

## **BILHPC Process for Evaluation of Symptomatic Staff with Suspected or Confirmed COVID-19 and Potential Related Staff and Patient Exposures**

For any providers or employees who have fever, chills, sore throat, loss of smell/taste, body aches, new or worsening cough, shortness of breath, or diarrhea without alternative diagnosis, the process below should be followed. Note that healthcare exposures should be limited following the institution of universal masking of patient-facing staff as of March 27, 2020 and the addition of eye protection for all patient care.

1. Provider/employee with symptoms should:
  - a. Mask immediately, if at work and cease patient care
  - b. Notify their practice leadership of symptoms
  - c. Contact the their **local Employee Health department (or Employee Health coverage during off hours)**
    - i. Please have ready information on:
      1. Symptoms, including date/time of onset
      2. Last date of work, including last patient contact
      3. Any known sick contacts (healthcare or community)
    - ii. Employee Health will provide next steps and arrange for COVID-19 testing, when indicated
2. The symptomatic employee should quarantine while the test result is pending. Colleagues at the practice can continue working with appropriate PPE as long as they remain asymptomatic. If the affected provider/employee ultimately is diagnosed with COVID-19, Employee Health and Infection Control will do an intake and assessment of whether or not there is any potential exposure risk to colleagues. Follow-up with the local management (practice and/or regional leadership as applicable) will only occur if, after full assessment, Employee Health and/or Infection Control deem that there was potential exposure risk to colleagues (see Part 3, below). Otherwise, *if the assessment concludes that there was no exposure to colleagues, there will be no further communication to the local management or staff.*
3. If it is determined that there was potential exposure to colleagues::
  - a. Practice leadership will generate a list of employees (including a phone number) who meet the definition of exposure. This will usually require a call to determine if every staff member working during the 48 hours prior meets the exposure definition.

Exposure is defined as:

- i.* Spending  $\geq$  15 minutes cumulatively during a 24 hour period within 6 feet of a person with COVID- 19, *OR*
  - ii.* Direct contact with respiratory secretions, such as a cough in the face, without appropriate personal protective equipment (surgical mask and eye protection), or performance of an aerosol-generating procedure without appropriate PPE (addition of an N95 respirator).
- b.* This exposed staff list will be forwarded to Employee Health. Employee Health reviews the information to determine work status and additional next steps, such as need for COVID-19 testing, work restrictions, and/or symptom screening
- c.* Infection Control (Covered by Infectious Diseases for some practice locations) will:
  - i.* Discuss interventions to limit spread of infection, if indicated
  - ii.* Discuss with practice leadership parameters for contact tracing of patients who were potentially exposed
  - iii.* Provide script for physicians to discuss exposure with patients, if indicated
  - iv.* Discuss exposures of staff with Employee Health to determine next steps, if appropriate

Timeframe for completion of exposure lists and notification should be 24-48 hours with support provided to practices as needed.