

COVID-19 Exposure FAQ for Staff

Last Updated November 5, 2020

Table of Contents

Exposure Guidance Process	3
1. What is the purpose of this process?	3
3. Who does this new process apply to?	3
4. What does it mean to quarantine?	3
5. How is the quarantine period determined?	3
6. During the period of time that I am required to quarantine, I have begun developing symptoms consistent with COVID-19. What are my responsibilities?	3
7. What are my timecard responsibilities associated with this exposure process?	3
8. Why can an exposed person come to work, but need to quarantine when not working (i.e., at work they are wearing PPE: a barrier mask/face shield, but they are not wearing PPE at the grocery store)?	4
Notification of Exposure	4
1. I have an immediate family member (same household) who was exposed to COVID-19.	4
2. I have an immediate family member (same household) who tested positive for COVID-19.	4
3. I have been exposed to COVID-19 and am reporting one or more symptoms. What are my responsibilities?	4
4. I have been exposed to COVID-19 at home, work, or in the community, but am asymptomatic at this time. What are my responsibilities?	4
5. What is the presumed date of last exposure when I live with someone who has COVID-19 and I am not able to avoid close contact?	4
High-Risk Exposure	4
1. What defines a high-risk exposure?	4
2. Why is my leader responsible for assessing if my exposure is high-risk?	5
3. Am I required to provide details associated with my exposure if my leader is asking?	5
4. My leader has determined my exposure not to be high-risk, but I believe that it is. Can I contact Employee Health Services (EHS)?	5
Remote Work/Quarantine	5
1. I am already working remotely and have notified my leader of my high-risk exposure. Does anything need to change?	5
2. I am already working remotely and have notified my leader of my exposure, but it has been determined not to be high-risk. Does anything need to change?	5
3. If I have notified my leader of my exposure which has been determined to be high-risk, will I be required to work remotely?	5
4. If I have a confirmed high-risk exposure and have been assigned to work remotely during this determined quarantine period, but there is not enough work available to me to meet my FTE, how will I be paid for the remainder of this time?	5

5. If I have notified my leader of my exposure which has been determined to be high-risk and there is no work available for me to do remotely, will I be given an alternative assignment during this quarantine period? 6
6. I have been working remotely due to high-risk exposure but have been notified by my leader I am required to return to on-site work, despite having a confirmed high-risk exposure. Can I be required to report on-site?..... 6
7. If I have been exclusively working from home and am being required to report on-site, how much time will I have to make childcare arrangements before I am expected to report on-site? 6
8. I have been sent home to work remotely/quarantine and my leader is requiring me to report to work on-site for my next scheduled shift, but I need to make childcare arrangements. Can I refuse to report? 6
9. Why are some staff members allowed to work remotely/quarantine at home while others are required to work on-site? 6

Staff Required to Provide Safe Clinical Operations..... 7

1. If my leader has determined my exposure is high-risk, but I am needed to work on-site to provide safe clinical operations, what can I expect? 7
2. During my leader's assessment, it was determined that my exposure was high-risk; however, after my exposure review with Employee Health Services (EHS), it was determined that my exposure was **not** high-risk. What are the next steps?..... 7
3. I am continuing to work on-site after a high-risk exposure. Employee Health Services (EHS) has indicated I should be tested between days 5-7 and days 12-14 after the date of presumed exposure. Do I have to be tested if I feel fine and remain asymptomatic?..... 7
4. Can you explain how or why a negative test between days 5-7 does not mean the person will remain negative? .. 7
5. I am continuing to work on-site after a high-risk exposure. I have been instructed to monitor for signs and symptoms of COVID-19. What do I have to do for this and how is this different than what I am already doing with the MyTime attestation process?..... 7

Exposure Guidance Process

1. What is the purpose of this process?
2. This process is being developed based on recent guidance from the Wisconsin Department of Health Services as an essential prevention strategy. Asymptomatic transmission of COVID-19 is known to be an important driver of the COVID-19 epidemic. Based on the best available data, it is currently estimated that 40% of COVID-19 cases are asymptomatic, and that 50% of all COVID-19 infections are the result of the asymptomatic or pre-symptomatic individual unknowingly spreading the virus to others.
3. Who does this new process apply to?

