POLICY STATEMENT:
Texas Tech University Health Sciences Center Managed Care (TTUHSC MC) is dedicated to assuring the health and safety of all employees and offenders. In doing so, it is imperative that employee exposures to COVID-19 are managed appropriately.

PROCEDURE:

1. **Prevention**
   Prevention is the responsibility of all employees. Proper adherence to recommended infection control practices is expected. All employees shall utilize appropriate preventative best practices, including the utilization of personal protective equipment (PPE) and hygiene recommendations. Also, all employees shall have their temperatures taken upon entering the unit. If a fever is discovered, the TDCJ COVID-19 Health Screening Form is required.

   If an employee is feeling ill, the employee shall not report to work. The employee is to notify their supervisor of their inability to report to work as soon as possible. If an employee is at the workplace and develops symptoms, the employee shall immediately notify their supervisor or designee and leave work immediately.

2. **Local Health Department**
   If an individual work restriction is made by the local health department for a specific employee, the health department's restriction will be applied instead of the ones outlined in this policy.

3. **Contact Investigations**
   In an effort to mitigate and manage employee COVID-19 exposures, TTUHSC Managed Care will conduct contact investigations. The goal of contact investigations is to identify contact employees that may have come into contact with a suspect or confirmed COVID-19 employee (referred to as the reporting employee). These investigations are required for the following categories:

   - **Confirmed case of COVID-19.** A confirmed case is when the reporting employee has received a positive result from a COVID-19 laboratory test, with or without symptoms.
   - **Suspected case of COVID-19.** A suspected case is when the reporting employee shows symptoms of COVID-19, but either has not been tested or is awaiting test results, or is without symptoms (asymptomatic) and has been tested. Symptoms that may appear 2-14 days after exposure to the virus include fever (above 100.4°), cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. If test results are positive, a suspected case becomes a confirmed case.
   - **TDCJ Health Screening Form.** The form of the reporting employee indicates a fever (above 100.4°) or close contact with an individual who tested positive for COVID-19 in the last 14 days.
• **TCCC Fever Exclusion.** The reporting employee’s entry temperature indicated fever and employee was excluded from the center.

If a reporting employee falls into one of the above categories, the employee must promptly contact their supervisor. Once notification has been received, the supervisor shall immediately notify the Managing Director of Compliance and Risk Management (CRM) PRIOR to completion of the contact investigation. The Managing Director of CRM will initiate the contact investigation by notifying the appropriate investigation team. The TTUHSC MC Executive leadership team, Associate Managing Director of Human Resources (HR), and Senior Director of Utilization Review will also be notified. The following documents are provided as guidance and informational purposes.

- The COVID-19 Definitions and Risk Categories – Attachment A
- COVID-19 Employee Exposure Management Flowchart – Attachment B

A lead investigator will be identified and is responsible in ensuring the timely submission (within 48 hours of assignment) of the following documentation for the reporting and all contact employees. The TTUHSC Office of Institutional Health (OIH) Post Exposure COVID-19 form needs to be completed for the reporting and all contact employees (these are not required for TDCJ employees). One COVID-19 Employee Contact Investigation Incident Report is required per incident. The forms will be completed in their entirety and approval by both the Regional Medical Director and Regional Operations is required.

Contact Investigation Packet (must include ALL of the following):

- TTUHSC OIH Post Exposure COVID-19 Form(s) – Attachment C – MUST BE COMPLETED FOR ALL REPORTING AND CONTACT EMPLOYEES
- COVID-19 Employee Contact Investigation Incident Report – Attachment D
- TDCJ Health Screening Form (if applicable)

Contact investigations for possible exposures involving officers, TDCJ employees, and/or patients will be completed by TDCJ. Notifications to TTUHSC employees will be made as deemed appropriate.

