

ANTHC OPERATIONAL PROCEDURE

ANTHC Employee Health COVID-19 Procedure

Reference Policy: Infection Control and Employee Health Program Policy #1100

1. Purpose:

1.1. This ANTHC Employee Health procedure outlines basic measures to reduce the risk of infection with COVID-19 and measures to prevent the introduction and spread amongst healthcare workers (HCW) and staff in the workplace. This includes the procedures staff will take if they are sick, testing recommendations, and post-exposure guidance.

2. Scope:

2.1. This procedure applies to all staff, students, contractors, volunteers, and other members of the workforce.

3. Definitions:

3.1. Frontline Healthcare Worker: refers to staff who provide direct patient care, have close contact with patients, or considered critically essential for the daily operational support.

4. Procedure:

4.1. Prevention of COVID-19 Infection in the Workplace

4.1.1. Vaccination

4.1.1.1. Vaccination against COVID-19 significantly reduces the risk of COVID-19 infection and transmission to others, including by asymptomatic transmission. Vaccinated individuals are also much less likely to experience severe illness, hospitalization, and death.

4.1.1.2. ANMC has a mandatory COVID-19 vaccination policy that went into effect October 15th, 2021. Refer to the COVID-19 Vaccination Policy: <https://anthcstaff.org/covid-19-updates/>

4.1.2. Masking

4.1.2.1. Universal masking greatly reduces the transmission of COVID-19 by reducing the presence of COVID-19 in droplets and aerosols via source control, and reducing the inhalation of COVID-19.

4.1.2.2. Wear a mask or face covering, over the mouth and nose while at work in all buildings on campus, per the Universal

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Mask Policy: <https://anthcstaff.org/covid-19-updates/>.

Remind patients to wear a mask when it is safe to do so.

4.1.3. COVID-19 Transmission-based Precautions

4.1.3.1. Follow transmission-based precautions and wear appropriate personal protective equipment (PPE). Employees are responsible for wearing PPE as designed by the manufacturer and notifying their supervisor and Employee Health if they experience changes to the medical condition that alters their ability to safely wear a respirator or other PPE.

4.1.3.2. Reference the ANTHC Personal Protective Equipment Program Procedure and the ANTHC Respiratory Protection Program Procedure. For more information on prevention strategies reference the ANMC COVID-19 Procedure 1100-04: <https://anhcstaff.org/covid-19-updates/>

4.1.4. Avoid the workplace when sick

4.1.4.1. Self-monitor for symptoms of COVID-19 daily

4.1.4.2. Staff that develop symptoms consistent with COVID-19, such as **fever (≥ 100 if able to measure), cough, difficulty breathing, loss of sense of taste or smell, or other symptoms**, must leave work and not report back to work until no longer considered infectious. Staff must notify their supervisor AND Employee Health for further guidance and a symptomatic COVID-19 test referral.

4.1.5. Physical Distancing

4.1.5.1. Maintain physical distancing at least 6 feet from others when feasible; avoid crowds and poorly ventilated spaces.

4.1.6. Hand Hygiene and Cough Etiquette

4.1.6.1. Clean hands often; avoid touching your eyes, nose, and mouth with unwashed hands

4.1.6.2. Cover coughs and sneezes; discard tissue immediately after use and perform hand hygiene

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4.1.7. Environmental Cleaning and Disinfection

- 4.1.7.1. Disinfect surfaces frequently, with a focus on high touch surfaces.

4.2. Travel

- 4.2.1. Work-related interstate travel is permitted only for employees that have immunity to COVID-19 by completion of COVID-19 vaccine series or are within 3 months of COVID-19 infection, and are no longer considered infectious. Fully vaccinated is defined as being more than 2 weeks past the last dose in the primary vaccine series. Masking is required during air travel.

- 4.2.2. Continue to follow all travel and health advisories. For more information visit the DHHS website:

<https://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/travel.aspx#UK>

4.3. Symptoms of COVID-19

- 4.3.1. Symptoms of COVID-19: **fever, new cough, new muscle aches, new throat pain, new shortness of breath, or new congestion, loss of sense of taste/smell, new onset diarrhea, not attributable to another condition.**

- 4.3.2. If symptomatic, regardless of test results or vaccination status, do not report to work. Staff will notify their supervisor and contact Employee Health by calling 907-729-2900/4571, or sending a Tiger Text to the Employee Health role.

- 4.3.3. Staff who are symptomatic, have suspected illness, or confirmed to have COVID19 = **ISOLATION** and not allowed to work until they are no longer considered infectious.

