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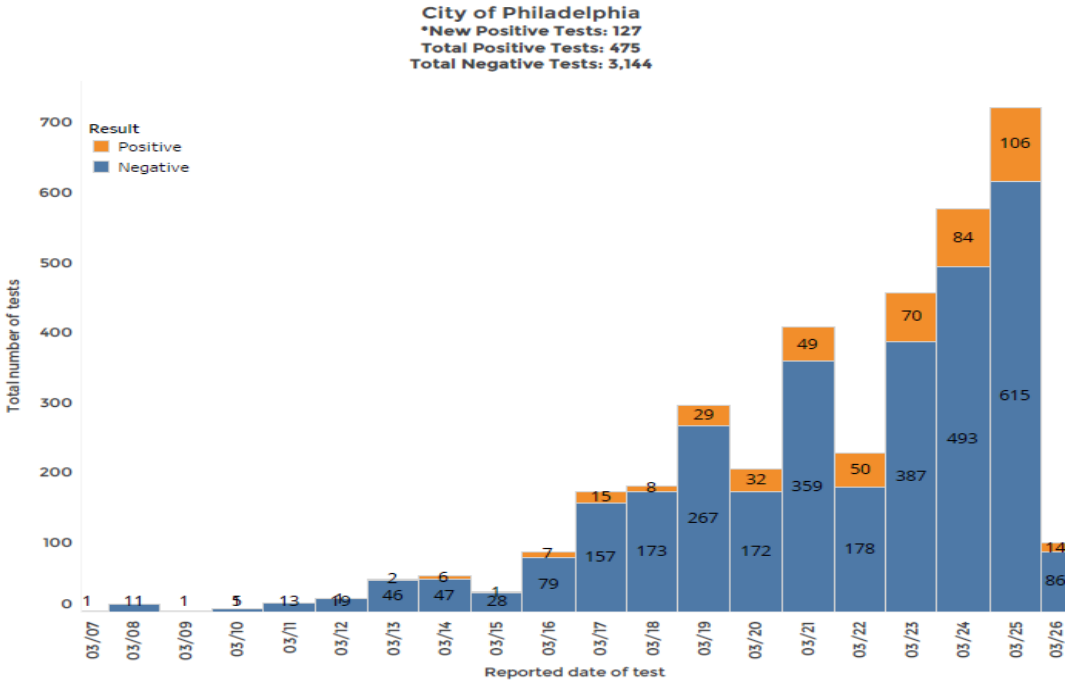
# Health Alert

## COVID-19: Status Update and Guidance for Healthcare Personnel Isolation and Quarantine to Minimize Staff Shortages
## March 26, 2020

SARS-CoV-2 continues to rapidly spread in southeastern PA. As of March 26th, almost 3,619 Philadelphia residents have been tested, of whom 475 (13%) persons have tested positive. The age distribution of laboratory-confirmed cases is as follows: 18 (4%) cases in ages <20 years; 216 (45%) cases in ages 20-39 yrs, 55 (12%) cases in ages 40-49 yrs, 71 (15%) cases in ages 50-59 yrs, and 115 (24%) cases in persons older than 60. Among the 178 cases whom have been investigated, 43% report a history of travel and only 28% report close contact with a known case, indicating that community transmission is also occurring. Twenty-two (22%) of the investigated cases have been hospitalized and 73% of those cases are among persons 50 years of age and older, consistent with epidemiologic trends showing higher risk of severe infection among older persons. The epidemic curve for positive and negative tests by test date is as follows:

### SUMMARY POINTS

- Community transmission of SARS-CoV-2 is rapidly progressing in Philadelphia.
- Healthcare facilities are likely to experience significant surges in patient volume and significant absenteeism among exposed, quarantined staff.
- Duration of isolation and quarantine may be modified to address staff shortages while ensuring staff and patient safety.




Diagnostic testing for SARS-CoV-2 is now available in commercial, public health and some hospital network laboratories, increasing access to testing services. The Philadelphia Department of Public Health (PDPH) continues to offer testing by referral at two community sites and is now working with the Federal Emergency Management Agency to offer drive through testing for symptomatic persons 50 years of age and older and symptomatic healthcare workers. It is anticipated that case counts will continue to rise with increased testing availability and ongoing transmission. As the incidence of COVID-19 increases, the likelihood of healthcare personnel exposure and infection from either community or occupational exposures is likely to also increase. Current guidance for persons with moderate to high risk exposures recommends a 14-day quarantine period. However, this could result in significant staffing shortages. To help ensure sufficient and safe staffing for patient care during a period of high volume and acuity, PDPH recommends the following approaches for quarantine and isolation based upon degree of capacity strain:

# Guidance for Healthcare Worker Quarantine and Isolation for Exposed[a] and Infected Healthcare Workers in the Setting of Hospital Surge Due to COVID-19

| Capacity | Quarantine of Exposed HCPs | Isolation of Infected HCPs | Institutional Actions |
|---|---|---|---|
| **Conventional:**<br>Sufficient staff availability to maintain patient care coverage | ***Asymptomatic:***<br>-Self-isolate for 14 days after return from travel or exposure event<br><br>-For household exposures, self-isolation should continue for 7 days after the case's isolation period is complete<br><br>***Symptomatic[b]:***<br>-Any staff who become symptomatic during quarantine period should be tested | -Self-isolate with work exclusion until at least 7 days from symptom onset and 72 hours since resolution of fever and improvement in respiratory symptoms<br><br>AND<br><br>1 negative SARS-CoV PCR test<br><br>-If test is positive, remain out of work until 14 days after symptom onset | -Ensure staff with direct patient care responsibilities are fit-tested<br><br>-Inventory PPE supplies and identify resources for PPE supply replenishment<br><br>-Implement contact tracing for patients and HCPs with confirmed COVID-19 to identify exposed HCPs<br><br>-Implement self-directed or active symptom-monitoring<br><br>-Implement rigorous visitor symptom screening (signage and active screening upon facility entry) |
| **Contingent:**<br>Insufficient staff availability for patient care coverage | ***Asymptomatic:***<br>-Self-isolate for 7 days after return from travel or exposure event<br><br>AND<br><br>1 negative SARS-CoV test at least 7 days after last exposure<br><br>-Continue to self-monitor for symptoms through Day 14<br><br>***Symptomatic:***<br>-Immediate exclusion with testing if develop fever and / or lower respiratory symptoms | -Self-isolate with work exclusion until at least 7 days since symptom onset and 72 hours since resolution of fever and improvement in respiratory symptoms<br><br>FOLLOWED BY:<br><br>-Wear mask until day 14 after symptom onset. | -Reassign high risk staff as appropriate as per ADA guidelines<br><br>-Adopt PPE conservation strategies[c]<br><br>-Cancel elective visits, procedures, and admissions<br><br>-Discourage nonessential staff travel to minimize community exposure risk<br><br>-Cohort COVID-19 patients and limit number of provider contacts<br><br>-Implement visitor limitation<br><br>-Notify PDPH of unprotected patient exposures |

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| **Crisis:**<br>Severely limited staff availability for patient care coverage | ***Asymptomatic:***<br>-No work exclusion regardless of exposure risk with twice daily symptom monitoring, including temperature checks<br><br>AND<br><br>-Wear mask while at work for 14 days after exposure OR Wear mask for 7 days and perform SARS-CoV test on day 7 or later. Discontinue mask use if test negative.<br><br>***Symptomatic:***<br>-Immediate exclusion with testing if develop fever and / or lower respiratory symptoms | -Self-isolate with work exclusion until at least 7 days since symptom onset and 72 hours since resolution of fever and improvement in respiratory symptoms<br><br>FOLLOWED BY:<br><br>-Wear mask until day 14 after symptom onset | -Prioritize previously infected HCPs to provide care to suspected / confirmed COVID-19 cases using appropriate PPE<br><br>-Consider use of serology to identify previously exposed staff for deployment to high risk settings. (Assays under development.)<br><br>-Attempt to continue contact tracing so that exposed staff can be identified and notified<br><br>-Notify PDPH of unprotected patient exposures<br><br>-Perform heightened active surveillance for symptoms among all staff<br><br>-Further limit unnecessary staff contact and bundle patient care activities<br><br>-Strictly limit visitation and impose visitor movement restrictions<br><br>-Stop all unnecessary aerosol generating procedures<br><br>-Work with administration to facilitate rapid credentialing of new or volunteer staff who can fill staffing gaps<br><br>-Implement staff supports such as near-facility housing for staff working double shifts, meals, and mental health services<br><br>-Consider universal masking of healthcare staff for all direct patient contact |

[a]Applies to moderate and high intensity exposures related to close contact with a confirmed / suspected case (community, occupational, household) or travel

[b]Symptoms include fever (temperature 100.4 F or greater) and / or cough, shortness of breath, sore throat, progressive respiratory symptoms

Institution-wide strategies to facilitate HCP return to work

[c]Personal Protective Equipment Conservation Strategies: https://hip.phila.gov/Portals/_default/HIP/HealthAlerts/2020/PDPH-HAN_Advisory_4_COVID-19_PPEGuidance_03-21-2020.pdf