The process to identify staff members with a high-risk exposure to a confirmed COVID-19 individual at home, work or in the community applies to all UW Health employees, Advanced Practice Providers (APP), physicians, residents, fellows and CRNA/CAs.
4. What does it mean to quarantine?

Quarantine is defined as the mandatory separation and restriction of movement for individuals, who have been exposed to a communicable disease, in an effort to prevent further infection. Quarantine is especially important for preventing and containing outbreaks of infections that can be transmitted from individuals who are asymptomatic or pre-symptomatic and may unknowingly spread the virus to others. The quarantine period is through day 14 after the date of last presumed exposure.
5. How is the quarantine period determined?

So long as the staff member remains asymptomatic, the quarantine period starts on the date of presumed/known high-risk exposure and will end after 14 days. Some scenarios to note about this timeframe determination:

 - a. Staff members may learn about the high-risk exposure after the fact. For instance, the staff member learns today (11/4/20) about a COVID-19 positive result for someone they interacted with 3 days ago (11/1/20). The quarantine period in this case would have started on 11/1/20 and will end 14 days later (on 11/15/20).
 - b. Any time a new high-risk exposure occurs, the date of presumed exposure will adjust to be the most recent exposure date. With the adjusted/new exposure date, the staff member will begin the quarantine period from the most recent exposure date.
6. During the period of time that I am required to quarantine, I have begun developing symptoms consistent with COVID-19. What are my responsibilities?

If, at any time in the process, you develop signs/symptoms consistent with COVID-19, you are responsible for contacting Employee Health Services (EHS) immediately.
7. What are my timecard responsibilities associated with this exposure process?

First, staff members are responsible for notifying their leaders of their exposure. Leaders will then determine if the exposure is high-risk and if so, whether remote work is an option, if staff members are required to continue working on-site, or if the staff member is going to be required to quarantine. If no remote work is available or the work available is not up to the staff member's FTE, leaders are responsible for entering the appropriate pay code to compensate staff members up to their assigned FTE during the determined timeframe. Staff using MyTime should review and sign off on their timecard at the end of the pay period.

8. Why can an exposed person come to work, but need to quarantine when not working (i.e., at work they are wearing PPE: a barrier mask/face shield, but they are not wearing PPE at the grocery store)?

Healthcare workers are considered essential. If all healthcare workers assessed with high-risk exposure would quarantine, that would contribute further to critical staffing shortages, which threaten patient care and safety. Minimizing contact with others outside of work and quarantining at home aims to further minimize the risk of spreading COVID-19 should the staff member develop symptoms during the defined quarantine period.

Notification of Exposure

1. I have an immediate family member (same household) who was exposed to COVID-19.
If you have a family member who lives in your household who has been exposed to COVID-19, you can continue working and symptom monitoring.
2. I have an immediate family member (same household) who tested positive for COVID-19.
If you have a family member who has tested positive for COVID-19 and you live in the same household, you should notify your leader immediately of the high-risk exposure.
3. I have been exposed to COVID-19 and am reporting one or more symptoms. What are my responsibilities?
If you are reporting one or more COVID-19 symptoms, you should contact Employee Health Services (EHS) immediately.
4. I have been exposed to COVID-19 at home, work, or in the community, but am asymptomatic at this time. What are my responsibilities?
If you have been exposed to COVID-19 and are asymptomatic, you are responsible for reporting this exposure to your leader. Your leader will review to determine if the exposure is defined as high-risk and determine the next steps.
5. What is the presumed date of last exposure when I live with someone who has COVID-19 and I am not able to avoid close contact?
The presumed date of last exposure in this instance is the date the household member with COVID-19 ends home isolation. The household member ends their COVID-19 home isolation on the date that the following criteria are met: 10 days since symptoms first appeared (20 days if the person is immunocompromised or has a serious illness), 24 hours fever-free without the use of fever-reducing medicine and other symptoms are improving. Further information and scenarios can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

