

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, SOM, and SON.

Asymptomatic Healthcare Providers (HCPs)

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

Signs and symptoms of COVID-19 include:

- Fever (for healthcare providers any temperature greater than 100.0 Fahrenheit)
- Shortness of breath or difficulty breathing
- New onset cough (within the last 2 weeks)
- New onset nasal congestion or runny nose (within the last 2 weeks)
- Sore throat
- Muscle aches
- Chills, including shaking chills
- Headache
- GI symptoms (e.g., nausea, vomiting, diarrhea)
- New loss of taste or smell

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, leave the patient care area, and inform their supervisor.
- Call the Duke Health COVID-19 hotline for assessment and COVID-19 testing while continuing to wear a mask. By contacting the hotline, you will register with Employee Occupational Health & Wellness (EOHW) and **must** complete the Duke employee survey that will be sent to your email. Employee Health will contact you promptly.
- Self-isolate until cleared by EOHW to return to work.

Testing for HCPs for COVID-19 will be ordered through the Duke Health COVID-19 hotline (utilizing the 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 Health COVID-19 hotline: 919-385-0429, option 1 for employees 8am – 8pm.

For urgent afterhours concerns, call the Employee Health Blood and Body Fluid (BBF) hotline:
919-684-8115

Symptomatic HCPs should:

- Rest and hydrate. Adequate sleep and staying hydrated are typically helpful in your recovery.
- Manage and treat your symptoms with fluids and medicines for fevers (acetaminophen), cough, and other cold symptoms.

- Call your doctor if you start to feel worse (increased shortness of breath, chest congestion, coughing, or fevers).
- Seek emergency medical treatment if you have severe difficulty breathing.

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 (PAS) 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 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

Symptomatic HCP with suspected of laboratory-confirmed COVID-19:

Exclude from work in a healthcare setting 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 10 days have passed *since symptoms first appeared*. See below for special considerations for up to 14 days.

In some cases, a test-based strategy may be utilized. In these cases, the HCP will be excluded 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 \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

HCP with laboratory-confirmed COVID-19 who have not had any symptoms:

- Time-based strategy. Exclude from work until:
 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the criteria above for symptomatic HCPs should be used. Note: Because symptoms cannot be used to gauge where these individuals are in

the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

- Test-based strategy. Exclude from work until:
Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

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 fever-reducing medications and feeling well enough to work. GI illness only: Must be free of vomiting and diarrhea for at least 24 hours.

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

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 the Duke Health COVID-19 hotline by calling if respiratory symptoms recur or worsen

Asymptomatic HCP Scenarios (EOHW and Infection Prevention [IP] guidance)

Asymptomatic HCPs who have had exposure to a confirmed COVID case may work as long as asymptomatic. HCPs will be enrolled in the EOHW symptom monitoring program and must wear a face mask throughout the workday.

Asymptomatic HCP who is a close household contact of a confirmed COVID case:

EOHW will manage on a case-by-case basis in coordination with ID/IP and local Health Department.