

## Session 8: Staff Returning to Work Safely during the COVID-19 pandemic

### Key Takeaways:

- According to the CDC, up to 35% of people with COVID-19 are asymptomatic.
- One of the primary ways that COVID-19 is transmitted or spread in nursing homes is through infected staff.
- Education of all nursing home team members (not just clinical staff) and visitors about how COVID-19 may be spread is essential to reduce the risk of contagious individuals returning to work or entering the nursing home.
- Frequent communication on return to work policies and procedures for staff who have tested positive for COVID-19 or have experienced signs or symptoms is an important component of each nursing home's IPCP/COVID-19 plan.
- Having leaders visible on the units and supporting staff training on proper return to work protocols promotes accountability for identifying and managing risks related to COVID-19.

The following question set can be used to facilitate discussions and reveal opportunities across and within key members of interprofessional teams, residents and visitors. Please consider using/adapting them in your next huddles or team meetings.

### Questions by Content

Integrate return to work protocols into overall infection prevention and management plan	Are return to work protocols for staff members, including non-essential workers or contractors/vendors detailed in the Infection Prevention and Control Program (IPCP)? Are there written communication materials to inform everyone about required screening protocols and staff safe return to work policies?
Documenting and Reporting Number of Staff COVID Cases	Is there a process in place for documenting and reporting staff COVID positive cases (de-identified to protect staff privacy)? Are numbers of cases compiled and reported to leadership, as well as to required NHSN and/or state agencies?
Follow-Up Plan (monitoring over time)	Is there a COVID-19 Team or Task Force that reviews numbers of cases, actions taken, documentation on a regular basis? Are updates/changes to processes and systems made in a timely manner and shared with relevant stakeholders?
Improvement Concepts	Is the IP or designee in regular communication with local (e.g., municipal or board of health) officials to learn about any updates to community transmission/case rates? Does the IP ask staff members (particularly direct care workers) and visitors for feedback on what would improve the safe return to work processes?

### Critical Questions for Leadership

	Is there evidence that the IP or appropriately trained designee is following nursing home protocols for when staff may return to work (e.g., when transmission-based precautions may be discontinued) and whether there are any limitations to contact with certain residents or other staff members? Do staff state that they have a basic understanding of when it is safe for a staff person to return to work after an episode of COVID-19? See below CDC link, sub-section titled, <i>Evaluate and Manage Healthcare Personnel</i> : <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> .
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### Key Concepts by Stakeholder Group

What do Medical Directors Need to know and discuss with the team?	Medical directors must be familiar with state and nursing home policies on when staff members may safely return to work after testing positive for COVID-19 or after signs/symptoms have resolved. Medical director consults with DON, administrator, IP, and/or other clinical staff on special situations that might influence staff ability to provide direct care with COVID positive, COVID negative or persons under investigation (PUIs) when staff member returns to work.
What do DONs and nursing supervisors need to know?	DONs must have contact information for individuals at the state department of public health and/or local boards of health who can answer questions about COVID-19 return to work guidance in that city/town, county or state. DONs must have a system for assessing and monitoring staff knowledge related to when staff may return to work after testing positive for COVID-19 or exhibiting COVID-19 signs/symptoms, and how to identify any potential restrictions or work requirements upon return.
What does the interprofessional team need to know?	Team members must know where to find updated information on staff return to work policies – this includes updates from the CDC, CMS, state departments of health and local boards of health. CDC resources may be found here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html</a>

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

Team members (all departments) must be able to describe immediate actions to take if a new or suspected case of COVID-19 is identified through screening or other means of detection. Team members must consistently and reliably demonstrate that they document and report any concerns to their supervisor or leadership in a timely manner.