STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

HEALTHCARE QUALITY AND SAFETY BRANCH

BLAST FAX 2020-24

TO: All Healthcare Facilities

FROM: Commissioner Renée D. Coleman-Mitchell, MPH

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: April 1, 2020

SUBJECT: Guidance for Use of Isolation Orders, and Return-to-Work Guidance for Healthcare Workers and First Responders

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Attached are:

- Guidance for Use of Isolation Orders during the COVID-19 Pandemic in Connecticut; and
- Return-to-Work Guidance for Healthcare Workers and First Responders during the COVID-19 Pandemic in Connecticut.

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Infectious Diseases Section

Guidance for Use of Isolation Orders during the COVID-19 Pandemic in Connecticut (3-30-2020)

This document is meant to assist local health departments in determining when the use of an isolation order could be considered during the COVID-19 pandemic in Connecticut. Isolation orders should always be considered a last resort option.

Is an isolation order needed?

Scenario 1: If a patient with symptoms consistent with COVID-19 (e.g. cough, fever, shortness of breath) expresses the desire to leave prior to the completion of the diagnostic evaluation or recommended treatment (e.g. against medical advice) but does not require the level of care of a hospital setting and has a private residence or location to return to, they can be allowed to leave for voluntary self-isolation as a least restrictive alternative. They should be given information about infection control while they are home and guidance for when and how their voluntary self-isolation period can be completed. As these patients are still capable of transmitting the virus that causes COVID-19 to others, transportation to a private residence or other location should be arranged to minimize the risk of transmission to others.

Scenario 2: If a patient with symptoms consistent with COVID-19 (e.g. cough, fever, shortness of breath) expresses the desire to leave prior to the completion of the diagnostic evaluation or recommended treatment (e.g. against medical advice) and requires a level of care that only can be provided in a hospital or similar setting, an isolation order should be considered as these patients may have greater difficulty complying with requirements for self-isolation yet remain capable of transmitting the virus that causes COVID-19 to others if discharged from the hospital.

Connecticut Department of Public Health

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Before issuing an isolation order in this scenario, the local health department should ensure the following:

- All efforts have been made by the medical provider to convince the patient to comply with their recommendations voluntarily.
- When evaluating patients who are experiencing homelessness and mental illness, the hospital should arrange for a social worker, psychologist or psychiatrist to be part of the triage process to meet with the patient to discuss - and assess the patient's capacity to understand - the need to remain in the hospital for treatment, and what is required of those in self-isolation to block risk of transmission to those in the community.
- Any isolation order should be written and executed in accordance with the requirements of Conn Gen Stat Sec 19a-131a(f) and 19a-221(b)(2), a copy given to the patient, and notification be given to the Commissioner of Public Health within 24 hours of the issuance of the order.

Every effort should be made to locate a safe and appropriate setting for any symptomatic person who is also homeless to be able to self-isolate. All options should be explored in close collaboration with local resources including homeless shelters and the local health department.

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Infectious Diseases Section

Return-to-Work Guidance for Healthcare Workers and First Responders during the COVID-19 Pandemic (3-30-2020)

This guidance applies to healthcare workers in all settings (e.g. hospitals, nursing homes) and first responders (EMS, fire, police). This guidance will be updated as needed.

Symptomatic Healthcare Workers and First Responders with Suspected or Confirmed COVID-19

Healthcare workers (HCWs) and first responders (FRs) with suspected or confirmed COVID-19 should not return to 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

HCWs and FRs meeting these criteria can return to work provided they:

- Adhere to respiratory hygiene, hand hygiene, and cough etiquette
- Wear a facemask at all times while in the healthcare facility (or at work for first responders), this assumes there is a sufficient supply of facemasks, until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Employers should consider reassigning HCWs who work with severely immunocompromised patients, such as bone marrow transplant patients, to work in other areas.