4.4. COVID-19 Exposure

- 4.4.1. Guidance for Risk Assessment of Healthcare Workers for Potential Exposure to COVID-19

- 4.4.1.1. From CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

- 4.4.1.2. Quarantine requirements following exposure to COVID-19 vary depending on the correct use of PPE, use of source control by the patient (well fitting mask), and vaccination

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status of the HCW. For the purposes of quarantine after exposure, HCWs are currently considered immune from SARS-CoV-2 under the following criteria:

- 4.4.1.2.1 2 weeks after completing the 2 dose mRNA vaccine series OR
 - 4.4.1.2.2 2 weeks after completing the 1 dose Janssen and Janssen (J&J) vaccine OR
 - 4.4.1.2.3 Within 3 months of diagnosis of COVID-19 infection.
- 4.4.1.3. Following potential exposure to COVID-19, HCWs will be screened to determine if they meet the definition of a close contact.
- 4.4.1.4. Per CDC guidance, a close contact is defined as follows:
- 4.4.1.4.1 Being within approximately 6 feet (2 meters) of a person with COVID-19 for a cumulative total of 15 minutes or more over a 24hr period starting from 2 days before illness onset (or for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
 - 4.4.1.4.2 CDC defines infectious period as 2 days prior to symptom onset, in the case of a symptomatic person with COVID-19, OR 2 days prior to the date of a positive COVID-19 test result, in the case of an asymptomatic person with COVID-19.
 - 4.4.1.4.3 Having unprotected direct contact with infectious secretions or excretions of the person with COVID-19 (e.g., being coughed on, touching used tissues with a bare hand), or an exposure during an aerosolizing procedure for any length of time.
- 4.4.1.5. Guidance for COVID-19 mRNA Vaccinated Healthcare Workers with Potential Exposure to COVID-19:

From CDC: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

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From CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

- 4.4.1.6. At this time, vaccinated persons should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds, washing hands often, following travel guidance, and following any applicable workplace or school guidance, including guidance related to personal protective equipment use or SARS-CoV-2 testing.
- 4.4.1.7. However, vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:
 - 4.4.1.7.1 Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, OR ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
 - 4.4.1.7.2 Have remained asymptomatic since the recent COVID-19 exposure.
- 4.4.1.8. Unvaccinated employees are required to quarantine following a high risk COVID-19 exposure. Employee will contact Employee Health to clarify duration of required quarantine. Quarantine is 10 days from most recent high risk exposure, or 7 days with a negative PCR test obtained at least 5 days from most recent exposure.
- 4.4.1.9. Fully vaccinated health care workers will be tested for COVID-19 after a high risk exposure. COVID-19 PCR testing is recommended at days 5-7 following exposure event. Employee will notify Employee Health to consult and identify exposure risk and coordinate testing of exposed healthcare worker.
- 4.4.1.10. Unvaccinated employees that have recovered from COVID-19 within the last 90 days will follow the same guidance as vaccinated employees.
- 4.4.1.11. CDC's guidance focuses on those exposures that are believed to result in higher risk to the HCW (e.g.,

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prolonged contact with person infected with COVID-19 when HCW's own eyes, nose, or mouth are not covered). Other exposures not included as higher risk, including having body contact with the person infected with COVID-19 (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and the HCW then touches their eyes, nose, or mouth. The specific factors associated with these exposures should be evaluated on a case-by-case basis.

- 4.4.1.12. Health Care Workers who have had an exposure will undergo monitoring as defined by the risk assessment. Health Care Workers self-monitoring that develop symptoms must contact Employee Health to arrange for testing. Employees will not go to the Employee Health office but rather call ahead to coordinate testing. Employees may also contact their provider for testing.
- 4.4.1.13. Health Care Workers caring for COVID-19 Patients or suspect patients who wear appropriate PPE without an exposure will perform self-monitoring. In the event the HCW has an exposure, such as direct contact with respiratory secretions, PPE malfunction, etc. the HCW will report the incident to their supervisor and contact Employee Health.

4.5. Testing

- 4.5.1. All ANTHC staff and members of their household may receive weekly testing for COVID-19.
- 4.5.2. Asymptomatic Staff Testing
 - 4.5.2.1. Staff do not need to contact Employee Health and may visit a testing site on campus weekly.
 - 4.5.2.2. Results: Employee Health does not manage this process. Results available via *myHealth* or by calling 907-729-2999.
- 4.5.3. Symptomatic Staff Testing
 - 4.5.3.1. Anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately.

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- 4.5.3.2. Staff that develop signs/symptoms of respiratory illness consistent with COVID-19 will:
 - 4.5.3.2.1 Not report to work, and/or leave work as soon as possible.
 - 4.5.3.2.2 Notify their supervisor and contact Employee Health for a referral (order for testing). The order will be sent to the testing site the employee plans to attend (drive through or walk up).
 - 4.5.3.2.3 The employee will notify staff at the testing site that they are a healthcare worker and the reason for the test.
 - 4.5.3.3. Results: Tests ordered by Employee Health will result to Employee Health. A nurse or other designee will report the COVID-19 results to staff. Do not report back to work if symptoms consistent with COVID-19 persist, even if the COVID-19 test result is negative. Contact Employee Health for further guidance.
 - 4.5.4. If staff have question about testing or test results, contact Employee Health at (907) 729-2900/4571.
 - 4.5.5. All staff and HCWs must continuously self-monitor to prevent the spread of COVID-19 at the workplace. Staff or HCWs may be required to self-isolate based on exposure risks and/or presence of symptoms consistent with COVID-19 infection and/or diagnosis of COVID-19 infection.
- 4.6. Return to Work Criteria for Staff with Confirmed or Suspected COVID-19**
- 4.6.1. Per CDC, science demonstrating that the majority of SARS-CoV-2 transmission occurs early in the course of illness, generally in the 1-2 days prior to onset of symptoms and the 2-3 days after.
 - 4.6.2. The following criteria can be used to determine when frontline healthcare workers with SARS-CoV-2 infection could return to work. After returning to work, HCWs should continue to self-monitor for symptoms and seek re-evaluation from Employee Health if symptoms recur or worsen.