High-Risk Exposure

1. What defines a high-risk exposure?
High-risk exposure is defined as:
 - A household member is infected with laboratory-confirmed COVID-19
 - Direct exposure of mucous membranes to saliva from a COVID-19 confirmed patient
 - Present in room during an aerosol-generating procedure without N95 respirator or PAPR with a patient who is infected with laboratory-confirmed COVID-19.

- Close (within 6-feet), prolonged (>15 cumulative minutes), unmasked indoor exposure to another individual with laboratory-confirmed COVID-19 infection. Wearing a personal face covering is not considered masked in this situation.

2. Why is my leader responsible for assessing if my exposure is high-risk?

When notified of an exposure, leaders are equipped with resources to help determine if the exposure is considered high-risk. Their review and assessment will determine the next steps in the process.

3. Am I required to provide details associated with my exposure if my leader is asking?

Leaders are responsible for making a determination if the exposure is defined as high-risk by verifying details of the exposure. If you notify your leader that you are reporting any symptoms, you will be directed to contact Employee Health Services (EHS) immediately.

4. My leader has determined my exposure **not** to be high-risk, but I believe that it is. Can I contact Employee Health Services (EHS)?

Yes. If you are determined **not** to have a high-risk exposure based on your leader's evaluation, but you believe that your exposure should be considered high-risk, you can contact Employee Health Services (EHS) directly to report and discuss your exposure.

Remote Work/Quarantine

1. I am already working remotely and have notified my leader of my high-risk exposure. Does anything need to change?

If you are already performing work remotely and have notified your leader of your exposure, which has been determined to be high-risk, you should continue to work remotely and quarantine at home when not at work through day 14 of your last presumed exposure. If you are planning on reporting to the workplace for any reason, you should notify your leader who will connect with EHS.

2. I am already working remotely and have notified my leader of my exposure, but it has been determined **not** to be high-risk. Does anything need to change?

If you are already performing work remotely and you have notified your leader of exposure that is determined **not** to be high-risk, nothing needs to change. However, based on operational needs, you may be required to return to on-site work as early as your next scheduled shift. In this situation, your leader would communicate this directly to you.

3. If I have notified my leader of my exposure which has been determined to be high-risk, will I be required to work remotely?

If your exposure has been determined to be high-risk by your leader and you are able to complete your work remotely, your leader will notify you of the need to shift to remote work for the duration of your quarantine period.

4. If I have a confirmed high-risk exposure and have been assigned to work remotely during this determined quarantine period, but there is not enough work available to me to meet my FTE, how will I be paid for the remainder of this time?

You will be paid for hours worked during the period you are required to work remotely, whether in your regular work assignment or in an alternate work assignment.

- **Staff reporting hours worked in MyTime:** If you are unable to work up to your full assigned FTE during this time due to lack of work being available, your leader will be responsible to account for and enter remaining time to ensure you are paid at your assigned FTE for the determined quarantine period.
- **GME Residents and Fellows:** If you are unable to work up to your full assigned FTE during this time due to the lack of work being available, your leader will be responsible to account for and enter remaining time to ensure you are paid at your assigned FTE for the determined quarantine period.
- **Dually Employed SMPH Providers:** Please contact your department leadership for any questions on this process.

5. If I have notified my leader of my exposure which has been determined to be high-risk and there is no work available for me to do remotely, will I be given an alternative assignment during this quarantine period?

Possibly. Staff may be assigned alternative work arrangements during the designated timeframe. In these situations, your leader will work directly with the HR Business Partner and/or Employee Relations Consultant that supports your department.

6. I have been working remotely due to high-risk exposure but have been notified by my leader I am required to return to on-site work, despite having a confirmed high-risk exposure. Can I be required to report on-site?

