



New Jersey Department of Health
Managing Healthcare Workers (travelers) Returning from China
Frequently Asked Questions
February 2, 2020

Many employers and businesses in New Jersey are concerned about the current outbreak of the 2019 Novel Coronavirus (2019-nCoV) and potential impacts to their business communities and wish to take appropriate steps to mitigate any risks. The Centers for Disease Control and Prevention (CDC) is working hard to learn as much as possible about this 2019-nCoV so that we can better understand how it spreads and characterize its associated illness. The New Jersey Department of Health is also working hard to develop guidance and education materials, in the face of evolving information.

Though the CDC considers 2019-nCoV to be a serious public health concern based on current information, the immediate health risk to the general U.S. public is considered low at this time. The CDC and the World Health Organization are closely monitoring the national and global situation and providing ongoing guidance. At this time, the CDC recommends avoiding nonessential travel to China. Updated travel information specific to 2019-nCoV can be found at <https://wwwnc.cdc.gov/travel/notices/watch/novel-coronavirus-china>.

The New Jersey Department of Health is providing the resources specific to management of healthcare workers (HCW) who have returned to New Jersey from recently traveling in areas with known transmission of 2019-nCoV. This guidance is, in part, based on new scientific information available on novel coronavirus (2019-nCoV) transmission and the need to limit transmission in our communities.

General Information

What is the difference between seasonal and novel coronavirus?

Coronaviruses are a family of viruses and there are different types of coronavirus within that family, much like there are different types of influenza viruses. Coronaviruses in general are not new, are quite common and are a frequent cause of respiratory illnesses such as the common cold. Coronaviruses tend to circulate in the fall and winter months, similar to influenza. Most people get infected with these viruses at some point in their lives.

The type of coronavirus that has recently emerged in Wuhan, China **is a new type** of coronavirus and is infecting people for the first time (which means that people do not have any immunity to it).

What are common symptoms of 2019-nCoV?

Information to date suggests this virus is causing symptoms consistent with a respiratory illness such as cough, fever, and shortness of breath.

How is 2019-nCoV spread?

At this time, it's unclear how easily or sustainably this virus is spreading between people. Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (the sickest). Chinese officials report that sustained person-to-person spread in the community is occurring in China. Person-to-person spread in the United States has been detected in a close, household contact to an individual confirmed to have 2019-nCoV, but the risk to the general public remains low. Cases in healthcare settings, like hospitals, may also occur.

What measures can be taken to prevent 2019-nCoV?

There is currently no vaccine to prevent 2019-nCoV infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses.

How is 2019-nCoV treated?

Currently, there is no specific antiviral treatment recommended for the coronavirus. There is no vaccine to prevent this virus, and the CDC advises that the best way to prevent infection is to avoid being exposed to this virus. These include washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer if soap and water are not available and avoiding others who are sick.

Information about management of returning travelers

Who is this guidance intended for?

This guidance is being provided for individuals working in a healthcare setting who have traveled to China in the last 14 days. New screening and management protocols are set to take effect on February 2, 2020 at 5pm. This guidance *only* applies to individuals who have arrived prior to this date and time. Additional guidance will be made available for those who arrive after this date and time.

Which facilities are included in this guidance?

The guidance outlined below serves as a recommendation for healthcare facilities, both inpatient and outpatient; application of this guidance should be made only after all aspects of each

individual case and type and duration of contact are assessed. This guidance is in accordance with “**Guidance for Managing Employees or Students Returning from China**” put forward by NJDOH.

What should returning travelers do if they think they may have been exposed to 2019-nCoV and work in a healthcare setting?

Returning travelers who work in a healthcare setting, recently traveled to China and/or believe they may have been exposed to 2019-nCoV **should notify their employer prior to returning to work and only return to work after their risk has been evaluated by the facility** and, if needed, local public health. If there are any questions regarding the appropriate course of action, seek consultation with a local health department.

What type of symptom monitoring is recommended?

Active or passive monitoring should be conducted if returning HCWs meet the criteria below. Monitoring may be done by the healthcare facility’s occupational health department (with consultation from the state/local HD when needed) or by the local health department if occupational health is not available at the facility. **Active monitoring** means that your employer or a public health agency will check in daily to assess for symptoms and fever. Check-ins are through daily phone calls, interactive voice response, internet reporting, or via Skype or other video conferencing, with possible follow-up home visits as needed. **Passive monitoring** means the person being monitored assesses themselves for fever and symptoms daily with a check-in at the beginning and end of the monitoring period with your employer or public health agency. Any individuals who develop symptoms while on passive or active monitoring should notify public health immediately if symptoms occur.

