Federal/State COVID-19 Protocol in Healthcare Settings

(March 2022)

COVID-19 Protocol	CDC Recommendations	MDHHS Recommendations
COVID-19 Vaccination in Healthcare Settings	**The Centers for Medicare and Medicaid Services (CMS) Interim Final Rule COVID-19 Health Care Staff Vaccination requires all staff in facilities that are certified by Medicare and Medicaid to be vaccinated against COVID-19.** An employer may require that their employees be vaccinated. The U.S. Department of Health and Human Services has established that employers—including healthcare providers when acting solely in their role as employers—may ask an employee about vaccination status without violating the Health Insurance Portability and Accountability Act (HIPAA). Learn more here.	**The Centers for Medicare and Medicaid Services (CMS) issued an interim final rule establishing COVID-19 vaccination requirements for staff working for certain Medicare- and Medicaid-certified providers and suppliers.** Learn more from MDHHS.
Masking in Healthcare Settings for Healthcare Personnel (HCP)	The CDC's new COVID-19 Community Level tool meant for the general public classifies every county in the US into low, medium, or high and provides recommended prevention measures for each level. **Healthcare providers should continue to use CDC's COVID Data Tracker site to determine Community Transmission Levels.** **HCP working in facilities located in counties with substantial or high transmission should use PPE as described below:** • **NIOSH-approved N95 or equivalent or higher-level respirators should be used for:** - All aerosol-generating procedures (refer to which procedures are	MIOSHA rules dictate enforcement for healthcare facilities. Please refer to the MIOSHA website for updates regarding OSHA's COVID-19 Emergency Temporary Standard for Healthcare. **During this post-surge recovery phase, MDHHS recommends tha**t **all individuals, regardless of vaccination status, continue to practice masking in high-risk congregate settings** (including long-term and health care facilities, jails and correctional facilities and shelters). Any healthcare employee not wearing a facemask must remain at least 6 feet away from all other people unless the employer

Masking in Healthcare Settings for healthcare personnel (HCP) cont.	considered aerosol generating procedures in healthcare settings). - All surgical procedures that might pose higher risk for transmission if the patient has SARS-CoV-2 infection (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract). **NIOSH-approved N95 or equivalent or higher-level respirators can also be used by HCP working in other situations where additional risk factors for transmission are present such as the patient is not up to date with all recommended COVID-19 vaccine doses, unable to use source control, and the area is poorly ventilated.** They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place. To simplify implementation, facilities in counties with substantial or high transmission may consider implementing universal use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP during all patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission. **Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.**	can demonstrate it is not feasible. The employee must resume wearing a facemask when not engaged in the activity where the facemask presents a hazard. Per MIOSHA: **Employers must provide, and ensure that employees wear, facemasks over the nose and mouth when indoors and when occupying a vehicle with other people for work purposes.** The employer must provide a sufficient number of facemasks to each employee to comply and must ensure that each employee changes them at least once per day, whenever they are soiled or damaged, and more frequently as necessary (e.g., patient care reasons). Exemptions include (but are not limited to): • When an employee is alone in a room. • When an employee is eating or drinking in the workplace. • When employees are wearing respiratory protection. • When it is important to see a person's mouth (e.g., communicating with an individual who is deaf or hard of hearing) and the conditions do not permit a facemask that is constructed of clear plastic (or includes a clear plastic window). • When employees cannot wear facemasks due to a medical necessity.
COVID-19 Exposure for Healthcare Personnel (HCP)	Data are limited for the definition of close contact. For healthcare personnel this guidance is defined as: • Being within 6 ft. of a person with confirmed SARS-CoV-2 infection or **b)** having unprotected direct contact with infectious secretions or excretions of the	If you are a health care worker who has had a known high-risk exposure to a patient(s) with confirmed COVID-19, you should take extra care to monitor your health but can keep working if you can be closely monitored by the facility's