Yes. Based on operational needs, operational leaders may make a decision to require an individual with high-risk exposure to work on-site. In the event that you are required to work on-site, Employee Health Services (EHS) will conduct a review of exposure and schedule testing during the quarantine period and you will be responsible for symptom monitoring during this period of time.

7. If I have been exclusively working from home and am being required to report on-site, how much time will I have to make childcare arrangements before I am expected to report on-site?

If you are required to work on-site, your leader will attempt to provide you as much advance notice as possible. There may, however, be times where you will only be provided minimal notice. If you will be assigned to work on a different shift or weekend, leaders will aim to provide you with five (5) days' advance notice to make [childcare arrangements](#).

8. I have been sent home to work remotely/quarantine and my leader is requiring me to report to work on-site for my next scheduled shift, but I need to make childcare arrangements. Can I refuse to report?

No. At any time during the determined quarantine period, staff members must understand the organization's staffing needs may change and result in them being required to return on-site for their next shift. Staff members refusing to return to work may be subject to disciplinary action.

9. Why are some staff members allowed to work remotely/quarantine at home while others are required to work on-site?

Leaders continuously review their department's operational needs. While knowledge, skills, and abilities may be similar within the same job title, there may be other reasons why one staff member is required to work on-site while another is able to work from home or sent home to quarantine. Some considerations leaders may review include the ability to staff particular shifts, length of quarantine expected by staff member, prescheduled time off, etc. We ask that staff trust that leaders are making the best decisions based on the information they have available.

Staff Required to Provide Safe Clinical Operations

1. If my leader has determined my exposure is high-risk, but I am needed to work on-site to provide safe clinical operations, what can I expect?

If it is determined that you are needed to remain on-site to provide safe clinical operations, your leader will be responsible for notifying Employee Health Services (EHS). As a result of this, EHS will call you directly to review the exposure and schedule asymptomatic COVID-19 testing.

2. During my leader's assessment, it was determined that my exposure was high-risk; however, after my exposure review with Employee Health Services (EHS), it was determined that my exposure was **not** high-risk. What are the next steps?

If EHS determines that the exposure is not high-risk after they have conducted their review, EHS will notify both you and your leader, and you can continue your normal work arrangements. You should continue to follow the existing requirements of physical distancing, self-monitoring, wearing a barrier mask when on-site and wearing a face-shield when indicated.

3. I am continuing to work on-site after a high-risk exposure. Employee Health Services (EHS) has indicated I should be tested between days 5-7 and days 12-14 after the date of presumed exposure. Do I have to be tested if I feel fine and remain asymptomatic?

It is highly recommended for staff members who have experienced a high-risk exposure be tested, but it is not a requirement.

4. Can you explain how or why a negative test between days 5-7 does not mean the person will remain negative?

The incubation period for COVID-19 is 2-14 days. This means if the day of exposure is day zero, the individual could still develop COVID-19 beyond the 7-day point. Numerous studies confirm that infection can occur at any time during the 14-day incubation period. An individual who tests negative on day 7 of the quarantine still has a risk of developing infection and spreading it to others at any time during days 8-14.

5. I am continuing to work on-site after a high-risk exposure. I have been instructed to monitor for signs and symptoms of COVID-19. What do I have to do for this and how is this different than what I am already doing with the MyTime attestation process?

Staff members will be provided a link to a ServiceNow form in the emailed summary/instructions from Employee Health Services (EHS). Individuals who work on-site are being asked to monitor their symptoms daily to confirm they remain asymptomatic. Once you complete the initial ServiceNow form (with your name, phone number, and date of presumed exposure discussed with EHS), daily tasks will be created for you to verify you have completed your daily signs and symptoms monitoring. Your signs and symptoms monitoring will need to be completed every day and leaders will verify with you that you have completed it prior to the start of any on-site work shift. Given the potential, increased risk you have had due to the high-risk exposure, it is imperative for you to be diligent in monitoring symptoms every day.