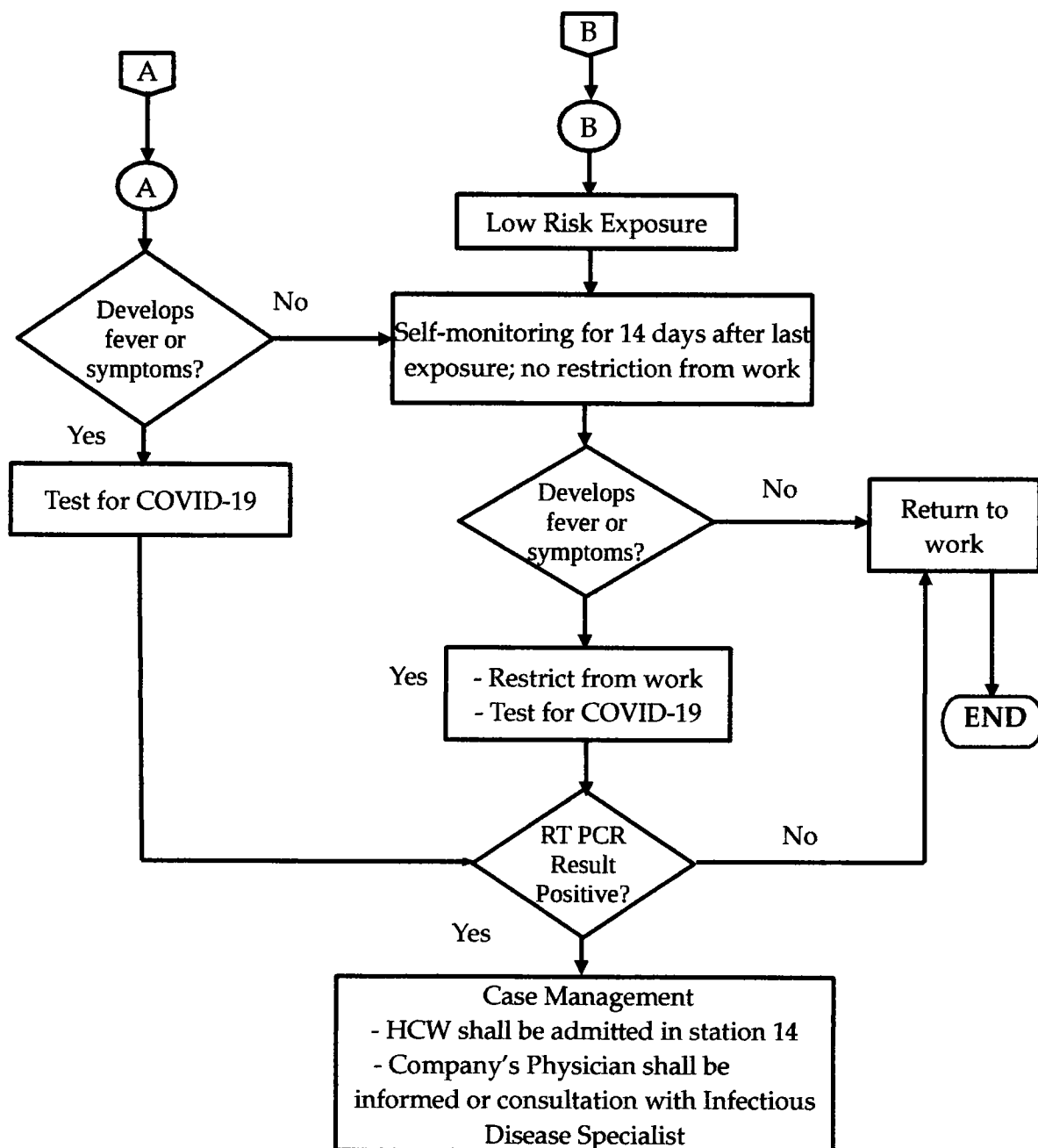





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DOCUMENTATION

1. Sick Leave Form
2. Medical Certificate
3. Clearance Slip

DISSEMINATION

Communicator Bulletin Board

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