



<b>Policy Description</b> WRHD Exposure Flow Chart for Employee Health in HR.		<b>DEPARTMENT</b> Human Resources	<b>POLICY NUMBER:</b> HR-10
<b>ORIGINAL DATE:</b> 01/10/2022	<b>RESPONSIBLE PARTY:</b> Clinic Manager	<b>Shelby Dumire</b>	<b>REVISED DATE:</b>
<b>APPROVAL DATE:</b> 02/02/2022	<b>DATE REVIEWED:</b> 01/25/2022		<b>APPROVED BY:</b> BOARD OF DIRECTORS
<b>RESOLUTION NO:</b>		<b>BOARD CHAIR:</b>	<b>Suzanne Knapp</b>
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## White River Health District Exposure Covid 19 Flow Chart for Staffing

With the measure of consistency and collaboration in place moving forward, White River Health District will be adhering to the following Chart from Mid-Columbia Medical Center (MCMC) for determining Exposure and Isolation/Quarantine for staffing effective immediately. This recommendation comes from Special District Association of Oregon (SDAO) Loss Prevention team with collaboration of Oregon Health Authority (OHA).

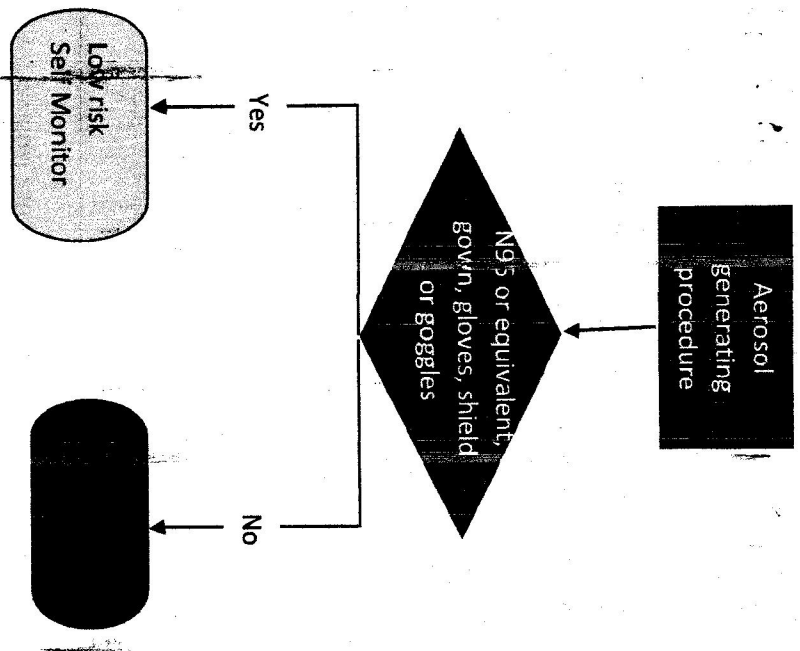
Infection Control and Employee Health at MCMC have worked together to develop a flow chart to help with the decision-making process. It is based on the Oregon Health Authority (OHA) and the Center for Disease Control (CDC) guidelines. This flow chart is current and accepted at Mid-Columbia Medical Center (MCMC) our collaborative Partner.

Furthermore, with the potential of shared staffing positions, White River Health District will be coordinating this and future HR recommendations and/or policies to assure our collaboration/partnership with MCMC is in the forefront. Permission from MCMC Board of Trustees, Employee Health Services department and Human Resources was obtained to share this Flow Chart for adoption at White River Health District.

