

Duke Employee Occupational Health Management Plan for Healthcare Providers

Ability to Work Protocols

The following applies to all faculty and staff who are employed by DUHS including PDC and SOM/SON.

Asymptomatic Healthcare Providers (HCPs)

ALL HCPs should **self-monitor** by taking their temperature twice daily and assessing for COVID-19 like illness.

Signs and symptoms of COVID -19 include:

- Fever (for healthcare providers any temperature greater than 100.0 Fahrenheit)
- Shortness of breath
- New onset cough (within the last 2 weeks)
- Nasal congestion & runny nose not associated with seasonal allergies
- Sore throat
- Muscle aches

Symptomatic Healthcare Providers

All HCPs who develop any of the above symptoms should follow these steps:

- You may not work.
- If any signs or symptoms occur while working, the HCP should immediately mask and leave the patient care area and inform their supervisor.
- Call the Duke COVID Hotline for assessment and COVID-19 testing, and wear a mask. By contacting the hotline, you will register with Employee Health and **must** complete the Duke employee survey that will be sent to your email. Employee Health will contact you within 24 hours.
- Self-isolate until cleared by Employee Occupational Health & Wellness (EOHW) to return to work.

Testing for HCPs for COVID-19 will be ordered through the Duke COVID Hotline (utilizing EOHW testing triage plan for HCPs) or by EOHW if symptoms develop during the monitoring period supervised by EOHW. Testing will be expedited and HCPs will be cleared to return to work per the guidelines below.

Duke COVID Hotline: [919-385-0429](tel:919-385-0429) option 1 for employees

Available at 8am 3/23/20 with hours 8-5 on 3/23/20 and 3/24/20. Beginning 3/25/20, hours will be 8am – 8pm.

Symptomatic HCPs should:

- Rest. Staying hydrated and sleeping are typically helpful in your recovery.
- Manage and treat your symptoms with fluids and medicines for fevers, cough, and other cold symptoms.
- Call your doctor if you start to feel worse (increased congestion, coughing, or fevers).
- Seek emergency medical treatment if you have difficulty breathing.

Updated: 3/23/20

Follow guidelines for hand washing and germ management:

- Clean your hands often. Wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands, and wash your hands after touching your face.
- Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues into a lined trash can. Immediately wash your hands with soap and water or hand sanitizer.

[Personal Assistance Service](#) is available to offer emotional support during this stressful period. Telephonic or Video counseling is available and you can access this service using most smartphones, tablets and computers with a camera. You may contact PAS to by calling 919-416-1727. The following link will help you get ready. <https://pas.duke.edu/about/counseling-services/online-counseling-services>

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use one of the below strategies to determine when HCP may return to work in healthcare settings

1. *Test-based strategy.* Exclude from work until
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).
2. *Non-test-based strategy.* Exclude from work until
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*.

If HCP was never tested for COVID-19 but has an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis. Influenza: Must be fever-free for 24 hours off antipyretics and feeling well enough to work.

Return to work requires clearance by Duke Employee Occupational Health & Wellness (EOHW).

A Health Recommendation Form will be emailed to the HCP and their supervisor.

After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from Employee Health by calling if respiratory symptoms recur or worsen

Asymptomatic HCP Situations (EOHW/IP guidance)

- A. Asymptomatic HCP is a close contact of a PUI who tests negative: clear to return to work.
- B. HCP is a close household contact of a PUI who tests positive:
HCP is self-isolated for 14 days with symptom monitoring
If becomes symptomatic then test for COVID and manage appropriately

If asymptomatic throughout isolation period, then may return to work with clearance from EOHW. Exclude from work for 14 days since last contact with confirmed case or 14 days after resolution of the COVID infected person's symptoms, whichever is longer.

Note: These criteria may change in response to critical staffing needs and community prevalence of illness.