Isolation and Return to Work Protocols for Health Care Workers at VNS Health

Updated 12/12/2022





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Definitions

- **Up to date on vaccines** a person ages 18+ received a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the last dose in their primary series. For people with moderate or severe immunocompromise, additional primary (third) dose and booster dose is recommended. A person is considered up to date immediately following receipt of a booster dose.
- Prolonged close contact is defined as contact >15 minutes with a confirmed COVID-19 without appropriate PPE.
- Higher-risk exposures is defined as missing or inappropriate PPE while providing care to a patient with confirmed COVID-19 or during aerosol-generating procedures.



VNS Health Protocol Overview

These protocols apply to VNS Health' health care workers (HCW) and reflect the currently applicable NY DOH (Nov 30, 2022) and CDC (Sep. 23, 2022) guidelines.

NY regulation(Jul.6, 2022) requires HCW to receive a COVID-19 booster dose or supplemental dose as recommended by the CDC, on top of the primary series of a COVID-19 vaccine.

If you had exposure to COVID-19 or have any symptoms of COVID-19, you must contact CERT* immediately at 212-216-9970. You must isolate and test for COVID-19 as soon as possible.

Step 1

Staff member is identified by CERT, self-report, or manager as tested positive and/or symptomatic for any reason (daily self-assessment)

Step 2

CERT team follows protocols A, B, C, or D

Step 3

CERT team speaks with staff member to determine status and explain procedure. Details are recorded in clinical tracker.



Protocol A

Asymptomatic HCW who had exposure to known COVID-19

For <u>asymptomatic</u> healthcare workers who had <u>prolonged close contact</u> or <u>higher-risk exposure</u> to known COVID-19 case

- 1. Stay at work
- 2. Daily self-monitor
- 3. Wear a well-fitting mask for source control at all times for a total of 10 days. During patient visits, wear a well-fitting surgical face mask issued by VNS Health.



For **asymptomatic** healthcare workers who had positive test

- Employee is put off duty when first learn of positive test
 - Information captured on CERT Tracker as DATE of COLLECTION OF POSITIVE TEST (day 0)
- 2. Daily self-monitor, isolate, and obtain test at day 5-7
- 3. Return to work after:
 - a. 7 days if a negative viral test is obtained within 48 hours prior to returning to work. Use **Day 7 Screening Questionnaire** for shortening isolation period.
 - b. 10 days if a positive test at day 5-7 OR **immunocompromised**
- 4. Wear a well-fitting mask for source control at all times for a total of 10 days. During patient visits, wear a well-fitting surgical face mask issued by VNS Health.



Protocol C For symptomatic HCW who tested positive

- Employee is put off duty.
 - Information captured on CERT Tracker as DATE of FIRST SYMPTOMS OR DATE OF COLLECTION OF POSITIVE TEST
- 2. **Daily self-monitor** and test on day 5-7.
- 3. If test is positive or not obtained, isolate for at least 10 days.
- Isolation period is ten (10) days if employee is immunocompromised or continues to have symptoms.
- 5. To return to work after Day 7, use **Day 7 Screening Questionnaire** for shortening isolation period. Must be afebrile for 24 hours without fever-reducing medications and improvement of **symptoms**
 - Otherwise, must isolate for at least 10 days.
- 6. Wear a well-fitting mask for source control at all times for a total of 10 days. During patient visits, wear a well-fitting surgical face mask issued by VNS Health.



Protocol D Symptomatic HCW who tested negative

For **symptomatic** healthcare worker who tested negative

- 1. HCW is put off duty for 24 hours and recommended testing within 24 hours.
- 2. HCW must self-monitor daily:
 - 1. If symptoms resolve, they can return to work but must continue to self-monitor daily[†].
 - If symptoms continue, isolate and self-monitor daily. Follow VNS Health Sick Time Policy.
- Notify CERT of test result.
- 4. Wear a well-fitting mask for source control at all times for a total of 10 days. During patient visits, wear a well-fitting surgical face mask issued by VNS Health.



Required Daily Self-Monitoring for COVID-19 Symptoms

All healthcare workers (HCW) who have direct contact with patient or clients are required to self-monitor daily for COVID-19 symptoms and submit Daily Health Assessment in either Workday or CareConnect prior to work.

COVID-19 Symptoms

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell
- Sore throat
- Runny nose
- Headache
- Fatigue
- Muscle or body aches
- Nausea, vomiting, or diarrhea

If answer "Yes" to any of these, contact CERT at 212-216-9970 for additional guidance.

DAY 7 SCREENING

VNS Health

For HCW with Positive COVID-19 Test (Symptomatic or Asymptomatic)

- 1. Do you have moderate or severe immunocompromise (Appendix)?
 - a. If yes, you must isolate for 10 days. Stop here.
 - b. If no, continue.
- 2. Do you have any symptoms of COVID-19 (see symptoms slide)?
 - a. If yes, what was the date your symptom(s) first appeared? Day 0
 - b. If no, did you test positive for COVID-19?
 - i. If no, stop here. Do not use this protocol. Follow VNS Health Sick Time Policy.
 - ii. If yes, what was the date of collection of your test? **Day 0**
- 3. Did you have a negative COVID-19 test on Day 5-7?
 - a. If no, you must isolate for 10 days. Stop here.
 - b. If yes, continue.
- 4. Have you been fever-free without using any fever-reducing medicine (e.g., Tylenol, Aspirin, Motrin) in the last 24 hours?
 - a. If no, you must isolate for 10 days. Stop here.
 - b. If yes, continue.
- 6. Have your symptoms improved so you can wear a well-fitting face mask while working?
 - a. If no, you must isolate for 10 days. Stop here.
 - b. If yes, you are eligible to return to work **after Day 7.** (Day 0 = date of first onset of symptoms, or if asymptomatic, date of collection of positive test)



Immunocompromising Conditions

Examples of medical conditions or treatments that may result in moderate to severe immunocompromise include but are not limited to:

- Active treatment for solid tumor and hematologic malignancies
- Hematologic malignancies associated with poor responses to COVID-19 vaccines regardless of current treatment status (e.g., chronic lymphocytic leukemia, non-Hodgkin lymphoma, multiple myeloma, acute leukemia)
- Receipt of solid-organ transplant or an islet transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic stem cell transplant (within 2 years of transplantation or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency (e.g., common variable immunodeficiency disease, severe combined immunodeficiency, DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., 20 or more mg of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulator

^{*} CDC Who Is Moderately or Severely Immunocompromised updated Dec 5, 2022