



Title:	COVID-19 Employee Exposure Management	Policy Number:	ICN-1
		Version Number	1
Reference:	Centers for Disease Control and Prevention (CDC); TDCJ CMHC Policy B-14.52 – Coronavirus 2019 (COVID-19); TDCJ COVID-19 Health Screening Form	Effective Date:	4/15/20
		Original Approval:	4/15/20

POLICY STATEMENT:

Texas Tech University Health Sciences Center Managed Care (TTUHSC MC) is dedicated to assuring the health and safety of all employees and offenders. In doing so, it is imperative that employee exposures to COVID-19 are managed appropriately.

PROCEDURE:

1. Prevention

Prevention is the responsibility of all employees. Proper adherence to recommended infection control practices is expected. All employees shall utilize appropriate preventative best practices, including the utilization of personal protective equipment (PPE) and hygiene recommendations. Also, all employees shall have their temperatures taken upon entering the unit. If a fever is discovered, the TDCJ COVID-19 Health Screening Form is required.

If an employee is feeling ill, the employee shall not report to work. The employee is to notify their supervisor of their inability to report to work as soon as possible. If an employee is at the workplace and develops symptoms, the employee shall immediately notify their supervisor or designee and leave work immediately.

2. Local Health Department

If an individual work restriction is made by the local health department for a specific employee, the health department’s restriction will be applied instead of the ones outlined in this policy.

3. Contact Investigations

In an effort to mitigate and manage employee COVID-19 exposures, TTUHSC Managed Care will conduct contact investigations. The goal of contact investigations is to identify employees that may have come into contact with a suspect or confirmed COVID-19 employee. These investigations are required for the following categories:

- Confirmed case of COVID-19. A confirmed case is when the reporting employee has received a positive result from a COVID-19 laboratory test, with or without symptoms.
- Suspected case of COVID-19. A suspected case is when the reporting employee shows symptoms of COVID-19, but either has not been tested or is awaiting test results, or is without symptoms (asymptomatic) and has been tested. Symptoms include fever (above 100.4°), cough, and shortness of breath. If test results are positive, a suspected case becomes a confirmed case.
- TDCJ Health Screening Form. The form of the reporting employee indicates a fever (above 100.4°) or close contact with an individual who tested positive for COVID-19 in the last 14 days.

- TCCC Fever Exclusion. The reporting employee's entry temperature indicated fever and employee was excluded from the center.

If an employee falls into one of the above categories, the employee must promptly contact their supervisor. Once notification has been received, the supervisor shall immediately contact the Managing Director of Compliance and Risk Management (CRM) to initiate the contact investigation by notifying the appropriate investigation team. The TTUHSC MC Executive leadership team, Associate Managing Director of Human Resources (HR), and Senior Director of Utilization Review will also be notified. The following documents are provided as guidance and informational purposes.

- The COVID-19 Definitions and Risk Categories – Attachment A
- COVID-19 Employee Exposure Management Flowchart – Attachment B

A lead investigator will be identified and is responsible in ensuring the timely submission (within 48 hours of assignment) of the following documentation for the reporting and all contact employees. The TTUHSC Office of Institutional Health (OIH) Post Exposure COVID-19 form needs to be completed for the reporting and all contact employees (these are not required for TDCJ employees).. One COVID-19 Employee Contact Investigation Incident Report is required per incident. The forms will be completed in their entirety and approval by both the Regional Medical Director and Regional Operations is required.

Contact Investigation Packet:

- TTUHSC OIH Post Exposure COVID-19 Form(s) – Attachment C
- COVID-19 Employee Contact Investigation Incident Report – Attachment D
- TDCJ Health Screening Form (if applicable)

Contact investigations for possible exposures involving officers, TDCJ employees, and/or patients will be completed by TDCJ. Notifications to TTUHSC employees will be made as deemed appropriate.

4. Work Restrictions

For the categories above, these work restrictions will be applied to the reporting employee. The employee will be notified of these restrictions by the supervisor.

a. Confirmed or Suspected

Once an employee has reported as COVID-19 confirmed (received a positive result from a COVID-19 laboratory test, with or without symptoms) or suspected (shows symptoms of COVID-19, but either has not been tested or is awaiting test results, or is asymptomatic and has been tested), the supervisor must inform the employee of the following work restrictions:

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 14 days have passed *since symptoms first appeared*.
- If suspected COVID-19, while excluded from work, self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the Unit Assistant Director of Compliance and Risk Management (UAD-CRM). Employees with confirmed COVID-19 will be monitored by the local health department.
- **Note: If an employee is needed to return before the 14 day timeline due to staffing concerns, the minimum return date is 7 days after onset of symptoms and must be symptom free for 72 hours.**
- For 7 days, self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the UAD-CRM.

