



GUIDELINES AND RECOMMENDATIONS

Supplement I: Infection Control in Healthcare, Home, and Community Settings

IX. Occupational Health Issues

A. *Surveillance and Monitoring of Healthcare Workers*

Objective: Establish/adapt a healthcare personnel surveillance system to ensure that workers who may have had exposure to SARS-CoV are identified and monitored and that those who develop illness receive appropriate care.

Activities

- Establish a process to identify personnel who enter the rooms or units where SARS patients are provided care. Possible mechanisms include self-reports, sign-in sheets, or logs.
- Instruct personnel who have unprotected contact with patients with SARS-CoV disease or who have early symptoms of SARS-CoV disease to immediately notify occupational health, infection control, or a designee.
- Develop a system to identify healthcare personnel who provided care to a patient who was later identified as having SARS-CoV disease.
- See Supplement F, Appendix F6 for guidance on medical surveillance of exposed laboratory workers.

B. *Management of Exposures and Other Contacts with SARS Patients*

Objective: Ensure appropriate management and follow-up monitoring of healthcare workers who have had exposures and other contacts with SARS patients.

Activities

Clinical judgment should be used in deciding when a worker has been exposed and needs follow-up monitoring.

Management of asymptomatic healthcare workers with unprotected high-risk exposures

An unprotected high-risk exposure occurs when a healthcare worker is in a room with a SARS patient during an aerosol-generating procedure or event *and* the recommended infection control precautions are either absent or breached. If a healthcare worker has an unprotected high-risk exposure but has no symptoms of SARS-CoV disease, the worker:

- Should be excluded from duty (e.g., administrative leave) for 10 days after the date of the last high-risk exposure.
- Should be vigilant for the development of fever and/or respiratory symptoms.
- Should be actively monitored for the development of fever and/or respiratory symptoms for 10 days after the date of the last high-risk exposure.

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Decisions regarding activity restrictions, (e.g., quarantine home/work restrictions) outside the facility should be discussed with the health department, in accordance with the recommendations in Supplement D.

The combination of close monitoring for symptoms and exclusion from duty protects the hospital and community without imposing unnecessary restrictions on a healthcare worker.

Management of asymptomatic healthcare workers with unprotected exposures that are not high risk

Unprotected exposures that are not high risk occur when a healthcare worker is in a room or patient-care area with a SARS patient (not during a high-risk procedure) and the recommended infection control precautions are either absent or breached. If a healthcare worker has an unprotected, non-high-risk exposure and has no symptoms of SARS-CoV disease, the healthcare worker:

- Need not be excluded from duty.
- Should be vigilant for the development of fever and/or respiratory symptoms (i.e., measure and record body temperature twice daily for 10 days following the date of last unprotected exposure, and immediately notify the healthcare facility if symptoms develop.)
- Should be actively monitored for the development of fever and lower respiratory symptoms before reporting to duty.

Decisions regarding activity restrictions, (e.g., quarantine home/work restrictions) outside the facility should be discussed with the health department, in accordance with the recommendations in Supplement D.

Surveillance of asymptomatic healthcare workers who have cared for SARS patient(s) but have no known unprotected exposures

- Instruct workers to be vigilant for the development of fever and/or respiratory symptoms, measure and record body temperature twice daily throughout the 10-day period following the date of last protected contact with a SARS patient, and immediately notify the healthcare facility if symptoms develop.
- Implement active follow-up surveillance of these workers for 10 days following the last protected exposure.
- Decisions regarding activity restrictions, (e.g., quarantine home/work restrictions) outside the facility should be discussed with the health department, in accordance with the recommendations in Supplement D.

Management of symptomatic healthcare workers

- Any healthcare worker who has cared for or been exposed to a SARS patient and who develops fever and/or respiratory symptom(s) within 10 days after exposure or patient care should:
 - Immediately contact infection control, occupational health or designee in each facility where s/he works; and
 - Report to the predetermined location for clinical evaluation. (During periods of increased SARS activity in the healthcare facility and/or community, this recommendation extends to all symptomatic personnel working in the facility, regardless of whether they have had contact with a SARS patient.)

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- Any healthcare worker who develops symptoms or fever while at work should immediately put on a surgical mask and notify the appropriate facility contact (e.g., occupational health, infection control, or other designee) and then report to the designated location for clinical evaluation.
- Symptomatic healthcare personnel should be managed in accordance with the recommendations in *Clinical Guidance on the Identification and Evaluation of Possible SARS-CoV Disease among Persons Presenting with Community-Acquired Illness* (www.cdc.gov/ncidod/sars/clinicalguidance.htm). Decisions on return to work should be guided by policies or regulation defined by the facility or health department.

For more information, visit www.cdc.gov/ncidod/sars or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)