COVID-19 Exposure for Healthcare Personnel (HCP) cont.	person with confirmed SARS-CoV-2 infection. Distances of more than 6 feet might also be of concern, particularly … when exposures occur over long periods of time in indoor areas with poor ventilation. • When close contact occurs, factors that can reduce risk for transmission include, but are not limited to: correct use of personal protective equipment (PPE) by HCP, use of well-fitting source control by the individual with SARS-CoV-2 infection, whether the HCP and/or the individual with SARS-CoV-2 infection are up to date with all recommended COVID-19 vaccine doses. *All these factors should be considered when evaluating an exposure.* See more in graphic here.	occupational health program and adhere to all requirements for self-monitoring. **There is no requirement for 14-day quarantine of healthcare workers with high-risk exposures in the setting of sustained community transmission as we have in multiple areas of the State of Michigan. Learn more here.** High-risk exposures include: • An unmasked provider having prolonged close contact (<6ft. for more than a few minutes) with an unmasked confirmed COVID-19 patient. • A provider not wearing eye protection while present for an aerosol generating procedure.
COVID-19 Testing Requirements for Healthcare Personnel	**HCPs with even mild symptoms of COVID-19 should be prioritized for viral testing** with nucleic acid or antigen detection assays; ensure that SARS-CoV-2 testing is performed with a test that is capable of detecting SARS-CoV-2 even with currently circulating variants in the United States. If after evaluation for COVID-19 another diagnosis is suspected or confirmed, return to work decisions should be based on HCP's other suspected or confirmed diagnoses.	**MDHHS is encouraging anyone who meets the testing criteria to get tested.** Free testing is widely available, including at federally qualified health centers and major retail pharmacies. **MDHHS COVID-19 test prioritization criteria categorizes any health care worker, first responder, or congregate care facility worker with symptoms, *High Priority for testing*.**
Protocol for Healthcare Personnel (HCP) Waiting for a	**HCP who are symptomatic:** • Resolution of fever without the use of fever-reducing medications, **and**	Health care workers with suspected or confirmed COVID-19 should self-isolate at home until they have been afebrile off antipyretics and have had improvement in

COVID-19 Test Result **Protocol for Healthcare Personnel (HCP) Waiting for a COVID-19 Test Result cont.**	• Improvement in symptoms (e.g., cough, shortness of breath), **and** • Results are negative from at least two consecutive respiratory … specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or Nucleic Acid Amplification Tests (NAAT). **HCP who are not symptomatic:** • Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.	their respiratory symptoms for 72 hours and have negative test results from at least two consecutive respiratory specimens collected ≥24 hours apart before they return to work. **If symptoms develop at work, you MUST immediately leave the patient care area, isolate yourself and notify your supervisor.** **Asymptomatic health care workers who have a positive test result for COVID-19 should not continue to work.** The health care worker should monitor their health at home for COVID-19 like illness for a total of 10 days from the date of their first positive test.
Return to Work Criteria for Healthcare Personnel (HCP) with SARS-CoV-2 Infection	**HCP with mild to moderate illness who are *not* moderately to severely immunocompromised:** • At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) have passed *since symptoms first appeared,* **and** • At least 24 hours have passed *since last fever* without the use of fever-reducing medications, **and** • Symptoms (e.g., cough, shortness of breath) have improved. **HCP who was asymptomatic throughout their infection and are not moderately to severely immunocompromised:** • At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or a positive test at day 5-7) have passed since the date of their first positive viral test.	**If the health care worker remains symptom free, they may return to work after a 10-day period.** **If they develop COVID-19 like illness during the 10-day self-monitoring period,** they will need to self-isolate for an additional 10 days from symptom onset and until they have been afebrile off antipyretics and have had improvement in their respiratory symptoms for 72 hours before returning to work. **Health care facilities may also choose to use a test-based strategy for health care worker return to work.**