- A mask must be worn at all times until 14 days from symptoms onset and the employee is to have no contact with immunocompromised patients.
- *To return sooner than 7 days, a physician's note excluding COVID-19 or negative COVID-19 test result is required.*

After returning to work, the employee will:

- 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 if respiratory symptoms recur or worsen.

Determination of risk and work restrictions for employees found to have been in contact with the reporting employee will be determined via the contact investigation process.

b. TDCJ COVID-19 Health Screening Form

As noted above, employees are required to have their temperatures taken upon arrival of the unit. If an employee is determined to have a fever, a TDCJ COVID-19 Health Screening Form will be completed.

The following work restrictions will be applied as appropriate. If these work restrictions are implemented, the employee's supervisor shall notify the Managing Director of CRM, who will initiate a contact investigation.

- Yes to fever question: Employee will be sent home and will be required to submit a physician's note stating they are clear of COVID-19 symptoms before being allowed to return to work
- Yes to close contact with anyone who tested positive for COVID-19: Employee will be sent home for 72 hours to self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the UAD-CRM).

Symptomatic: If the employee develops symptoms while off work, it is imperative they contact their supervisor and keep them informed. The employee will be able to return to work by providing a physician's note stating they are clear of any COVID-19 symptoms.

Asymptomatic: If the employee did not develop symptoms while off work, then a physician's note is not required. Upon return to work, the employee must wear a surgical facemask at all times in all areas (clinical and non-clinical) for 14 days after exposure. In addition, the employee must continue self-monitoring with delegated supervision (daily document the absence of symptoms and temperature (taken twice daily), which will be monitored by the UAD-CRM).

c. Texas Civil Commitment Center (TCCC) Screening

Upon entry to TCCC, employee temperatures will be taken and entry will be denied for the presence of a fever. Employee will be sent home to self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the UAD-CRM. The employee will be required to submit a physician's note stating they are clear of COVID-19 symptoms before being allowed to return to work. If these work restrictions are implemented, the employee's supervisor shall notify the Managing Director of CRM, who will initiate a contact investigation.

d. Follow-Up

If the COVID-19 status of an exposed employee named in a contact investigation changes (e.g., develops symptoms), the employee must notify their supervisor immediately. Upon notification, the supervisor shall contact the Managing Director of CRM, who in turn, will reassign the follow-up Investigation. A new COVID-19 Incident Report will be completed and returned within 48 hours of notification. Completion of the TTUHSC OIH Exposure COVID-19 form will be determined on an individual basis.

5. Travel Isolation

Some COVID-19 related circumstances are required to be reported, but do not require a contact investigation. For example, at this time, domestic or international travel for personal reasons is discouraged. To assist in efforts to support the safety and security of employees and patients, please reconsider all travel plans. If travel is determined necessary, please carefully consider the avoidance of places identified with a travel warning notice by the Centers for Disease Control and Prevention (CDC) and be aware of the possibility to alter plans as the spread of COVID-19 continues. Employees that are planning travel must notify the Managing Director of CRM. In addition, TTUHSC employees will complete the TTUHSC Travel Form prior to departure.

If travel was to an area within the United States where there is community-based spread COVID-19, to a county identified by the CDC with a travel health notice warning of Level 3, or on a cruise, an employee is required to self-isolate for 14 days. If an employee seeks waiver of the required self-isolation, they must contact the Managing Director of CRM. In doing so, the employee must attest to asymptomatic/symptomatic status and identified risks. If approved, the employee will be notified of any adjustments in the self-isolation requirements, along with the requirement to self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the Unit Assistant Director of Compliance and Risk Management (UAD-CRM). Any other stipulations upon return (e.g., face mask) will be determined on an individual basis.

6. Self-Isolation/Self-Monitoring

If an employee is required to self-isolate or self-monitor for reasons outside of this policy, they must immediately notify their supervisor and the Managing Director of CRM. Required self-monitoring with delegated supervision, oversight, work restrictions, etc., will be addressed on an individual basis.

