APPLICATION

Samaritan Health Services (SHS) healthcare personnel (HCP) with potential occupational exposure to patients with Novel Coronavirus Disease 2019 (COVID-19) in the hospital and clinic setting.

DEFINITIONS

1. **Active Monitoring** – Ongoing communication to assess for the presence of fever, myalgia or fatigue and respiratory symptoms (cough, sore throat, or shortness of breath) conducted at least once each day, by state or local public health officials and/or SHS Employee Health & Safety (EH&S).

2. **Full Personal Protective Equipment (PPE)** – Respirator (N95 or Powered Air-Purifying Respirator), eye protection, gown and gloves.

3. **Healthcare Personnel (HCP)** – Refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.

4. **Minimum Personal Protective Equipment (PPE)** – Face mask (surgical or procedural mask); eye protection, gown, gloves.

5. **Self-Monitoring** – HCP perform self-monitoring for fever or respiratory symptoms for 14 days from last exposure under the supervision of SHS Employee Health & Safety.

INSTRUCTION STEPS

1. Once a COVID-19 case has been confirmed or deemed highly likely after consultation with Infection Prevention or Infectious Disease, Employee Health & Safety (EH&S) will implement work exclusions and active/self-monitoring plans as instructed.

2. Healthcare Personnel (HCP) with the following risk factors will be excluded from work and monitored for fever and respiratory symptoms utilizing the Self-Monitoring Symptom Chart:
   A. HCP providing patient care that did not include aerosol-generating procedures without a regular facemask or respirator and eye protection (goggles or face shield).
   B. Providing patient care that involves extensive contact with the patient and their immediate environment (e.g., logrolling, toileting) without using gown and gloves in addition to facemask or respirator and eye protection.
   C. Providing patient care that did include aerosol-generating procedures without all elements of full Personal Protective Equipment (PPE) requirements.

3. If determined that exposure to confirmed COVID-19 patient occurred, HCP will complete SHS Employee Accident Report.
4. EH&S’s decision to allow asymptomatic HCP, who have had exposure to a COVID-19 patient, to continue to work will be made on an individual basis, with a thorough risk assessment.

5. The risk assessment will include the HCP’s level of exposure and ability to reliably undergo daily active monitoring.

6. The decision on work exclusion will be determined on a case-by-case basis by EH&S and/or IP. The SHS Coronavirus Task Force will be notified on the status of HCP furloughs to determine if staffing is impacted at critical levels. Re-assignment of the HCP job duties to non-patient care duties will be considered following the SHS Transitional Work Policy & Procedure. Employee Health & Safety will notify Human Resources of any work exclusions.

7. If undergoing active monitoring, HCP will follow instructions on the form.

8. If HCP develops even mild symptoms consistent with COVID-19 (e.g., fever, cough, myalgia or fatigue, shortness of breath), they should immediately self-isolate (separate themselves from others), don a facemask (if not already wearing), and notify their supervisor and EH&S, Infection Preventionist (IP) or Nursing Supervisor prior to leaving work.

9. EH&S or IP will notify the local public health department. HCP will be instructed to be evaluated by their primary care provider or urgent care.

10. EH&S will utilize Table I (attachment) to aid in decision making regarding exclusion and monitoring plans. Other factors may alter risk determination, including but not limited to patient symptoms, ability to comply with source control and duration of exposure.

11. Guidance will be updated as needed to reflect what is known about the epidemiology, clinical course and transmission of the virus that causes COVID-19. EH&S will follow the direction determined by the SHS Coronavirus Task Force, Oregon Health Authority (OHA) and Centers for Disease Control and Prevention (CDC).

ATTACHMENTS
- Table I: Work Exclusion and Monitoring Plan Considerations for HCP Activities by PPE and Source Control Utilization

REFERENCES
- Self-Monitoring Symptom Chart
- SHS Policies:
  o Employee Accident Reporting
  o Personal Protective Equipment
  o Transitional Work
  o Work Restrictions and Disease Surveillance for Employees and Others with Infectious Diseases

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Current Work Instructions can be found on the SHS intranet.
### REVIEW/REVISION HISTORY

<table>
<thead>
<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
<th>Collaborated With (i.e. Standardization Committee, VP’s, Quality, Risk)</th>
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<td>03/12/2020</td>
<td>0</td>
<td>New</td>
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<td>Infection Prevention, SHS Coronavirus Task Force</td>
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<td>3/17/2020</td>
<td>1</td>
<td>Revision</td>
<td>Updated verbiage per new COVID-19 requirements</td>
<td>SHS Coronavirus Task Force</td>
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### Table 1: Work Exclusion and Monitoring Plan Considerations for HCP Activities by PPE and Source Control Utilization

<table>
<thead>
<tr>
<th>Sample Activity</th>
<th>Personal Protective Equipment Used by HCP</th>
<th>Source Control</th>
<th>Work Restriction</th>
<th>Follow up and Monitoring Plan</th>
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<tbody>
<tr>
<td>HCP walks by patient, but has no direct contact with patient or their secretions</td>
<td>-</td>
<td>-</td>
<td>-/+</td>
<td>None</td>
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<tr>
<td>Brief check-in interactions or brief entrance into patient room without contact with patient secretions</td>
<td>-</td>
<td>-</td>
<td>-/+</td>
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<tr>
<td>Patient care with no aerosol-generating procedures^b</td>
<td>+</td>
<td>-</td>
<td>-/+</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>-</td>
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<td>None</td>
</tr>
<tr>
<td>Patient care with aerosol-generating procedures (Appendix I)</td>
<td>+</td>
<td>-</td>
<td>N/A</td>
<td>None</td>
</tr>
<tr>
<td>Patient care with no aerosol-generating procedures</td>
<td>-</td>
<td>-</td>
<td>-/+</td>
<td>Work exclusion^f</td>
</tr>
<tr>
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<td></td>
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<td>-/+</td>
<td>Work exclusion^f</td>
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<tr>
<td>Patient care with aerosol-generating procedures (Appendix I)</td>
<td>Any variation that does not include the full recommended PPE (respirator, eye protection, gown, and gloves)</td>
<td>N/A</td>
<td>Work exclusion^f</td>
<td>Active monitoring for 14 days after last exposure^c</td>
</tr>
</tbody>
</table>

Green: no identifiable risk; Yellow: low-risk exposure; Red: exposure that warrants active monitoring/potential work exclusion

* Standard respiratory illness precautions: All HCP should stay home if ill.
^a HCP self-monitoring: HCP perform self-monitoring for fever or respiratory symptoms for 14 days from last exposure under the supervision of a healthcare facility’s occupational health or infection control program.
^b Active monitoring: Daily communication to assess for the presence of fever or respiratory symptoms (cough, sore throat, or shortness of breath) conducted by healthcare facility’s occupational health or infection control program.
^c Respirator: Refers to respiratory protection at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator, including NIOSH-approved powered air-purifying respirators (PAPRs).
^f Provision of patient care that requires extensive direct contact with the patient and their immediate environment (e.g., logrolling, toileting) should include use of gown, gloves, and appropriate hand hygiene. Failure to use gown and gloves in addition to specified PPE would elevate exposure risk and may warrant work exclusion and active monitoring.

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