

**SEACREST VILLAGE  
POLICY & PROCEDURE  
COVID-19 GUIDANCE FOR DIAGNOSED/EXPOSED  
HEALTHCARE PROVIDERS**

**Department: Nursing  
Policy Initiated: 4/2020**

**Subject: Employee Health  
Revised: 6/2020**

**Mission Statement**

Seacrest Village, a quality adult health care community, is committed to providing comprehensive health care to its residents and members.

The owners, staff and volunteers are guided by our moral and ethical responsibility to our fellow man.

Seacrest Village will provide the services necessary to enhance the physical, emotional, recreational, social and spiritual needs of our residents, members, and family members.

**Vision Statement**

Seacrest Village will plan and develop a continuum of health care services for older adults in a community setting. We will affiliate, network and associate with other health service organizations to meet our goal of a seamless health care community.

**OBJECTIVE**

To maintain an on-going infection prevention and control program for employees during COVID-19 outbreak.

To provide guidance for actions to be taken to allow healthcare personnel to return to work after a suspected or confirmed COVID-19 infection.

**POLICY**

Seacrest Village, in accordance with Centers for Disease Control and Prevention guidelines, have outlined in the following policy, actions to be taken to allow healthcare providers (HCP) to return to work after a suspected or confirmed COVID-19 infection.

**PROCEDURE**

**A. Symptomatic HCP (Suspected or Confirmed COVID-19 Test)**

1. In the event that an HCP has been infected with COVID-19, occupational health, in coordination with infection prevention, infectious disease and public health will advise the HCP of the following actions that must occur prior to returning to work within the healthcare setting.
2. Options for return to work clearance include a test-based strategy and

- symptom-based strategy.
3. Upon meeting the aforementioned requirements, the HCP must receive documented approval to return to work from occupational health.
  4. Upon returning to work, HCP should comply with the following:
    - Wear a facemask for source control at all times while in the facility until all symptoms are completely resolved. After this time period, this HCP should revert to our policy regarding universal source control during the pandemic. A facemask does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
    - Be restricted with contact with severely immunocompromised residents (e.g. transplant, hematology-oncology) until 14 days after illness onset.
    - Adhere to hand hygiene, respiratory hygiene and cough etiquette in CDC's interim infection control guidance (e.g. cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
    - Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

### **Test-Based Strategy**

Exclude from work until resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms and negative results of an FDA Emergency Use Authorized COVID-19 molecular assay from at least 2 consecutive respiratory specimens collected more than or equal to 24 hours apart (total of 2 negative specimens).

### **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.

## **B. Asymptomatic HCP With Laboratory-Confirmed COVID-19**

### **Time-Based Strategy**

Exclude from work until 10 days have passed since the date of their first positive COVID-19 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. 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 of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.

### **Immediate Action When Facility is Overburdened**

When staff attendance is strained by excessive callouts and furloughs, consider allowing asymptomatic HCP who have had a high or medium risk exposure to a COVID-19 patient to continue to work provided the following:

1. HCP should report temperature and absence of symptoms each day prior to starting work (at least every 12 hours while at work) for the 14-day period after exposure.
  - If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing) and notify their supervisor or occupational health services prior to leaving work
2. HCP wears a facemask while at work for the same 14-day period