7. Contract Hospital Units

The employees of contract hospital units are required to report in accordance to this policy, including participating in the contact investigation process. However, work restrictions will be at the discretion of the hospital protocols. Copies of these protocols will be maintained by the Managing Director of CRM.

8. Return to Work & Completion of Self-Monitoring

If an employee has been restricted from work and/or placed on self-monitoring, the supervisor is to notify the Managing Director of CRM when the employee has returned to work. Any return to work restrictions will be noted and a timeline established. Completion of any return to work restrictions must also be communicated to the Managing Director of CRM.

9. Failure to comply

Work restrictions will be determined as identified in this policy on an individual basis. Once assigned, the restrictions are to be considered mandatory and failure to comply will be reported according. This includes self-monitoring with oversight by the UAD-CRM, utilization of face masks at all times, etc. If oversight is required, the UAD-CRM will make initial contact by phone to establish an individualized plan for monitoring. Please note that the temperature required upon arrival to the unit may be used to satisfy one of the temperature requirements as applicable.

In addition, an employee's failure to report potential, suspected, or confirmed exposure to COVID-19 or its related testing is mandatory. Failure to comply will result in personnel action.

10. Leave

Please refer to TTUHSC HR policies for information regarding use of leave.

11. Document Retention

The TTUHSC MC CRM department will serve as the repository for the completed contact investigation packets. The department will also serve as the liaison to the TTUHSC OIH regarding COVID-19 employee related matters.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the TTUHSC MC Compliance and Risk Management Department to review and initiate necessary revisions annually.

RIGHT TO CHANGE POLICY:

TTUHSC MC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:

This policy was approved by the TTUHSC MC Executive Medical Director and the Executive Director on 4/15/20.

ICN-1 COVID-19 Employee Exposure Management Policy Attachment A

COVID-19 Definitions and Risk Categories

I. Definitions

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat)*. For Health Care Professionals (HCP) with *high-* or *medium-risk* exposures, CDC recommends this communication occurs at least once each day.

Close contact for healthcare exposures is defined as follows: a) being **within approximately 6 feet**, of a person with COVID-19 for a **prolonged** period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand). The term “prolonged” has been defined by TTUHSC as more than fifteen minutes.

Confirmed case: received a positive result from a COVID-19 laboratory test, with or without symptoms.

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. For this document, HCP does not include clinical laboratory personnel.

Self-monitoring means HCP should monitor themselves for fever by taking their **temperature twice a day** and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat)*. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period.

Self-Monitoring with delegated supervision in a healthcare setting means HCP perform self-monitoring with oversight by their healthcare facility’s occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

Suspected case shows symptoms of COVID-19, but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

II. Defining Exposure Risk Category

For this guidance **high-risk** exposures refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy,

nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers' eyes, nose, or mouth were not protected, is also considered *high-risk*.

Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some *low-risk* exposures are considered *medium-risk* depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered *low-risk*.

