

<b>FOR IMMEDIATE RELEASE 3/26/2020</b>	<b>FOR INFORMATION CONTACT</b>
TO: Grant County healthcare providers, infection control staff, supervisory nursing staff, clinic management, urgent cares, and school nurses. Grant County Emergency Management	Theresa Adkinson, Administrator <a href="mailto:tadkinson@granthealth.org">tadkinson@granthealth.org</a> 509-766-7960 ext. 24

## COVID-19 Provider Update

### **Update on Healthcare Worker (HCW) symptom screening; HCW quarantine, isolation and return to work; optimizing PPEs; COVID-19 hospitalization update**

Cases of COVID-19 are continuing to increase statewide. There is now a community spread in most communities of Grant County. As of this date thirty-three (33) cases have been confirmed in our county with several linked and probable cases under investigation. Please continue working on preparing your staff and facilities for additional COVID-19 patient volume, including coordinating with healthcare partners in our county and beyond. Additional new clarification is provided below.

#### **HCW Symptom Screening and Testing**

**GCHD wants to reinforce the recommendation that all healthcare facilities continue regular twice daily symptom checks for all staff, including any staff frequenting patient care areas (housekeeping, maintenance, etc.). DOH recommends screening all HCW for all the following symptoms:**

- Fever: temperature of **100.4F** or greater or a recent subjective fever,
- Chills,
- New (under 7 days) respiratory symptom (cough, difficulty breathing or shortness of breath),
- New sore throat,
- New muscle aches that cannot be attributed to another health condition, or a specific activity (such as physical exercise).

Presence of ANY of these symptoms should lead to isolation and testing. We realize **that there are** differing staff monitoring practices. However, GCHD endorses DOH recommendation as the best approach with the understanding that **every facility should have a process in place to screen every HCW**. Identification, exclusion AND EARLY TESTING of potentially ill HCWs is **imperative** for COVID-19 infection control within a facility and to ensure essential staff remain available to provide care.

#### **HCW Isolation, Testing, Quarantine and Return to Work**

**Symptomatic HCW (ANY symptom listed above) should be immediately excluded, isolated, and tested for COVID-19, and only allowed to return to work using the guidelines below. HCWs should be tested as a priority via the**



Washington Public Health Lab (PHL) for a timely diagnosis (currently 24-48 hours) and disposition. GCHD approval is not needed for testing at the PHL. A negative test of ASYMPTOMATIC HCWs does not rule out a possibility of incubating SARS-CoV-2.

**Asymptomatic HCW contact to confirmed or probable COVID-19 case** should be assessed by occupational health for the risk of that exposure (PPEs, no PPEs, aerosolization exposure, etc.) and returned to work under CDC guidelines, including stipulations during HCW shortage: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. This may include the use of self-monitoring with delegated supervision. Self-monitoring with delegated supervision in a healthcare setting means HCW perform self-monitoring with oversight by their healthcare facility's occupational health or infection control program in coordination with GCHD. Even though some HCWs may return to work after COVID exposure, they should remain on home quarantine when not at work.

**HCWs with symptoms must be assessed for COVID-19 and should be tested.** Lab-confirmed HCWs with COVID-19 may return to work in healthcare setting based on the following strategies:

1. Test-Based Strategy – Exclude from work until:
  - a. Resolution of fever without the use of fever-reducing medications AND
  - b. Improvement in respiratory symptoms (e.g. cough, shortness of breath), AND
  - c. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens)
2. Non-Test-Based Strategy – Exclude from work until:
  - a. 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,
  - b. At least 7 days have
  - c. passed since symptoms first appeared
3. **Under critical HCWs shortage scenario, HCWs testing positive for COVID-19 may be returned to work with mild and improving symptoms and no fever even in a period shorter than 7 days. At this time, this should occur only in a critical shortage of essential staff scenario.** This assumes wearing a mask at all times and a possible reassignment away from the most vulnerable or immunocompromised for any remaining mild symptoms duration or at least 14 days. **Please refer to this DOH document for additional details:** <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/HealthCareWorkerReturn2Work.pdf>

**When returning to work, all previously symptomatic HCWs should wear a facemask at all times, even when not in-patient care areas, for at least 14 days since the first day of symptoms. This assumes a sufficient mask supply or non-traditional face mask use.**

If HCW were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis. **However, testing for COVID-19 should be pursued in all symptomatic HCWs as co-infection with multiple pathogens is possible.**

### **Face mask Use by HCWs, Patients and Visitors**

**Due to community spread within Grant County, facemasks or face cover use by HCWs is recommended at all times, even in areas without patient care and especially where 6 feet of separation cannot be achieved. Healthcare PPEs use (including surgical masks) should be preserved for patient care areas; non-traditional masks are preferred outside of**

patient care as a PPEs preservation approach under critical PPEs shortage. GCHD endorses a use of a face cover, including non-traditional facemasks, by all patients and visitors within the healthcare facility whenever possible. Non-traditional masks (community masking), such as sewn masks or bandanas, are preferred for healthy patients and visitors to conserve PPEs for HCWs. Surgical masks are preferred for patients with symptoms and HCW's returning after COVID-19 diagnosis. Visitor restriction policies should be in place.

### **Optimizing PPE**

We understand the strain this pandemic is placing on the healthcare facilities' supplies of PPE. All use of PPE should be optimized as much as possible, including eye protection, isolation gowns, facemasks and N-95 respirators. CDC guidance on optimizing PPE can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. Additionally, DOH has provided guidance on optimizing PPE here: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Preserving%20PPE%20in%20Healthcare%20COVID%2019.pdf>

Requests for additional PPE should be sent to the Grant County Emergency Operations Center: [gceoc@grantcountywa.gov](mailto:gceoc@grantcountywa.gov). They will work on getting and dispersing PPE.

### **COVID-19 Patients Reporting, Hospitalization Update & Request**

All patients hospitalized with COVID-19 like illness should be tested and reported to GCHD as a priority, regardless of pending test results. Any **symptomatic** HCWs, first responders, critical infrastructure individuals or residents of LTCFs (long-term care) should be tested for COVID-19. Knowing the high-risk patients' COVID-19 status helps us track COVID-19 and better respond to the outbreaks or clusters, particularly in high risk and high community impact situations. Therefore, **please continue to report all persons being tested for COVID-19 to GCHD**. Additional details about the patient and/or reason for testing and whether a patient was transported via EMS should be included to help us identify and prioritize individuals for investigation.

**In general, any person with a diagnosis of COVID-19 is considered a person under investigation (PUI) and should be reported to GCHD and sent home on isolation with guidance from this link:**

<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/COVIDcasepositive.pdf>

Send your PPE and Testing Supply Requests to: [gceoc@grantcountywa.gov](mailto:gceoc@grantcountywa.gov).

Follow GCHD COVID-19 Page for Updated Information:  
<http://granthealth.org/updates-for-covid-19-in-grant-county/>

Subscribe to Page Update for the most current DOH Guidance Documents:  
<https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders>

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