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Some HCWs and FRs may experience prolonged cough as a result of respiratory viral infection, which may continue after isolation has ended. Such persons can be advised to wear a surgical mask or equivalent until their cough resolves or their health returns to baseline status.

Asymptomatic Healthcare Workers and First Responders with High or Medium Risk Exposures to a known case of COVID-19 at Work

Medium and high-risk health care COVID-19 exposures are defined by CDC. The risk assessment for these types of exposures can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

In general, exposures are categorized based on the following:

- Whether there was prolonged close contact with a sick patient AND
- The type of PPE the HCW or FR was wearing at the time of the exposure

According to CDC, *prolonged close contact* for healthcare exposures is defined as: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand). The length of time is not defined and should be determined by the employer, though it should be more than a few (3) minutes.

Based on the needs of a particular healthcare facility or first responder group, it might be determined that HCWs or FRs with medium or high risk exposures to COVID-19 will be allowed to work instead of being asked to stay home and monitor their symptoms. In these instances, HCWs and FRs can be allowed to return to work provided they do the following until 14 days after the exposure:

- Actively monitor for signs (temperature) and symptoms (cough) consistent with COVID-19 infection; AND
- Adhere to cough etiquette and hand hygiene; AND
- Wear a facemask at all times while in the healthcare facility (this assumes there is a sufficient supply of facemasks)
- Employers should consider reassigning HCWs who work with severely immunocompromised patients, such as bone marrow transplant patients, to work in other areas.

Adherence to the above criteria should be monitored by an occupational health or infection control professional.

If HCWs and FRs develop fever (measured temperature > 100.4° or subjective fever) or respiratory symptoms consistent with COVID-19 during the monitoring period, the following should occur:

- The HCW or FR should cease patient care activities, immediately self-isolate (separate themselves from others), don a facemask (if not already wearing), and notify their supervisor or occupational health services promptly so they can coordinate consultation and referral to a healthcare provider for further evaluation.

- Testing for COVID-19 should be performed, if available. (If testing not available, follow guidance above for infected HCWs.)
- If the HCW or FR tests positive, refer to guidance above for infected HCWs.
- If negative, they can return to work under the following conditions: Symptoms have resolved; It has been at least 24 hours since the fever has gone without use of fever-reducing medications (for persons who develop fever); They should wear a facemask at all times while in the healthcare facility, if there is a sufficient supply of facemasks, until 14-days after the date of exposure. (If new symptoms arise during the 14-day monitoring period retesting is indicated as above.)

Asymptomatic Healthcare Workers and First Responders Exposed to a Household Member with Suspected or Confirmed COVID-19

Being exposed to a household member with suspected or confirmed COVID-19, is considered a high or medium risk exposure by CDC, dependent on if recommended home care precautions are being followed. https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

Recommended Home Care Precautions include:

- Isolation of the ill person in their own bedroom with their own bathroom, if possible
- The ill person should wear a facemask when they have to be around other people in the household; household members should wear a facemask if they have to handle bodily fluids of the ill person
- No sharing of household items with the ill person
- Frequent handwashing of all household members
- Daily cleaning of high touch surfaces
- No visitors to the household
- The ill person should not care for household pets

CDC recommends that persons exposed to a household member with suspected or confirmed COVID-19 stay home and monitor their symptoms for 14 days from the date of the last exposure. It is recognized that this type of exclusion for HCWs and FRs could be challenging for the staffing of their respective organizations. Healthcare facilities and first responder groups might choose to follow the guidance in the previous section for asymptomatic HCWs and FRs exposed at work for HCWs and FRs exposed to an ill household member. However, it should be recognized that the monitoring period for HCWs and FRs exposed to ill household members could be longer than 14 days dependent on the length of illness of the household member and how well recommended precautions can be implemented in the home. If another household member becomes ill, the monitoring period would again have to be extended. These decisions should be made on a case-by-case basis in consultation with the facility or organizations occupational health or infection control professional.