



Department of Public Health

MAYOR
Dee Margo

GUIDANCE ON MITIGATION OF STAFFING SHORTAGES (HEALTHCARE WORKERS – HOSPITAL-BASED)

UPDATED NOVEMBER 16, 2020

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The City of El Paso Department of Public Health (DPH) is providing the following guidance to align with current recommendations from the Centers for Disease Control and Prevention (CDC) to address current hospital surge and acknowledging the vital role our healthcare workers play in responding to COVID-19 pandemic.

Local hospitals, private and public, have been key partners in the COVID-19 pandemic response along with the DPH and other state and local agencies who work together to address the needs of our community. In an effort to address Hospital-based Healthcare Workers (HCW) staffing shortages due to COVID-19 infection, the DPH is issuing these guidelines to facilitate the availability of HCW to return to work earlier than non-crisis protocol, thus allowing adequate staffing to care for patients with COVID-19.

- Healthcare Facilities operating under crisis standards are allowed to implement their internal staffing shortage plans with the understanding that they may follow a modified return to work protocol that may differ from existing protocols in the amount of time HCW remain under isolation or quarantine.
- Once Healthcare facilities are not working under crisis standards, they must initiate current Return to Work Protocol for Healthcare Workers without delay.
- When crisis strategies are initiated these facilities should inform the public in the changes in practices designed to protect from exposure to SARS-CoV-2.

Asymptomatic HCW (Unknown COVID-19 Status)

- HCW who have had risk exposures to SARS-CoV-2 but are asymptomatic and are not known to be infectious may continue to work.
 - These HCP should still report temperature and absence, or presence, of symptoms each day before starting work.

CITY MANAGER
Tommy Gonzalez

Angela Mora – Public Health Director

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- If testing is available, post-exposure testing may be performed between 5-7 days post-exposure to quickly identify the pre-symptomatic or asymptomatic HCW who could contribute to SARS-CoV-2 transmission.
- If HCW develop even mild symptoms consistent with COVID-19, they must immediately cease patient care activities and notify their supervisor or occupational health services and exit the patient care environment. These individuals should be prioritized for testing.
- HCW should wear a facemask (for source control), N95 or equivalent or higher-level respirator (or other PPE) when indicated while at work and according to established Healthcare Facility infection control protocols.

Asymptomatic HCW (COVID-19 Positive)

- HCW suspected or confirmed positive for SARS-CoV-2 can be allowed to work even if they have not met all Return to Work criteria, if shortages continue despite other mitigation strategies (if they are well enough and willing to work).
- If HCW are allowed to work before meeting all Return to Work criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work criteria have been met. Facilities should also consider prioritizing their duties in the following order:
 1. If not already done, allow HCW with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCW), such as in telemedicine services.
 2. Allow HCW with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
 3. Allow HCW with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
 4. As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19.
- HCW should wear a facemask (for source control), N95 or equivalent or higher-level respirator (or other PPE) when indicated while at work according to established Healthcare Facility infection control protocols.
- HCWs should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
 - Facemasks should be worn even when they are in non-patient care areas such as breakrooms.

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- If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.
- If HCW develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services. They should self-monitor symptoms and seek re-evaluation from occupational health if respiratory symptoms worsen or recur.

Symptomatic HCW (COVID-19 positive)

Healthcare Facilities operating under crisis standards in which staff shortages continue despite implementation of other mitigation strategies, might consider bringing symptomatic HCW back to work (if they are well enough and willing to work) even if they have not met all Return to Work criteria.

- HCW may return to work even if they exhibited symptoms under the following circumstances:
 - No fever >24 hrs without the use of fever reducing medications
 - Improvement of symptoms
 - Feeling well enough and willing to work
- HCW that are allowed to work before meeting all Return to Work criteria, should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work criteria have been met and facilities should consider prioritizing their duties in the following order:
 - If not already done, allow HCW with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCW), such as in telemedicine services.
 - Allow HCW with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
- HCW should wear a facemask (for source control), N95 or equivalent or higher-level respirator (or other PPE) when indicated while at work according to established Healthcare Facility infection control protocols.
- HCW should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.

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- Facemasks should be worn even when they are in non-patient care areas such as breakrooms.
- If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.

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