

Remaining questions from 12/30/21 Meeting: Answers provided by Dr. Vuppalanchi

A lot of questions seem to be about crisis/contingency

CDC said: ***Use contingency recommendations below when significant shortages are anticipated. Use crisis recommendations below when the ability of the facility to provide care for the entire population (not just COVID) is compromised***

[1:06 PM] Stephen Sokolow

Its not a concern about determining staffing ratios but I think the question of having people return to work sick and spreading the virus is a real issue and needs to be addressed by ISDH.

I understand your concern, strict adherence to masking, hand hygiene, distancing are more important than ever when following new return to work criteria.

In the event of ongoing transmission within a facility that is not controlled with initial interventions, strong consideration should be given to using more stringent work restrictions for healthcare personnel with higher-risk exposures.

[1:07 PM] Linda Clark (Guest)

To clarify...for staff to return in 5 days, do they need to be fully vaccinated to include the Booster or is that also based on the Contingency or Crisis status?

For covid in HCP, all HCP follow the same recommendation: just depends on what is the status of facility with respect to conventional, contingency or crisis.

For exposure in HCP, boosted have no restriction, the others have work restriction for 10 days (or 7 with a negative test)

[1:07 PM] Missy Mantooth

In return to work criteria where do vaccinated employees that are not yet eligible to get the booster fall?

Stay tuned. I am seeking clarification with CDC.

[1:10 PM] Jennifer (Guest)

when you say antiviral does that include a POC or just PCR?

Confirmed COVID, doesn't matter which test.

[1:15 PM] guest (Guest)

Just to be clear. If both resident and staff are wearing a mask and the staff member becomes positive. The resident is not considered exposed and outbreak testing is not needed?

Today's comments and discussion were about staff/ and PPE use.

I checked with Jennifer: We did count it as an exposure in the past if HCP was positive in facemask and resident in cloth masks. Exposure definition was stricter for the residents

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).


Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test ¹ , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 ¹ and 5-7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 ¹ , 2, 3, & 5-7	No work restrictions (test if possible)

¹Negative test result within 48 hours before returning to work
²For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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