COVID-19 Exposure FAQ for Leaders

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Exposure Guidance Process

1. What is the purpose of this process?

   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.

2. 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.

3. 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.

4. What is the process I should follow as a leader when a staff member reports an exposure to me?

   All staff members are being asked to report known exposures to a confirmed COVID-19 person at home, work or in the community. After notification, leaders will follow the established process as detailed in the 'Staff with Known COVID-19 Exposure" flowchart. (Add link)

   1) Leaders will first ensure the staff member does not report one or more COVID-19 symptoms.
      a. If the staff member reports one or more COVID-19 symptoms, they should contact Employee Health Services (EHS) immediately. Staff members reporting any symptoms should not report to work.
   2) If the staff member is asymptomatic, the leader will next determine if the reported exposure is determined to be high-risk using the flowchart.
      a. If the exposure is determined not to be high-risk, no further action is required.
   3) If the COVID-19 exposure is determined by the leader to be high-risk, the leader needs to determine if the staff member can shift to remote work (either in their regular work assignment or an alternative work assignment) for a defined quarantine period.
      a. Staff who work from home or who can have arrangements made to fully work from home should quarantine at home up through day 14 after the last date of presumed exposure.
      b. Should a staff member not have work available up to their assigned FTE, leaders will enter the C19E pay code, as applicable, to the timecard.
      i. For GME residents and fellows, if they cannot work from home, log the time in MedHub as "Disaster Admin – paid 100%." If they test positive, their remaining time out should be categorized as "Disaster Medical – paid 100%."
   4) In situations where a leader does not have clear means to provide a work from home opportunity, leaders must next assess whether the staff member is critically needed to work on-site to provide safe clinical operations.

a. Leaders should review the high-risk exposure situation and are encouraged to use the consideration factors to assist in assessing whether the staff member is required to work onsite to provide safe clinical operations.
b. If the staff member is not critically needed on-site, the leader will work with their staff member to determine work arrangements from home and/or have the staff member quarantine for the required timeline.

5) If the leader determines the staff member is critically needed to work on-site to provide safe clinical operations, the leader will notify EHS via the linked email template of the staff exposure situation.
    a. Leaders should gather and provide details shared by the staff member with EHS in the email, including the type of high-risk exposure, any details the staff member may have shared and the date of presumed exposure.
6) If the determination is made that the staff member is needed to work on-site, EHS will contact the staff member and discuss the exposure.
    a. There may be a chance that EHS determines the exposure not to be considered high-risk. EHS will notify the leader of this. If the exposure is determined not to be high-risk, no further action is required by the staff member.
7) If the exposure is confirmed to have been high-risk, EHS will schedule the staff member for COVID-19 testing between days 5-7 and days 12-14 (assuming they remain asymptomatic).
    i. If the staff member begins to develop any symptoms at any point, they should contact EHS immediately.
8) For these staff members who remain working on-site, EHS will email next-step instructions. Staff should monitor and document signs and symptoms. EHS will provide a link to ServiceNow to initiate daily symptom monitoring to the staff member with the high-risk exposure and the leader.
    a. Staff continuing to work on-site should monitor and document their signs and symptoms at least through day 14 after the date of last presumed exposure.
9) Staff members should complete their daily monitoring task when working on-site.
    a. If a staff member has been off several days, they should complete missed tasks prior to the start of their shift worked on-site.
    b. Leaders are to request confirmation from the staff member that the daily monitoring tasks have been completed/the staff member is current with all tasks assigned.

5. 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

6. I have a staff member whose immediate family member (same household) was exposed to COVID-19.

If a family member is exposed to COVID-19, the staff member can continue working and symptom monitoring.

7. I have a staff member whose immediate family member (same household) tested positive for COVID-19.
   If a family member tests positive for COVID-19 and the staff member lives in the same household, the staff member should notify their direct leader of the high-risk exposure.

8. My staff member has notified me of an exposure and is reporting one or more COVID-19 symptoms. What should I do?
   If your staff member reports one or more COVID-19 symptoms, the staff member should be instructed to contact Employee Health Services (EHS) immediately and should leave the worksite and/or not report on-site for work.

9. My staff member has notified me of an exposure and is asymptomatic at this time. What are my responsibilities?
   If your staff member reports a confirmed COVID-19 exposure at home, work or in the community and is asymptomatic, your first responsibility is to determine if the exposure is considered high-risk using the flowchart.

10. 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 is the definition of high-risk exposure?
   High-risk exposure is defined as:

   - A household member is infected with laboratory-confirmed COVID-19
   - Direct exposure of mucus 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. As a leader, what are my responsibilities in identifying a high-risk exposure?
   When a staff member reports exposure to a confirmed COVID-19 person at home, work or in the community, the leader is responsible for identifying if the exposure is determined to be high-risk based on the definition outlined above.