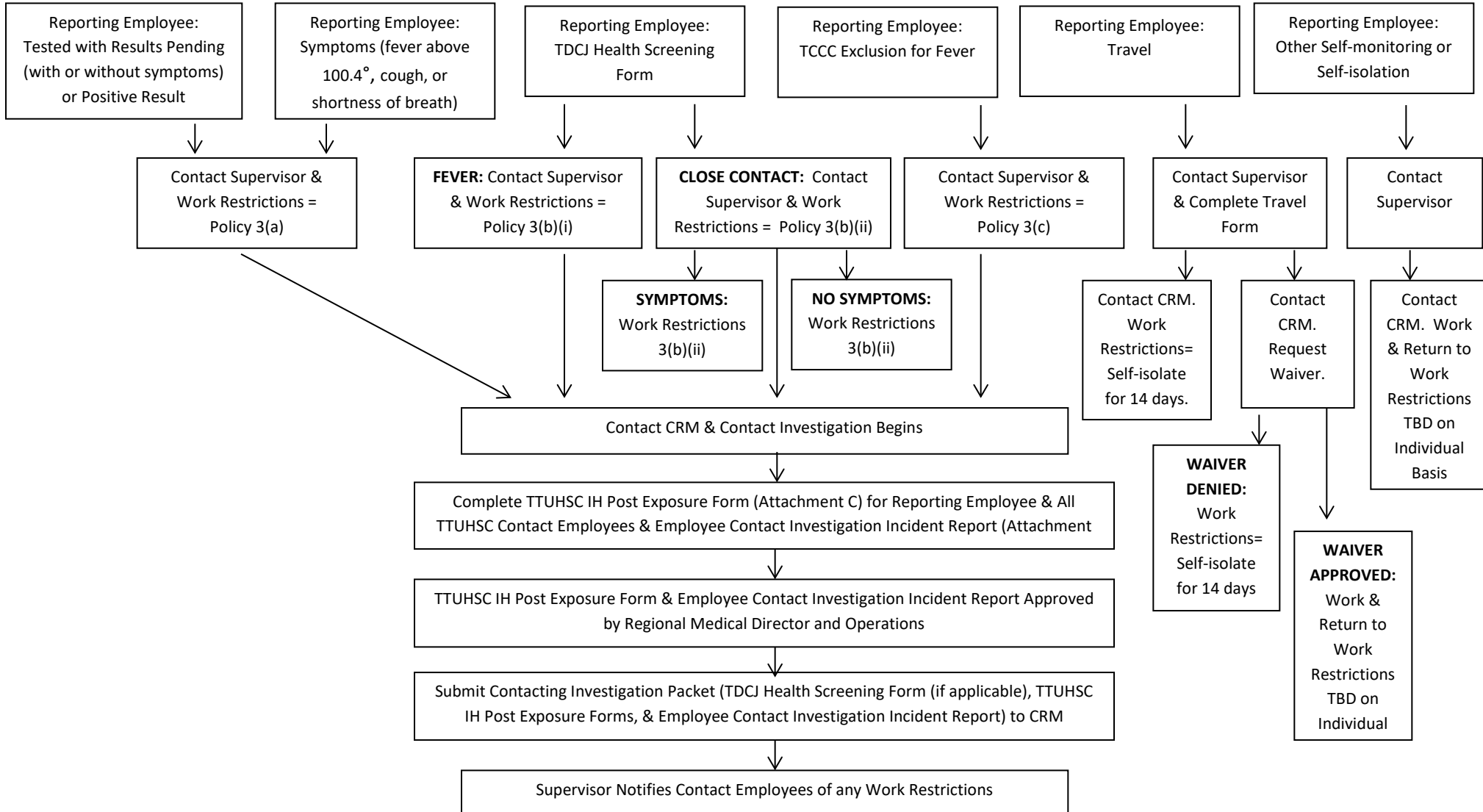
Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures HCP should still perform self-monitoring with delegated supervision.

HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have *no identifiable risk*.)

Source: Centers for Disease Control and Prevention

COVID 19 Employee Exposure Flow Chart – Attachment B



TTUHSC Office of Institutional Health
Post Exposure COVID 19

Employee name: _____ Date_____

Department: _____

Employee position: Staff Nurse Resident Faculty Student

Is patient contact a routine part of employee job description? Y N

Does the employee have symptoms?

- Fever TEMP _____
- Cough
- Sore throat
- Headache
- Myalgias
- Shortness of Breath
- No symptoms

Nature of Exposure

Source: _____

Date of Exposure: _____

Location: Hospital Clinic Other _____

Est duration of exposure: _____

Was an aerosol producing procedure performed during encounter? Y N

If yes, describe _____

Was the source patient wearing a mask during the procedure? Y N

What PPE was the exposed individual wearing during the procedure?

- All recommended PPE
- N-95 Mask
- Gown
- Gloves
- Goggles
- Surgical mask

Risk Assessment

- Low - No Work restrictions. ~~Active monitoring~~
- Low - No Work restrictions. ~~Self-monitoring with delegated supervision~~
- Medium - Exclude from work for 14 days. ~~Self-quarantine. Active monitoring.~~
- High - Exclude from work for 14 days. ~~Self-quarantine. Active monitoring.~~

DO NOT COMPLETE THIS SECTION.

REFER TO TTUHSC MC COVID-19 INCIDENT

Symptomatic - Unlikely COVID-19
Recommendation _____

Symptomatic - Possible COVID-19
Recommendation _____

REPORT FORM

Comment: _____

Signature _____ Date _____



COVID-19 Employee Contact Investigation Incident Report

Mark One of the Following:

Initial Report: _____ Follow-up Report: _____

If Follow-up, Date of Initial Report: _____

+ If follow-up report, complete Section A & only any additional or revised sections.
INITIAL REPORT MUST BE COMPLETED IN ITS ENTIRETY.