4. **Reporting Employee Work Restrictions**

For the categories above, these work restrictions will be applied to the reporting employee. The employee will be notified of these restrictions by the supervisor.

a. **Confirmed or Suspected**

Once a reporting employee has reported as COVID-19 confirmed (received a positive result from a COVID-19 laboratory test, with or without symptoms) or suspected (shows symptoms of COVID-19, but either has not been tested or is awaiting test results, or is asymptomatic and has been tested), the supervisor must inform the employee of the following work restrictions:

i. **Symptom-based Strategy**

   Exclude from work until:
   - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
   - At least 10 days have passed since symptoms first appeared.

   During exclusion from work, self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the Unit Assistant Director of Compliance and Risk Management (UAD-CRM)).

   *To return sooner than 10 days, a physician’s note excluding COVID-19 or negative COVID-19 test result is required.*
If an employee had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

ii. Asymptomatic
   - Crisis capacity strategy to address staffing shortages: To ensure continuity of operations of essential functions, critical infrastructure and healthcare staff that have a COVID-19 exposure may be permitted to continue to work provided they remain asymptomatic and additional precautions are implemented for 14 days after last exposure. Staff must wear surgical facemasks at all times while in the workplace and must be self-monitored with delegated supervision (monitor for symptoms and temperature (taken twice daily) with oversight by the UAD-CRM.

   **NOTE:** Time-based Strategy: Employees with confirmed COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. During exclusion from work, the employee will self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the Unit Assistant Director of Compliance and Risk Management (UAD-CRM).

iii. Return to Work
   - After returning to work, the employee will:
     - A surgical facemask must be worn at all times and the employee is to have no contact with immunocompromised patients.
     - Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
     - Self-monitor for symptoms, and seek re-evaluation if respiratory symptoms recur or worsen.

Determination of risk and work restrictions for employees found to have been in contact with the reporting employee will be determined via the contact investigation process.

b. TDCJ COVID-19 Health Screening Form
   - As noted above, employees are required to have their temperatures taken upon arrival of the unit. If an employee is determined to have a fever, a TDCJ COVID-19 Health Screening Form will be completed.

   The following work restrictions will be applied as appropriate. If these work restrictions are implemented, the employee’s supervisor shall notify the Managing Director of CRM, who will initiate a contact investigation.

   i. **Yes to fever question:** Employee will be sent home and will be required to submit a physician’s note stating they are clear of COVID-19 symptoms before being allowed to return to work.

   ii. **Yes to close contact with anyone who tested positive for COVID-19:** To ensure continuity of operations of essential functions, critical infrastructure and healthcare staff that have a COVID-19 exposure may be permitted to continue to work provided they remain asymptomatic and additional precautions are implemented for 14 days after last exposure. Staff must wear surgical facemasks at all times while in the workplace and must be self-monitored with delegated supervision (monitor for symptoms and temperature (taken twice daily) with oversight by the UAD-CRM. If an employee becomes symptomatic, they will be sent home and will be required to submit a physician’s note stating they are clear of COVID-19 symptoms before being allowed to return to work.

c. Texas Civil Commitment Center (TCCC) Screening
   - Upon entry to TCCC, employee temperatures will be taken and entry will be denied for the presence of a fever. Employee will be sent home to self-monitor with delegated supervision (monitor symptoms and
temperature (taken twice daily), with oversight by the UAD-CRM. The employee will be required to submit a physician’s note stating they are clear of COVID-19 symptoms before being allowed to return to work. If these work restrictions are implemented, the employee’s supervisor shall notify the Managing Director of CRM, who will initiate a contact investigation.

d. **Follow-Up**
If the COVID-19 status of a reporting or contact employee named in a contact investigation changes (e.g., develops symptoms), the employee must notify their supervisor immediately. Upon notification, the supervisor shall contact the Managing Director of CRM, who in turn, will reassign the follow-up Investigation. A new COVID-19 Incident Report will be completed and returned within 48 hours of notification. Completion of the TTUHSC OIH Exposure COVID-19 form will be determined on an individual basis.

5. **Travel Isolation**
Some COVID-19 related circumstances are required to be reported, but do not require a contact investigation. For example, at this time, domestic or international travel for personal reasons is discouraged. To assist in efforts to support the safety and security of employees and patients, please reconsider all travel plans. If travel is determined necessary, please carefully consider the avoidance of places identified with a travel warning notice by the Centers for Disease Control and Prevention (CDC) and be aware of the possibility to alter plans as the spread of COVID-19 continues. Employees that are planning travel must notify the Managing Director of CRM. In addition, TTUHSC employees will complete the TTUHSC Travel Form prior to departure.

