Exposure Investigation – Transition to Mitigation Phase

Situation:
Transition from the containment phase to the mitigation phase for COVID-19 exposure investigations.

Background:
The containment phase is valuable when community prevalence is low. Detailed contact tracing is performed and can yield interventions that reduce the spread of COVID-19 transmission.

The transition to the mitigation phase occurs when community prevalence is high and contact tracing and testing will no longer provide additional valuable benefit.

Assessment:
The now widespread community prevalence and transmission of COVID-19 in Connecticut and Rhode Island indicates the need for YNHHS to implement a mitigation strategy. This will result in modification of the exposure investigation process performed by Infection Prevention and Occupational Health. In mitigation, resources are focused on the identification, testing, and management of the individuals with the highest exposure risk to COVID-19.

Recommendation:
- Exposure investigation will change from containment to mitigation effective November 10, 2020. The focus on mitigation will be:
  - Highest risk exposures
  - Review of hospital-associated cases of COVID-19
  - Outbreak management
- Supervisors and staff should refer to the accompanying Exposure Risk Table and Exposure Risk Response algorithm for details and actions.
- Supervisors are to notify their local Infection Prevention team if there are concerned of a cluster of staff or patients on their unit related to COVID-19.
- All staff should continue to follow the YNHHS PPE policy and safe workplace and community practice:
  - Masking and practicing physical distancing at work, home, and in the community is the most important measure to prevent the spread of the virus.
  - Self-monitoring of temperature and for symptoms of COVID-19 twice daily.
  - Never coming to work even with mild symptoms. Stay at home and call the Call Center.
  - Limit gatherings at work and in the community, including break rooms and holiday gatherings.
- **DO NOT use the self-scheduling for testing if you have a concern for exposure.** The self-scheduling function is for symptomatic staff and staff who have traveled and will require you to stay out of work until the test results returns.
- Infection Prevention and Occupational Health will monitor community prevalence weekly for when to resume contact tracing as a containment method.
## Staff COVID Exposure Risk - Mitigation Phase

<table>
<thead>
<tr>
<th>Exposure Scenario (infectious period is 2 days prior to symptom onset or positive test if asymptomatic)</th>
<th>Exposure Risk</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff PPE</strong></td>
<td><strong>COVID + PERSON</strong></td>
<td><strong>Recommendation</strong></td>
</tr>
</tbody>
</table>
| No mask | Positive household member (<6 feet for ≥15 minutes over a 24 hour period without a mask indoors) | HIGHEST RISK | IF exposed HCW asymptomatic,  
- Home QUARANTINE**  
- Test @ day 12 for return to work clearance  
  - Notification will be sent via MyChart to schedule  
- SELF-MONITOR for fever & symptoms twice daily  

If exposed HCW symptomatic,  
- EXCLUDE from work + SELF-ISOLATE  
- SELF-SCHEDULE testing by going to: [https://ocucovidtesting.ynhhs.org](https://ocucovidtesting.ynhhs.org) |
| Highest risk procedure for transmission (see list below)* | Any amount of time in same room that procedure is taking place | HIGHEST RISK | IF exposed HCW asymptomatic,  
- Continue to WORK  
- Test @ day 5 & 12 for clearance to continue to work; if test positive, DO NOT present to work and contact the Call Center.  
  - Notification will be sent via MyChart to schedule  
- SELF-MONITOR for fever & symptoms twice daily  

If exposed HCW symptomatic,  
- EXCLUDE from work + SELF-ISOLATE  
- SELF-SCHEDULE testing by going to: [https://ocucovidtesting.ynhhs.org](https://ocucovidtesting.ynhhs.org) |
| Any exposure other than highest risk both at work or in the community. | | LOWER RISK | IF exposed HCW asymptomatic,  
- Continue to WORK no further f/u  
- SELF-MONITOR for fever & symptoms twice daily  

If exposed HCW symptomatic,  
- EXCLUDE from work + SELF-ISOLATE  
- SELF-SCHEDULE testing by going to: [https://ocucovidtesting.ynhhs.org](https://ocucovidtesting.ynhhs.org) |

*These are guidelines only which are subject to change and should be used based on specific scenarios. If in question reach out to Infection Prevention or Occupational Health.  
*Endotracheal intubation/extubation, CPR, manual ventilation, and bronchoscopy  
**Dept. VP/Chair, CNO, CMO may request an exemption if there is significant effect on operations from the Medical Director of IP.  
11/06/2020
COVID-19 Exposure Risk Response

