



## Health Care Worker with High-Risk Exposure to a COVID-19 Patient

[Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)

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 occupational health program and adhere to all requirements for self-monitoring. There is no requirement for 14-day quarantine of health care workers with high-risk exposures in the setting of sustained community transmission as we have in multiple areas of the State of Michigan.

### Health care worker with High-Risk exposure to a confirmed or probable COVID-19 patient

High-risk exposures include:

- 1) An unmasked provider having prolonged close contact (<6 feet for more than a few minutes) with an unmasked confirmed COVID-19 patient
- 2) A provider not wearing eye protection while present for an aerosol generating procedure (e.g. cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction)
- 3) An unmasked provider present for an aerosol generating procedure.

MDHHS asks that you self-monitor at least twice daily for symptoms (subjective fever or measured temp >100.0°F, or cough, or shortness of breath or sore throat) AND additional new onset lower acuity symptoms that may be associated with early signs of infection with COVID-19 including muscle aches, or malaise (feeling tired or run down), runny nose, or stuffiness or congestion.

Timing of these checks should be at least **eight hours apart** with one check immediately before each health care shift. If any of these signs/symptoms develop then **you MAY NOT come to work**. If symptoms develop at work, you **MUST** immediately leave the patient care area, isolate yourself and notify your supervisor.

### Additional precautions for asymptomatic health care workers exposed to a possible or confirmed COVID-19 patient:

In the context of sustained community transmission of COVID-19, all health care workers are at some risk for exposure at work and within the community. CDC has advised that health care facilities can consider allowing asymptomatic health care workers exposed to a confirmed COVID-19 patient to work while wearing a surgical mask for source control. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19. Of note, N95 or other respirators with an exhaust valve might not provide source control.

**MDHHS again stresses that ALL providers should be self-monitoring and if sick, stay home.**

## Testing of asymptomatic health care workers:

Testing is available for all health care workers, even those who do not have symptoms.

Health care workers should not be tested as a precondition of returning to work after a high-risk exposure since a negative test result does not provide assurance that they will not go on to develop symptoms of COVID-19 after being tested within 14 days of that high-risk exposure.

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. If the health care worker remains symptom free, they may return to work after that 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. 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 their respiratory symptoms for 72 hours *and* have negative test results from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart before they return to work. Asymptomatic health

care workers with confirmed COVID-19 should have at least two consecutive respiratory specimens collected  $\geq 24$  hours apart before they return to work. Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness.

**Note: your employer may require you to report your temperature and symptoms daily or the beginning of every shift (i.e., active monitoring) and may have additional guidance for specific employees caring for high-risk populations such as the elderly or immune compromised.**

## Support for health care workers experiencing anxiety

During the monitoring period, it is normal for you and family members to feel distressed, anxious or afraid. Try to keep a hopeful outlook and strengthen your resilience by drawing on skills that helped you manage difficult situations in the past. Keep in touch with other relatives and friends by phone, email or social media. If you feel overwhelmed and need support to cope with the situation, contact the SAMHSA Disaster Distress Hotline at 800-985-5990. For more information, see the [Supporting Emotional Health of the Health Care Workforce](#) from the Michigan Department of Health and Human Services.