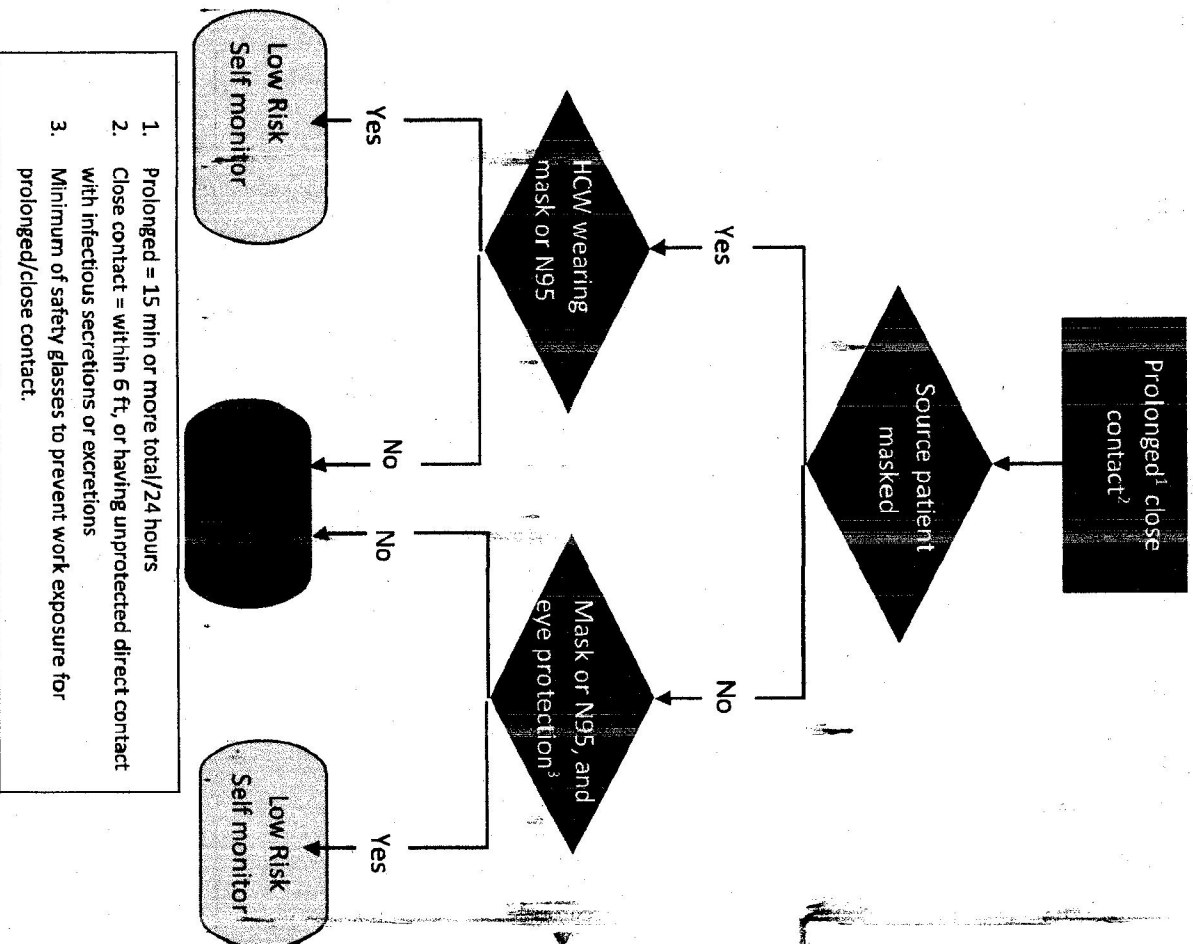
Any changes to the workflow will automatically be implemented upon receiving notification of changes within CDC/OHA or SDAO.

Attached: 4 page Policy updated 01/05/2022 MCMC

# Exposure Flow Chart Updated 1/5/2022



Vax Status	Definition
Up to date	Boosted – or- Completed the primary series of Pfizer or Moderna within the last 6 months -or- Completed the primary series of J&J within the last 2 months
Not up to date	Unvaccinated -or- Has not completed the primary series of any COVID-19 vaccine -or- Completed the primary series of Pfizer or Moderna over 6 months ago and is not boosted -or- Completed the primary series of J&J over 2 months ago and is not boosted



## Work Restriction

Exposure Category	Up to date/boosted workers	Non-boosted, not up to date workers
Higher risk	No work restrictions with negative tests on days 2 and 5-7 after exposure	10 days or 7 days with negative test (48 hours prior to return to work)
Lower risk	No work restrictions or testing	

## Vaccinated or COVID-recovered Staff

Staff who are up to date do not need to quarantine for exposure, however vaccinated staff with high risk exposures in a health-care setting should be tested on day 2 and day 5-7 after exposure. Staff who have had a positive COVID test and recovered within the last 90 days will need to quarantine if they are not up to date. Any individual with exposure still needs to self monitor for symptoms and should isolate and seek testing if they do.