3. Is the expectation that, as the leader, I ask specific questions about my staff member's exposure? Or do I only relay the information that is volunteered by the staff member?
   Yes, leaders are expected to ask questions regarding the exposure situation shared by their staff member. Leaders are required to use this information to assess if the exposure is high-risk. If, at any time, the staff

member indicates that they are displaying symptoms, they should be directed to contact Employee Health Services (EHS)

4. If the exposure is determined **not** to be high-risk, what are the next steps in the process?
   If the exposure is determined not to be high-risk, no further action is required. Staff should continue following the existing requirements of physical distancing, self-monitoring, wearing a barrier mask when on-site and wearing a face-shield when indicated.

Remote Work/Quarantine

1. My staff member who regularly works from home has notified me of a high-risk exposure. Does anything need to change?
   If a staff member is already performing work remotely and has notified you of an exposure that is determined to be high-risk, they may continue to do so remotely and quarantine at home when not at work through day 14 of their last presumed exposure.

2. My staff member is working remotely already and has notified me of exposure, but it is determined **not** to be high-risk. Does anything need to change?
   If a staff member is already performing work remotely and has notified you of exposure that is determined **not** to be high-risk, nothing needs to change. As their leader, you should communicate with the staff member that, based on operational needs, there may be the requirement for them to return to on-site work at any time.

3. My staff member can work from home; however, they do not have the IS equipment to do so at this time. How do I request this?
   If remote work opportunities have been identified, leaders will need to determine if computer equipment is available. If not, the leader will need to submit a request to IS to request the equipment needed. Please note: IS does not have the number of computers needed in inventory at this time but they are actively working to stock computers for immediate use as needed.

4. My staff member can shift to remote work due to their high-risk exposure. What are my responsibilities as a leader?
   Staff who have high-risk exposure and are assigned to work from home throughout the duration of their quarantine period (14 days after presumed exposure) must quarantine at home when not at work during this time. Leaders of staff who do not have work available up to their FTE should enter the C19E pay code on the MyTime timecard where applicable. For GME residents and fellows, if they are unable to work from home, log the time in MedHub as "Disaster Admin – paid 100%." If they test positive, their remaining time out should be categorized as "Disaster Medical – paid 100%."

5. During the quarantine period, is it possible for staff to be given an alternative work arrangement to allow them to continue working remotely during this period?
   Yes. Staff may be assigned alternative work arrangements during the determined timeframe. At the end of the established quarantine period, staff may return to their regular work assignment without being screened by Employee Health Services (EHS).

6. One of my staff members has a high-risk exposure and can work offsite/remotely and has the equipment necessary to begin working remotely right away; however, I do not have work that can be done remotely. Are there other departments that could utilize my staff member for remote work?
   This information should be shared with the HR Business Partner and/or Employee Relations Consultant, Provider Services Consultant, as applicable, that supports your department. During the defined quarantine period, other work may or may not be identified depending on the needs of the organization and the knowledge, skills and abilities of the staff member available to work remotely. While the offer is being considered, please ensure the staff member uses the quarantine period to work on any outstanding compliance or required department training.

7. Will Employee Health Services (EHS) or Incident Command (IC) provide criteria for leaders to use when they have to determine which staff need to return to work after an exposure?
   No, EHS and IC do not have criteria for determining which staff members on quarantine at home would need to return to work before their quarantine is over. That decision would best be made by operational leaders based on operational needs.

8. My staff member reported high-risk exposure and has been assigned to work remotely for the quarantine period; however, operational needs have changed, and I need them on-site to provide safe clinical operations. Can I require them to return to on-site work?
   Yes. It is your responsibility as the leader to be clear on expectations with staff that, due to operational needs, they may be contacted to report on-site to work their next shift.

9. Due to operational needs, I have notified my asymptomatic staff member who is quarantining due to a high-risk exposure to return to on-site work for their next shift and they are refusing to work on-site. What should I do?
   Any individual sent home to quarantine, whether they are performing remote work or not, should be prepared at any time during the required timeframe to return to on-site work, in line with their normal schedule. Individuals refusing to return to work could be subject to disciplinary action. In this situation, leaders should work directly with their Employee Relations Consultant or Provider Services (for APPs, physicians, residents/fellows).

10. I have determined my staff member with high-risk exposure needs to continue working/report back for work on-site despite other areas' application of quarantine. Will Employee Health Services (EHS) assist me in making these critical decisions?
    EHS will not be involved in the operational decisions at the department-level if a staff member needs to report on-site to provide safe clinical operations. If, after review of factors for consideration, you are still unclear of what to do for a particular situation, you can work with your next level leader to evaluate whether the staff member is deemed necessary to remain onsite to provide safe clinical operations. Once the operational decision is made that a staff member must remain on-site to provide safe clinical operations and has confirmed high-risk exposure, the leader is responsible for notifying EHS, who will conduct a review of the exposure.

11. If a staff member's personal physician/provider makes a recommendation for quarantine at home due to an exposure, what guidance should be followed?
    UW Health staff will follow the UW Health procedures and guidelines for COVID-19 quarantine as they are essential workers. These are developed based on CDC, Wisconsin Department of Health Services and Infection Control guidance. UW Health guidance may differ from guidance for the general public as UW Health staff are

considered essential workers.