If travel was to an area within the United States where there is community-based spread COVID-19, to a county identified by the CDC with a travel health notice warning of Level 3, or on a cruise, an employee is required to self-isolate for 14 days. If an employee seeks waiver of the required self-isolation, they must contact the Managing Director of CRM. In doing so, the employee must attest to asymptomatic/symptomatic status and identified risks. If approved, the employee will be notified of any adjustments in the self-isolation requirements, along with the requirement to self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the Unit Assistant Director of Compliance and Risk Management (UAD-CRM). Any other stipulations upon return (e.g., surgical facemask) will be determined on an individual basis.

6. **Self-Isolation/Self-Monitoring**
If an employee if required to self-isolate or self-monitor for reasons outside of this policy, they must immediately notify their supervisor and the Managing Director of CRM. Required self-monitoring with delegated supervision, oversight, work restrictions, etc., will be addressed on an individual basis.

7. **Contract Hospital Units**
The employees of contract hospital units are required to report in accordance to this policy, including participating in the contact investigation process. Work restrictions in accordance with the TDCJ Health Screening form will be enforced. All others will be at the discretion of the hospital protocols. Copies of these protocols will be maintained by the Managing Director of CRM.

8. **Return to Work & Completion of Self-Monitoring**
If an employee has been restricted from work and/or placed on self-monitoring, the supervisor is to notify the Managing Director of CRM when the employee has returned to work. Any return to work restrictions will be noted and a timeline established. Completion of any return to work restrictions must also be communicated to the Managing Director of CRM.

9. **Failure to comply**
Work restrictions will be determined as identified in this policy on an individual basis. Once assigned, the restrictions are to be considered mandatory and failure to comply will be reported according. This includes self-monitoring with oversight by the UAD-CRM, utilization of surgical facemasks at all times,
etc. If oversight is required, the UAD-CRM will make initial contact by phone to establish an individualized plan for monitoring. Please note that the temperature required upon arrival to the unit may be used to satisfy one of the temperature requirements as applicable.

In addition, an employee’s failure to report potential, suspected, or confirmed exposure to COVID-19 or its related testing is mandatory. Failure to comply will result in personnel action.

10. Leave
   Please refer to TTUHSC HR policies for information regarding use of leave.

11. Document Retention
   The TTUHSC MC CRM department will serve as the repository for the completed contact investigation packets. The department will also serve as the liaison to the TTUHSC OIH regarding COVID-19 employee related matters.

RESPONSIBILITY AND REVISIONS:
It is the responsibility of the TTUHSC MC Compliance and Risk Management Department to review and initiate necessary revisions annually.

RIGHT TO CHANGE POLICY:
TTUHSC MC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:
This policy was approved by the TTUHSC MC Executive Medical Director and the Executive Director on 4/15/20.
I. Definitions

**Active monitoring** means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). For Health Care Professionals (HCP) with high- or medium-risk exposures, CDC recommends this communication occurs at least once each day.

**Close contact** for healthcare exposures is defined as follows: a) being *within approximately 6 feet*, of a person with COVID-19 for a *prolonged* period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand). The term “prolonged” has been defined by TTUHSC as more than fifteen minutes.

**Confirmed case:** received a positive result from a COVID-19 laboratory test, with or without symptoms.

**Healthcare Personnel (HCP):** refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.

**Self-monitoring** means HCP should monitor themselves for fever by taking their *temperature twice a day* and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat). Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period.

**Self-Monitoring with delegated supervision** in a healthcare setting means HCP perform self-monitoring with oversight by their healthcare facility’s occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

**Suspected case** shows symptoms of COVID-19, but either has not been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

II. Defining Exposure Risk Category

For this guidance **high-risk** exposures refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy,
nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were not protected, is also considered high-risk.