Return to Work Criteria for Healthcare Personnel (HCP) with SARS-CoV-2 Infection (cont.)	**HCP with severe to critical illness and are not moderately to severely immunocompromised:** • At least 10 days and up to 20 days have passed since symptoms first … appeared, and at least 24 hours have passed since last fever without the use of fever-reducing medications, and symptoms (e.g., cough, shortness of breath) have improved. • The test-based strategy as described for moderately to severely immunocompromised HCP below can be used to inform the duration of isolation.	See above.
Social Distancing in a Healthcare Setting	In situations when patients who are not up to date with all recommended COVID-19 vaccine doses could be in the same space (e.g., waiting rooms, cafeterias, dialysis treatment room), arrange seating so that patients can sit at least 6 feet apart, **especially in counties with substantial or high transmission.** This might require scheduling appointments to limit the number of patients in waiting rooms, treatment areas, or participating in group activities. Optimize the use of engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals (e.g., physical barriers at reception / triage locations and dedicated pathways to guide symptomatic patients through waiting rooms and triage areas). Explore options, in consultation with facility engineers, to improve ventilation delivery and indoor air quality in all shared spaces.	The MDHHS has not provided specific guidance for social distancing in healthcare settings; however, **it is encouraged that the general public maintain at least 6ft distance from other people whenever you are out of your household.**
COVID-19 Employee/Visitor Screening (and	Visitors to healthcare facilities should be limited in the context of the COVID-19 pandemic, regardless of known community transmission. If visitors are allowed:	**Healthcare employers must screen each employee before each workday and each shift. Screening may be conducted by asking employees to self-monitor before reporting to work or may be conducted in-person by the employer.**

Hygiene) in a Healthcare Setting
 	
COVID-19 Employee/Visitor Screening (and Hygiene) in a Healthcare Setting cont.
	o **Facilities should designate an entrance that visitors can use to access the healthcare facility.**
	
	o Visitors who are noted by healthcare facility staff to have fever or other symptoms of acute respiratory illness (e.g., cough or shortness of breath) should be instructed to leave the facility and seek care if needed.
	
	o **Facilities should encourage visitors to be aware of signs and symptoms of acute respiratory illness consistent with COVID-19 and not enter the facility if they have such signs and symptoms.**
	
	   ▪ Visual alerts, such as signs and posters, should be placed at facility entrances and other strategic areas instructing visitors not to enter as a visitor if they have fever or respiratory symptoms.
	
	   ▪ Signage should include signs and [symptoms] of COVID-19 and who to notify if visitors have symptoms.
	
	o **Visitors are strongly discouraged from visiting patients who are at increased risk for severe illness from COVID-19.** If visitors are allowed, facilities should follow national policies regarding the use of medical masks or face covers (e.g., homemade mask) by healthy visitors.
	
	• **Facilities should apply alternatives for direct interaction between visitors and patients, including setting up remote communications** (e.g., telephone or internet connection) in the isolation area to allow for video or audio calls.
	
	• **Facilities should have staff members who are able to provide training and**
		If a COVID–19 test is required by the employer for screening purposes, the employer must provide the test to each employee at no cost to the employee.
		
		See [MIOSHA rules for healthcare].
		
		Patient screening and management: In settings where direct patient care is provided, the employer must:
		
		• Limit and monitor points of entry to the setting. This provision does not apply where emergency responders or other licensed healthcare providers enter a non-healthcare setting to provide healthcare services.
		
		• Screen and triage all clients, patients, residents, delivery people and other visitors, and other nonemployees entering the setting.
		
		• Implement other applicable patient management strategies in accordance with CDC's ''COVID–19 Infection Prevention and Control Recommendations''
		
		The employer is encouraged to use telehealth services where available and appropriate in order to limit the number of people entering the workplace.

COVID-19 Visitor Screening (and Hygiene) in a Healthcare Setting cont.	**education to visitors.** All visitors allowed to visit patients should be educated on: o Signs and symptoms of COVID-19 including instructions on who to notify if they develop symptoms. o Performing hand hygiene by washing hands with soap and water for at least 40 seconds or by using an alcohol-based hand rub with at least 60% ethanol or 70% isopropanol for at least 20 seconds. Facilities should provide adequate supplies for visitors to perform hand hygiene. o Following respiratory hygiene and cough etiquette (e.g., covering mouth and nose with a disposable tissue when coughing or sneezing) in the event an individual develops respiratory symptoms while visiting the facility. Facilities should provide adequate supplies for visitors to perform respiratory hygiene and should instruct visitors with cough or other respiratory symptoms to immediately leave the facility and seek care if needed.	See above.