## Home exposures

If up to date staff are able to isolate a covid-positive household member in the home and not have continued, ongoing close contact, that employee may be managed as a high risk exposure above. Up to date staff who are unable to isolate covid-positive household members in the home need to be work restricted for 7 days, and have a negative test 48 hours prior to return to work and no symptoms. If the employee refuses to be tested, they will be work excluded for 10 days, with no symptoms.

Not up to date staff will be work restricted and quarantined for the duration of contact with positive household member, plus additional quarantine time after the end of household member's isolation period.

## Cloth Masks

Exposure is defined as prolonged, close contact to a known case. Wearing a cloth face covering or non-medical-grade mask by the staff member does not prevent exposure per the diagram on the first page.

## Additional Information for staff with on-the-job exposure

Staff with exposure and work exclusion should be in contact with the employee health office. Exposed staff should have the following instruction on how to quarantine if required:

Quarantine means that you should try to not have contact with other people, except if you need to see a doctor. If you live with other people, you might try to find another place to stay. Or you might use your own bedroom and bathroom. If you can't avoid being around other people, you should wear a mask at all times. The mask should completely cover your nose and mouth. Quarantine restricts movement and contact of healthy people who have been exposed. Quarantine time in the community is 5 days, with an additional 5 days masking around others. Quarantine time may be shorter than work exclusion time, due to extra caution in the healthcare environment.

Exposed staff should **monitor for symptoms**, including:

Fever, tiredness or fatigue, muscle ache, cough, loss of taste or smell, difficulty breathing, headache, sore throat or diarrhea.

Currently, eligible staff can use EIH/EIHONA for quarantine due to COVID-19 exposure, but this is subject to change.

**Example 1:** A staff member was exposed on December 6<sup>th</sup> and 7<sup>th</sup>. Date of exposure is the most recent date, so December 7<sup>th</sup>. That is considered day 0 of quarantine. If this staff member meets the 10-day work exclusion requirements, they will be off work through December 17<sup>th</sup>, and may qualify to come back to work on December 18<sup>th</sup> if they are asymptomatic.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
December 6 Staff exposed	December 7 Staff exposed (Day 0)	December 8 day 1	December 9 Day 2	December 10 Day 3	December 11 Day 4	December 12 Day 5
December 13 Day 6	December 14 Day 7	December 15 Day 8	December 16 Day 9	December 17 Day 10	December 18 May return to work	December 19

**Example 2:** A staff member was exposed on December 7<sup>th</sup>. If this staff member is tested on day 5 or 6 (negative), they may return to work if asymptomatic on December 15<sup>th</sup>.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
December 6 Staff exposed	December 7 Staff exposed (Day 0)	December 8 day 1	December 9 Day 2	December 10 Day 3	December 11 Day 4	December 12 Day 5
December 13 Day 6	December 14 Day 7	December 15 May return to work	December 16	December 17	December 18	December 19

### Contingency/Crisis Strategy

Contingency-level strategy: Practices employed to address staffing shortages that pose an impending threat to clinical or essential operations and which, if not implemented, would lead to substandard clinical care within 48 to 72 hours. For example, staffing when elective surgeries have been cancelled to accommodate staffing in other areas would be considered a contingency strategy.

Crisis-level strategy: Practices employed to address staffing shortages that pose an immediate threat to clinical or essential operations and that are expected to lead to loss of life due to insufficient clinical care despite implementation of contingency strategies. For example, implementing mandatory overtime would be crisis-level strategy.

Contingency or crisis strategies may only be used after discussion with employee health and executive leadership.

Work Restrictions for staff with COVID-19 infection			
Vaccination Status	Conventional	Contingency	Crisis
Up to date or not up to date	10 days or 7 days with negative test, 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 Staff with Exposures			
Vaccination Status	Conventional	Contingency	Crisis
Up to date/ boosted	No work restrictions, with negative test on days 2 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, 2, 3, and 5-7	No work restrictions (test if possible)

### References:

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2

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

COVID-19 Public Health Recommendations: Clinical Care, and Healthcare Infection Prevention and Control

[https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/1e22881\\_R.pdf](https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/1e22881_R.pdf)

<https://www.oregon.gov/oha/covid19/Documents/Interim-healthcare-isolation-quarantine-guidance.pdf>

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure

<https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICABLEDISEASE/REPORTINGGUIDELINES/Documents/Novel-Coronavirus-2019.pdf>

Interim Investigative Guidelines for Novel Coronavirus Disease 2019

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

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2