Medium-risk exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered low-risk.

Low-risk exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures HCP should still perform self-monitoring with delegated supervision.

HCP with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have no identifiable risk.)

Source: Centers for Disease Control and Prevention
COVID 19 Employee Exposure Flow Chart – Attachment B

**Reporting Employee:**
- Tested with Results Pending (with or without symptoms) or Positive Result
- Symptoms (fever above 100.4°F, cough, or shortness of breath)
- TDCJ Health Screening Form
- TCC Exclusion for Fever
- Travel
- Other Self-monitoring or Self-isolation

**Flow Chart Diagram:**
- FEVER: Contact Supervisor & Work Restrictions = Policy 4(a)
- CLOSE CONTACT: Contact Supervisor & Work Restrictions = Policy 4(b)(ii)
- Contact Supervisor & Complete Travel Form
- WAIVER DENIED: Work Restrictions = Self-isolate for 14 days
- WAIVER APPROVED: Work & Return to Work Restrictions TBD on Individual Basis

**Steps:**
1. Complete TTUHSC IH Post Exposure Form (Attachment C) for Reporting Employee & All TTUHSC Contact Employees & Employee Contact Investigation Incident Report (Attachment D). Incident Report is signed by FHA.
2. TCUHSC IH Post Exposure Form & Employee Contact Investigation Incident Report Approved by Regional Medical Director and Operations
3. Supervisor Notifies Contact Employees of any Work Restrictions
4. Submit Contacting Investigation Packet (TDCJ Health Screening Form if applicable, TCUHSC IH Post Exposure Forms, & Employee Contact Investigation Incident Report) to CRM

Revised 5/6/20
TTUHSC Office of Institutional Health

Post Exposure COVID 19

Employee name: ___________________________________________ Date______________

Department: _______________________________________________

Employee position:  Staff  Nurse  Resident  Faculty  Student

Is patient contact a routine part of employee job description?  Y  N

Does the employee have symptoms?

☐ Fever    TEMP _________    ☐ Myalgias
☐ Cough
☐ Sore throat
☐ Headache
☐ Shortness of Breath
☐ No symptoms

Nature of Exposure

Source:__________________________________________

Date of Exposure:___________________________

Location:  Hospital  Clinic  Other________________________

Est duration of exposure:  _______________________________

Was an aerosol producing procedure performed during encounter?  Y  N

If yes, describe ________________________________________

Was the source patient wearing a mask during the procedure?  Y  N

What PPE was the exposed individual wearing during the procedure?

☐ All recommended PPE
☐ N-95 Mask
☐ Gown
☐ Gloves
☐ Goggles
☐ Surgical mask

Risk Assessment

☐ Low – No Work restrictions.  Self-monitoring
☐ Low – No Work restrictions.  Self-monitoring with delegated supervision
☐ Medium – Exclude from work for 14 days.  Self-quarantine.  Active monitoring.
☐ High – Exclude from work for 14 days.  Self-quarantine.  Active monitoring.

Symptomatic – Unlikely COVID

Recommendation________________________________________

Symptomatic – Possible COVID

Recommendation________________________________________

Comment:____________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

__________________________________________ Signature_____________Date

NOTE:
DO NOT COMPLETE THIS SECTION.
REFER TO TTUHSC MC COVID-19 INCIDENT REPORT FORM
# COVID-19 Employee Contact Investigation Incident Report