Mitigation

**Symptoms & Return from Travel***
- Self schedule COVID-19 test
- https://ocucovidtesting.ynhhs.org
- Remain out of work until test resulted. If symptomatic, clearance required by Occupational Health to return

**Lower Risk Exposure with No Symptoms**
- This includes any exposures at work or in the community other than those listed as highest risk.
- Continue to work & monitor for symptoms and check for temperature >100°F twice a day
- If there is concern for a risk of exposure at work complete the exposure report in ESS

**Infection Prevention Identified**
- Infection Prevention to review cases of patients with hospital-acquired COVID-19
- IP will partner with staff's supervisor
- Supervisor will notify employee of highest risk exposure
- Complete exposure report in ESS
- Continue to work & monitor for signs and symptoms. You will receive notification via My Chart to schedule testing on approximately day 5 and 12 from time of exposure

**Staff Reported Work Exposure**
- Participated in one of the following procedures without wearing a respirator or elastomeric plus eye protection or PAPR
  - Intubation/extubation
  - CPR
  - manual ventilation
  - bronchoscopy
  (Note: persons may be infectious for 2 days prior to onset of symptoms or positive test if asymptomatic)
- Notify your supervisor
- Supervisor to notify IP and complete staff information exposure Excel form
- Complete exposure report in ESS
- Continue to work & monitor for signs and symptoms. You will receive notification via My Chart to schedule testing on approximately day 5 and 12 from time of exposure

**Staff Reported Home Exposure**
- Living with someone who tested positive for COVID-19 (<6 feet, >15 minutes over 24-hour period without mask indoors)
- Contact Occupational Health via the Call Center (833-ASK-YNHH; option 2) before coming to work
- Will receive notification via My Chart to schedule testing at day 12 for return to work clearance
- Remain out of work for 14 days

*Travel to high-risk states and countries as designated by the state of CT. [ct.gov](http://ct.gov)
Scripting for Supervisors

What is the mitigation phase of a pandemic?

In the containment phase of a pandemic response, the community prevalence is low and contact tracing for each positive case can lead to finding other positive cases before there is spread.

The mitigation phase occurs when the prevalence of COVID-19 in the community is high. Contact tracing and testing loses its effectiveness because the risk of exposure is just as high (or higher) in the community than in the workplace. During this phase, greater benefit comes from resources directed at identifying clusters and outbreaks and implementing and monitoring preventive measures.

Why are we going to the mitigation phase?

- Contact tracing performed over the past months has shown the majority of exposure occurred in the community or in the breakrooms at work.
- Proper PPE usage and safe work practices provide a great deal of safety to our staff.
- The transition from the containment to the mitigation phases allows for greater monitoring of patient cases and outbreak management.
- YNHHS has already effectively performed mitigation efforts during the first wave of COVID-19 in the spring.

How do our staff stay safe?

Staff should continue to follow all Infection Prevention, Occupational Health, and PPE guidance to help reduce the risk of exposure in the workplace. If the below measures are followed, the risk for exposure is substantially decreased and testing or quarantine will not be necessary:

- Wear the appropriate PPE whenever caring for patients.
- When the patient’s condition allows, ask the patient to wear a mask prior to entering the room.
- Wear eye protection whenever the patient is NOT MASKED.
- People can be infectious 2 days before they develop symptoms. You need to be thoughtful that others you may be in contact with may have COVID-19 before they are symptomatic both in the community along with your colleagues at work. Properly wear your mask and maintain at least a 6-foot distance whenever possible. Masks should not be removed if you are unable to distance.
- This is especially important during mealtimes and in breakrooms. Best practice: Reapply your mask when done eating even as you enjoy the remainder of your break if others are in the area. Ensure that you remain physically distanced even if you have your mask on.
- In the setting of performing a highest risk procedure for COVID-19 transmission (intubation, extubation, CPR, bag-mask ventilation, and bronchoscopy), a filtering facepiece respirator (N95, PAPR, elastomeric respirator) in addition to eye protection (goggles or a face shield) must be worn.
- Self-monitor for fever >100°F and symptoms suggestive of COVID-19 twice per day, once prior to your work shift and once at the end of or after your shift.