Section A – Reporting Employee Information

Reporting Employee Name:	Job Title:
Unit:	Supervisor Name:
Notification Date:	
Symptoms:	Date of onset of symptoms:
Did employee report possible exposure? If yes, date(s) of possible exposure:	
Has employee been tested? If yes, date of test: If yes, date or expected date of results: If yes, was the test initiated by the employee or TTUHSC? Was test initiated by TTUHSC or employee?	
Has employee received a positive test result? Note: If yes, employee will be monitored by local health department.	
Is employee restricted from working? If yes, how long is the restriction? If yes, date restriction began: If yes, expected date to return:	
Is employee required to self-monitor with delegation? If yes, how long is the self-monitoring ? If yes, date self-monitoring began: If yes, expected completion date of self-monitoring:	
Date employee notified of above restrictions: Notified by:	
Investigator Name(s) and Title(s): Date of Incident Report:	

Section B - Incident Description

Section C – Post-Exposure Management of Contact Employees

Refer to the following Section C(1) Risk Assessment Table and C(2) Work Restriction Levels to complete C(3) Employee Contact Assessment for EACH employee with confirmed contact

1. Risk Assessment Table

COVID-19 positive/suspected reporting employee wearing facemask during close contact (within 6 feet)?	Level of close contact Interaction Prolonged is greater than 15 minutes	Epidemiologic Risk Factors for Individual Exposed to the Employee in Column One	Exposure Category
Yes	Brief	PPE: None	Low
Yes	Brief	PPE: Yes	Low
Yes	Prolonged	PPE: Not wearing eye protection	Low
Yes	Prolonged	PPE: Not wearing gown or gloves	Low
Yes	Prolonged	PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low
Yes	Prolonged	PPE: None	Medium
Yes	Prolonged	PPE: Not wearing a facemask or respirator	Medium
No	Prolonged	PPE: Not wearing gown or gloves	Low
No	Prolonged	PPE: Not wearing eye protection	Medium
No	Prolonged	PPE: Not wearing facemask	High
No	Prolonged	PPE: None	High
No	Brief	PPE: Not wearing facemask	Medium

NOTE: If employee was not in close contact, they would be considered low risk, regardless of usage of PPE.

Adapted from CDC. Additional guidance available at www.cdc.gov

2. Work Restriction Levels

<p>LEVEL ONE: LOW RISK – Asymptomatic Employees</p>	<p>Employees required to self-monitor with delegated supervision (monitor their symptoms and temperature (taken twice daily) under the guidance of the Unit Assistant Director of TTUHSC MC Compliance and Risk Management (UAD-CRM)). The self-monitoring with delegated supervision will last 14 days from the last date of exposure.</p>
<p>LEVEL TWO: MEDIUM and HIGH RISKS - Asymptomatic Employees</p>	<ul style="list-style-type: none"> The employee must self-monitor with delegated supervision (daily document the absence of symptoms and temperature (taken twice daily), which will be monitored by the UAD-CRM) for 14 days from the last date of exposure. The employee's supervisor must be informed and the restrictions discussed. The employee must wear a surgical facemask at all times in all areas (clinical and non-clinical) for 14 days after exposure. The employee must remain completely healthy without any new clinical symptoms. If any symptoms occur, the employee must be referred for medical assessment and will be sent home. TTUHSC MC Compliance and Risk Management must also be notified.

Section D - Additional Risk Factors Considered

Section E - List & Details of Patients and/or TDCJ Employees Potentially Exposed

Section F - Additional Corrective Action and/or Comments

Date Approved by Regional Medical Director:
Date Approved by Regional Operations or Montford Managing Director:
Date Approved by Regional Dental Director (as applicable):
Submitted to MC Compliance and Risk Management by:
Date Submitted:

Within 48 hours, return completed TTUHSC OIH Post-Exposure COVID-19 Form(s), Contact Investigation Incident Report, and TDCJ Health Screening Form (if applicable) to TTUHSC Managed Care - Managing Director of Compliance and Risk Management (CRM)

Note: Notify the Managing Director of CRM when the reporting and/or contact employee(s) have completed the restrictions of isolation, self-monitoring, or returned to work by other means (e.g., doctor's note).