

Memo to: WSHA Member Hospitals
From: Taya Briley, Executive Vice President and General Counsel
RE: CDC Interim Guidance for HCP Exposed to COVID
Date: March 10, 2020

CDC has issued an update to its interim guidance regarding health care personnel with potential exposure to COVID-19 patients. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> The guidance now includes a requirement to exhaust options to improve staffing before allowing asymptomatic personnel to continue to work after exposure. This memo also addresses the ongoing requirement that hospitals consult with occupational health about exposed workers.

The CDC states it is taking a cautious approach that will be refined and updated as more information becomes available and as response need change in the United States. WSHA is working with the California Hospital Association and the leads of major health systems across the United States to advocate that CDC revert to the prior guidance.

Meanwhile, WSHA recommends you review the below information and the CDC guidance. This is intended to be informational and is not a substitute for your own hospital's review of the CDC guidance in consultation with clinical experts and legal counsel.

Steps to take if you will have personnel who will continue to work after potential exposure:

- 1. Document your exhaustion of options to improve staffing.** CDC does not provide examples of what "exhaustion of options" includes. However, below is a list of actions identified in the state's mandatory overtime law that requires hospitals to make "reasonable efforts" to obtain staffing, which is a starting point. We encourage you to document these and any other steps taken.
 - Seeks individuals to volunteer to work extra time from all available qualified staff who are working;
 - Contacts qualified employees who have made themselves available to work extra time;
 - Seeks the use of per diem staff; and
 - Seeks personnel from a contracted temporary agency when such staffing is permitted by law or an applicable collective bargaining agreement, and when the employer regularly uses a contracted temporary agency.
- 2. Open or confirm the communication channel between the hospital's occupational health or infection control program and your local health officer.** Identify specifically who contacts are at each organization and the best way to reach them 24/7.
- 3. Document the agreement or plan between the hospital and the local health officer for medical evaluation of personnel who develop symptoms.** The plan should include:

- A description of the process that will be used to identify affected personnel, monitor their symptoms, and maintain documentation. Note that personnel eligible to continue working are those in the “low risk” exposure category within the CDC guidance. CDC identifies minimum requirements for self-monitoring. This includes checking temperature twice daily and remaining alert for and documenting symptoms.
- A description of monitoring activity that will be used by the hospital and the affected personnel. Having affected personnel take temperatures and report on symptoms prior to each shift would be a recommended action. Determine how the information will be documented and maintained.
- Instructions for notifying hospital occupational health and the local health officer if a personnel member develops symptoms, including 24/7 contact information.
- A plan for transportation arrangements to a designated hospital, if medically necessary.
- A statement that the hospital will maintain contact with the personnel member to manage any self-monitoring activities and follow-up if symptoms are reported.

WSHA will continue to advocate for a change in this guidance and will update members if a change is made.