



Date: Tuesday January 4, 2022

Title: Updated interim Guidance for managing Healthcare Personnel (HCP) with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

Situation: SARS-CoV-2 continues to impact our community and healthcare facilities. With the rise of the Omicron variant, additional interim guidance for managing HCP impacted by SARS-CoV-2 have been released by CDC.

Background:

The OSHA Emergency Temporary Standard that was released on 6/21/2021 addressed exposure and illness protocols for healthcare settings – this ETS expired on 12/21/2021 [COVID-19 Healthcare ETS | Occupational Safety and Health Administration \(osha.gov\)](#)

OSHA announces today that it intends to continue to work expeditiously to issue a final standard that will protect healthcare workers from COVID-19 hazards, and will do so as it also considers its broader infectious disease rulemaking. However, given that OSHA anticipates a final rule cannot be completed in a timeframe approaching the one contemplated by the OSH Act, OSHA also announces today that it is withdrawing the non-recordkeeping portions of the healthcare ETS. The COVID-19 log and reporting provisions, 29 CFR 1910.502(q)(2)(ii), (q)(3)(ii)-(iv), and (r), remain in effect. These provisions were adopted under a separate provision of the OSH Act, section 8, and OSHA found good cause to forgo notice and comment in light of the grave danger presented by the pandemic. See 86 FR 32559.

Current NMHS practice is to restrict staff from work after a positive SARS-CoV-2 test result for 10 days after symptom onset or, if asymptomatic, from test date.

Staff that are asymptomatic but exposed to SARS-CoV-2 are expected to come to work and wear a mask at all times. If they become symptomatic they need to contact EH immediately for evaluation and to set up testing if deemed appropriate.

NMHS Employee Health is only approving to have staff with respiratory symptoms tested at this time – as directed by NMHS Pathology department.

Assessment:

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- (1) The Health Care Quality Improvement Act set forth at: *Neb. Rev. Stat. §§71-7904 to 71-7913* in Nebraska, and/or;
- (2) *Iowa Code Ann. § 147.135* and *Iowa Admin. Code r. 645-9.6 (272c)*, concerning confidential and privileged peer review materials in Iowa.

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In response to the withdrawal of the OSHA COVID-19 Healthcare ETS, CDC published updated guidance for managing HCP with SARS-CoV-2 infection or exposure on December 23, 2021.

Please review the following websites:

Conventional standards: [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](#)

Contingency and Crisis standards: [Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)

This table provides a very brief summary of the contents of the webpages:

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).


Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test ¹ , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 ¹ and 5-7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 ¹ , 2, 3, & 5-7	No work restrictions (test if possible)

¹Negative test result within 48 hours before returning to work
[#]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

 cdc.gov/coronavirus

Employee Health and NMHS Pathology departments expressed concern about the direction for testing in the red box. Testing based on exposures at that scale would be difficult for EH to obtain/manage, it would likely overwhelm the MPC testing sites, and would quickly deplete our supplies used for running tests in the lab.

Home based testing kits were discussed and it was determined that these would not be a viable option due to limited availability of the tests and the inaccuracies of the tests with the Omicron variant.

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Recommendation:

The ID providers and Infection Prevention departments recommend that NMHS should follow the CDC Interim Guidance for managing healthcare personnel and adopt **contingency recommendations** at leadership’s discretion. However, due to testing limitations, the ID group supports pathology’s assessment and recommends continuing with NMHS’ current testing protocols – specifically only testing employees with symptoms.

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered “boosted” if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered “vaccinated” or “unvaccinated” if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).


Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test [†] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 [‡] and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work
[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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