<table>
<thead>
<tr>
<th>Section A – Reporting Employee Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporting Employee Name:</td>
</tr>
<tr>
<td>Unit:</td>
</tr>
<tr>
<td>Notification Date:</td>
</tr>
<tr>
<td>Symptoms:</td>
</tr>
<tr>
<td>Did employee report possible exposure?</td>
</tr>
<tr>
<td>If yes, date(s) of possible exposure:</td>
</tr>
<tr>
<td>Has employee been tested?</td>
</tr>
<tr>
<td>If yes, date of test:</td>
</tr>
<tr>
<td>If yes, date or expected date of results:</td>
</tr>
<tr>
<td>If yes, was the test initiated by the employee or TTUHSC?</td>
</tr>
<tr>
<td>Was test initiated by TTUHSC or employee?</td>
</tr>
<tr>
<td>Has employee received a positive test result?</td>
</tr>
<tr>
<td>Note: If yes, employee will be monitored by local health department.</td>
</tr>
<tr>
<td>Is employee restricted from working?</td>
</tr>
<tr>
<td>If yes, how long is the restriction?</td>
</tr>
<tr>
<td>If yes, date restriction began:</td>
</tr>
<tr>
<td>If yes, expected date to return:</td>
</tr>
<tr>
<td>Is employee required to self-monitor with delegation?</td>
</tr>
<tr>
<td>If yes, how long is the self-monitoring?</td>
</tr>
<tr>
<td>If yes, date self-monitoring began:</td>
</tr>
<tr>
<td>If yes, expected completion date of self-monitoring:</td>
</tr>
<tr>
<td>Date employee notified of above restrictions:</td>
</tr>
<tr>
<td>Notified by:</td>
</tr>
<tr>
<td>Investigator Name(s) and Title(s):</td>
</tr>
<tr>
<td>Date of Incident Report:</td>
</tr>
</tbody>
</table>
Section B - Incident Description

Section C – Post-Exposure Management of Contact Employees

Refer to the following Section C(1) Risk Assessment Table and C(2) Work Restriction Levels to complete C(3) Employee Contact Assessment for EACH employee with confirmed contact

1. Risk Assessment Table

<table>
<thead>
<tr>
<th>COVID-19 positive/suspected reporting employee wearing facemask during close contact (within 6 feet)?</th>
<th>Level of close contact Interaction</th>
<th>Epidemiologic Risk Factors for Contact Employee (Individual Exposed to the Employee in Column One)</th>
<th>Exposure Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Brief</td>
<td>PPE: None</td>
<td>Low</td>
</tr>
<tr>
<td>Yes</td>
<td>Brief</td>
<td>PPE: Yes</td>
<td>Low</td>
</tr>
<tr>
<td>Yes</td>
<td>Prolonged</td>
<td>PPE: Not wearing eye protection</td>
<td>Low</td>
</tr>
<tr>
<td>Yes</td>
<td>Prolonged</td>
<td>PPE: Not wearing gown or gloves</td>
<td>Low</td>
</tr>
<tr>
<td>Yes</td>
<td>Prolonged</td>
<td>PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
<td>Low</td>
</tr>
<tr>
<td>Yes</td>
<td>Prolonged</td>
<td>PPE: None</td>
<td>Medium</td>
</tr>
<tr>
<td>Yes</td>
<td>Prolonged</td>
<td>PPE: Not wearing a facemask or respirator</td>
<td>Medium</td>
</tr>
<tr>
<td>No</td>
<td>Prolonged</td>
<td>PPE: Not wearing gown or gloves</td>
<td>Low</td>
</tr>
<tr>
<td>No</td>
<td>Prolonged</td>
<td>PPE: Not wearing eye protection</td>
<td>Medium</td>
</tr>
<tr>
<td>No</td>
<td>Prolonged</td>
<td>PPE: Not wearing facemask</td>
<td>High</td>
</tr>
<tr>
<td>No</td>
<td>Prolonged</td>
<td>PPE: None</td>
<td>High</td>
</tr>
<tr>
<td>No</td>
<td>Brief</td>
<td>PPE: Not wearing facemask</td>
<td>Medium</td>
</tr>
<tr>
<td>No</td>
<td>Prolonged</td>
<td>PPE: All</td>
<td>Low</td>
</tr>
</tbody>
</table>

NOTE: If employee was not in close contact, they would be considered low risk, regardless of usage of PPE.
Adapted from CDC. Additional guidance available at [www.cdc.gov](http://www.cdc.gov)

2. Contact Employee Work Restriction Levels

**LEVEL ONE: LOW RISK – Asymptomatic Employees**
Employees required to self-monitor with delegated supervision (monitor their symptoms and temperature (taken twice daily) under the guidance of the Unit Assistant Director of TTUHSC MC Compliance and Risk Management (UAD-CRM)). The self-monitoring with delegated supervision will last 14 days from the last date of exposure.