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- 4.6.3. **Frontline Healthcare Worker: Return to Work Criteria for Frontline Healthcare Workers with Confirmed or Suspected COVID-19.**
- 4.6.4. HCW with [mild to moderate illness](#) who are *not* [moderately to severely immunocompromised](#):
 - 4.6.4.1. At least 7 days have passed since symptom onset AND
 - 4.6.4.2. a negative COVID-19 nucleic acid or antigen test is obtained within 48 hours of return to work AND
 - 4.6.4.3. At least 24 hours have passed since last fever without the use of fever-reducing medications AND
 - 4.6.4.4. Symptoms (e.g., cough, shortness of breath) have improved.
- 4.6.5. HCW who were asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](#):
 - 4.6.5.1. At least 7 days have passed since the date of first positive viral diagnostic test AND
 - 4.6.5.2. a negative COVID-19 nucleic acid or antigen test is obtained within 48 hours of return to work.
- 4.6.6. Employees or contracted staff who are not working in the health care facility and have been diagnosed with asymptomatic or mild to moderate COVID-19:
 - 4.6.6.1. At least 5 days have passed since symptom onset or date of positive test result AND
 - 4.6.6.2. At least 24 hours have passed since last fever without the use of fever-reducing medications AND
 - 4.6.6.3. Symptoms (e.g., cough, shortness of breath) have improved.
- 4.7. **Strategies to Mitigate Healthcare Personnel Staffing Shortages**
 - 4.7.1. Contingency strategies to be used only when staffing shortages effecting patient care or essential daily operations occur. This will be in collaboration with Employee Health, Infection Control and unit manager to consider alternatives and identify safest plan of action for return of infections HCW.
 - 4.7.2. HCW with [mild to moderate illness](#) who are *not* [moderately to severely immunocompromised](#):

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- 4.7.2.1. At least 5 days have passed since symptom onset AND
 - 4.7.2.2. At least 24 hours have passed since last fever without the use of fever-reducing medications AND
 - 4.7.2.3. Symptoms (e.g., cough, shortness of breath) have improved.
- 4.7.3. HCW who were asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](#):
- 4.7.3.1. At least 5 days have passed since the date of first positive viral diagnostic test
- 4.7.4. In the event of a staffing shortage crisis, there may be a scenario where HCWs will be needed to work despite an active and infectious COVID-19 infection. This will only be performed in the event of a crisis standard of care declaration at the healthcare facility. Employee Health and Infection Control will consult with the department supervisors regarding the duties and activities of the returning healthcare workers.
- 4.7.5. **Staff will contact Employee Health prior to returning to work to confirm it is safe to do so and the HCW is no longer infectious.**
- 4.7.6. **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
- 4.7.7. **Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) $\geq 94\%$ on room air at sea level.
- 4.7.8. **Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO2 $<94\%$ on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of $>3\%$), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates $>50\%$.
- 4.7.9. **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
- 4.7.10. If a symptomatic Health Care Worker has a negative COVID-19 PCR test and has an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work will be based on that diagnosis.

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4.8. Contact Information

- 4.8.1. ANTHC Employee Health, M-F, 8am-5pm, (907) 729-4578 or (907)-729-2900
- 4.8.2. SCF Employee Health (907) 729-8922
- 4.8.3. Walk In Clinic (907) 729-1500
- 4.8.4. ANMC Emergency Department, 24/7, (907) 729-1729
- 4.8.5. Emergency Preparedness Hotline: (907) 729-5678

References

<https://anthcstaff.org/covid-19-updates/>

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

COVID-19 (novel Coronavirus) Procedure #1100-04

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Personal Protective Equipment Program Procedure

Respiratory Protection Program Procedure

ANTHC EMPLOYEE HEATH COVID-19 PROCEDURE	
Authority to Approve	Infectious Diseases and Medical Director, ANTHC Employee Health
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Effective Date	1/3/22
Supersedes	Written 4/17/20, last revised 3/21, 11/21, 12/21, 12/29/21
Due for Review	
Responsible for Review	Infectious Diseases and Medical Director, ANTHC Employee Health
Related Policies, Procedures, Etc.	See References
Legal References	
Search Terms	