12. Can I adjust scheduling to allow a staff member to work less on-site and more at home?
    Possibly. If you have determined your staff member with confirmed high-exposure to COVID-19 is not required to remain onsite to provide safe patient care, then you should allow them to work from home. If you have determined they are required to remain onsite to provide safe patient care, you may not have that flexibility. If operations permit, leaders are encouraged to work with staff members on flexible work arrangements in an effort to have less hours worked on-site to limit interactions after a high-risk exposure.

13. How can I explain why some staff members may be working on-site versus working from home/quarantine?
    Each situation will be unique. In general, it will be important to be as transparent about the process as possible. Share with your staff members that leaders are closely monitoring staffing levels and the entire situation we are facing continues to be very fluid. Even under typical circumstances, leaders have to monitor and be able to respond quickly to changes. This situation is no different; we have an obligation to our patients and families to provide the best care possible. To do this it will be imperative that all staff members are flexible and quickly able to respond to changes in their work location (from remote to on-site and on-site to remote).

14. Do I need to document which factors were considered when determining which staff members will work on-site versus work from home during the quarantine period?
    No, leaders will not need to document the factors considered in making the decision; however, they will need to address and respond to factor(s) used in determining if a staff member was needed to continue working on-site versus working from home/quarantine. There will not be a standard template created for leaders to use. Leaders should be prepared to explain their decision(s) should their staff members have any questions.

Staff Required to Provide Safe Clinical Operations

1. How do I determine if a staff member is needed on-site to provide safe clinical operations?
   To assist leaders in making a critical decision for the question "Is the staff member needed on-site to provide safe clinical operations?" leaders should review and consider the following factors, as applicable:

   - Review QlikView Productivity Tool for notable metrics:
     - OT % more than 3%
     - Productivity Index is purple for the past four (4) pay periods
     - Agency staff is being used
     - Inservice hours indicate a large number of staff in training/orientation
     - Current vacancies
   - Ability to cover shifts for up to the next 14 days
   - Number of staff currently on a leave of absence
   - Support needed/provided/expected for other organizational needs
   - Number of hours already approved for pre-scheduled time off in department
   - Acuity and patient volume
   - Provider coverage
   - Other situational factors not listed, specific to the department, may also be considered

2. I have a staff member who has a confirmed, high-risk exposure, but is needed to remain on-site to perform safe clinical operations. What can they expect?
   If it is determined that the staff member is needed on-site to provide safe clinical operations, as the leader, you will notify Employee Health Services (EHS) using the template of the staff exposure situation and notify the staff member to expect a call from EHS to review the exposure and schedule COVID-19 testing.

3. For staff members who are working on-site after exposure, will there be any additional guidance on eating in break rooms, PPE breaks, etc.?
   The same guidance of physical distancing for break rooms and PPE breaks applies.

4. Following notification to Employee Health Services (EHS), it is determined that the staff member's exposure is not high-risk. What are the next steps?
   If EHS determines that the exposure is not high-risk after conducting their review, EHS will notify both you and your staff member, and the staff member can continue normal work arrangements. Staff 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.

5. Following notification to Employee Health Services (EHS), it is determined that the staff member's exposure is high-risk, but they are required to work on-site. What are the next steps?
   If Employee Health Services (EHS) conducts a review of exposure and determines the exposure to be high-risk, EHS will schedule the staff member for COVID-19 testing* at day 5-7 and day 12-14, assuming they remain asymptomatic.

   **If the staff member lives with a household contact with COVID-19 and cannot avoid continued close contact, the staff member may also require additional testing on day 19-21.*

6. 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.

7. Do staff members who have a confirmed high-risk exposure and are required to continue to work on-site have any additional responsibilities, beyond the testing requirements outlined by EHS?
   Yes. During this time, staff should monitor and document signs and symptoms. The documentation will be completed in ServiceNow. Instructions on how to initiate this symptom monitoring process will be included in the information provided to the staff member from EHS. Leaders are responsible for checking in with their staff member(s) to ensure the staff member has submitted their initial ServiceNow form to initiate the task list. Once the task list is created, leaders must request confirmation from staff members that the daily monitoring tasks have been completed/the staff member is current with all tasks assigned.

8. My staff member will continue to work on-site after a high-risk exposure. EHS has indicated they should be tested between days 5-7 and days 12-14 after the date of presumed exposure. Is the staff member required to be tested if they feel fine and remain asymptomatic?
   It is highly recommended that staff who have experienced a high-risk exposure be tested but is not a requirement.

9. My staff member will continue to work on site after a high-risk exposure. They have been instructed to monitor and document signs and symptoms of COVID-19. What do they have to do for this and how is this different than what they are already doing with the MyTime attestation process?
   Staff members will be provided a link to a ServiceNow form in the emailed summary/instructions from EHS. Individuals who work on site are being asked to monitor their symptoms daily to confirm they remain asymptomatic. Once the staff member fills out the initial ServiceNow form (with their name, phone number and date of presumed exposure discussed with EHS), daily tasks will be created for them to verify they have completed their daily signs and symptoms monitoring. The signs and symptoms monitoring will need to be completed every day and leaders will verify that the applicable tasks have been completed prior to the start of any on-site work shift. Given the potential increased risk staff members have had due to the high-risk exposure, it is imperative staff are diligent in monitoring symptoms every day.