**LEVEL TWO: MEDIUM and HIGH RISKS - Asymptomatic Employees**
- The employee must self-monitor with delegated supervision (daily document the absence of symptoms and temperature (taken twice daily), which will be monitored by the UAD-CRM) for 14 days from the last date of exposure.
- The employee’s supervisor must be informed and the restrictions discussed.
- The employee must wear a surgical facemask at all times in all areas (clinical and non-clinical) for 14 days after exposure.
- The employee must remain completely healthy without any new clinical symptoms.
- If any symptoms occur, the employee must be referred for medical assessment and will be sent home. TTUHSC MC Compliance and Risk Management must also be notified.
**LEVEL THREE:**
HIGH RISK – All Symptomatic Employees

Exclude from work until:
- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed *since symptoms first appeared*.
- During exclusion from work, self-monitor with delegated supervision (monitor symptoms and temperature (taken twice daily), with oversight by the Unit Assistant Director of Compliance and Risk Management (UAD-CRM).

- To return sooner than 10 days, a physician’s note excluding COVID-19 or negative COVID-19 test result is required.

After returning to work, the employee will:
- A surgical facemask must be worn at all times and the employee is to have no contact with immunocompromised patients.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation if respiratory symptoms recur or worsen.

---

### 3. Employee Contact Assessment (based on above Risk Assessment and Work Restriction tables)

**MUST REFERENCE ACCOMPANYING TTUHSC OIH POST EXPOSURE FORMS**

Note: For Contract Employees, Complete All Sections. Work Restriction Level is “PHP” (per hospital protocol)

**MUST INCLUDE ALL COMPONENTS LISTED BELOW. FOLLOW EXAMPLE PROVIDED.**

<table>
<thead>
<tr>
<th>Employee Name &amp; Position (include agency and locum tenens staff)</th>
<th>Clinical (Y or N)</th>
<th>Reporting Employee w/ Face Mask &amp; Contact Employee Level of Close Contact &amp; Risk Factor(s)</th>
<th>Exposure Risk Category (high, medium, low)</th>
<th>Work Restriction Level &amp; Date Restriction Started &amp; Expected Date of Completion of Restriction – Must be completed prior to submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: John Smith, RN</td>
<td>Y</td>
<td>No; Prolonged; No PPE</td>
<td>High</td>
<td>Level 2; 4/2/20; 4/16/20</td>
</tr>
</tbody>
</table>
Date(s) above contact employee(s) were notified of work restrictions:
Notified by:

**Section D - Asymptomatic Employees**

ASYMPTOMATIC ONLY: Crisis capacity strategy to address staffing shortages: To ensure continuity of operations of essential functions, critical infrastructure and healthcare staff that have a COVID-19 exposure may be permitted to continue to work provided they remain asymptomatic and additional precautions are implemented for 14 days after last exposure. Staff must wear surgical facemasks at all times while in the workplace and must be self-monitored with delegated supervision (monitor for symptoms and temperature (taken twice daily) with oversight by the UAD-CRM.

List any employees that are being allowed to continue to work onsite through this clause. By listing these employees, you attest that this is due to the crisis capacity strategy to address staffing shortage only. This does not override any restrictions provided by the health department or medical practitioner.

**Section E - Additional Risk Factors and List & Details of Patients and/or TDCJ Employees Potentially Exposed**

**Section F - Additional Corrective Action and/or Comments**

Signature and Date of FHA Acknowledging Review and Approval:
Date Approved by Regional Medical Director:
Date Approved by Regional Operations or Montford Managing Director:
Date Approved by Regional Dental Director (as applicable):
Submitted to MC Compliance and Risk Management by:
Date Submitted:

Within 48 hours, return completed TTUHSC OIH Post-Exposure COVID-19 Form(s), Contact Investigation Incident Report, and TDCJ Health Screening Form (if applicable) to TTUHSC Managed Care - Managing Director of Compliance and Risk Management (CRM)