Which healthcare workers should conduct active or passive monitoring and self-quarantine?

NJDOH has developed guidance on who should conduct active monitoring and self-quarantine which can be found here:

- Individuals who fall into the **High Risk or Moderate Risk categories will should self-quarantine for 14 days**, including restriction from work.
- Those with **High Risk** exposures should conduct **active monitoring**.
- Those with **Moderate Risk** exposures should conduct **passive monitoring**.
- Individuals in the **Low Risk category do not require symptom monitoring and are *not required to self-quarantine***, however the decision to self-quarantine and restrict from work may be appropriate if the decision is made in conjunction with the individual’s employer and/or occupational health provider and is in accordance with the facility’s policies and procedures. The decision to restrict these returning travelers from work may be at the facility, employer, or institution’s discretion.

Which healthcare workers DO NOT need active or passive monitoring or self-quarantine?

Persons who have returned to the U.S. and more than 14 days have elapsed from their last exposure are able to continue routine activities without restriction or symptom monitoring.

Which returning healthcare workers are considered High Risk for infection with 2019-nCoV?

Returning healthcare workers who have been in close contact¹ with a person confirmed with 2019-nCoV, while the person was symptomatic OR any contact with infectious secretions, OR living/caring/visiting someone with a person confirmed with 2019-nCoV, regardless of use of personal protective equipment (PPE).

Notes:

- While appropriate use of PPE is considered protective, PPE use outside of the US may not adhere to the same standards in the US.
- Note: Contact with an ill individual while traveling who has not been confirmed to have 2019-nCoV would fall into the low risk category unless the criteria from other risk groups are met.

Which returning healthcare workers are considered Moderate Risk for infection with 2019-nCoV?

Returning healthcare workers who worked as laboratory staff either in a healthcare facility that was treating patients with confirmed 2019-nCoV or were working with the virus in a research laboratory setting, while not wearing the recommended PPE, OR without standard biosafety precautions in place. This would include but is not limited to processing blood, serum, or respiratory samples.

Which returning healthcare workers are considered Low Risk for infection with 2019-nCoV?

- Healthcare workers with a recent travel history to Wuhan City, the Hubei Province, or Mainland China, who have not had any close contact with any person confirmed to have 2019-nCoV;
- Healthcare workers who had transient interactions with suspected cases in public settings, without any close contact.

Which healthcare workers will not need to monitor symptoms or restrict their activities?

Persons who have returned to the U.S. and more than 14 days have elapsed from their last exposure are able to continue routine activities without restriction.

¹ Close contact is defined as being within 6 feet distance of a 2019-nCoV case for more than 10 minutes.

When can healthcare workers return to work and stop active or passive monitoring?

All those on self-quarantine and work restriction should only return to work after being confirmed as asymptomatic for 14 days following the last exposure. This should be done by occupational health, or their employer and, if applicable, the local health department responsible for active monitoring. The decision to return to work should be made in agreement with the HCW, their employer and any local health authority involved in monitoring.

ADDITIONAL INFORMATION

Identification of Symptoms

Travelers should monitor for the following symptoms for 14 days after their return:

- Fever
- Cough
- Shortness of breath

If symptoms develop they should:

- Seek medical care right away. Before seeking care at a doctor's office or emergency room, they should call ahead and tell them about recent travel and symptoms.
- Wear a surgical mask while in transit to limit transmission.
- Avoid mass transit when seeking care if possible.
- Cover mouth and nose with a tissue or sleeve (not your hands) when coughing or sneezing.
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.

Definitions

Self-quarantine means avoiding contact with other people except direct household contacts or travel except when travel is associated with critical needs such as for medical care. All group activities/gathering should be avoided. Avoid contact with others.

Healthcare workers include anyone who may work in or otherwise spend a considerable amount of time every day in a health care setting. This includes persons who may or may not have direct patient contact (e.g. nurses, physicians, environmental service staff, food service workers, volunteers, etc.)

- Those facilities recommending self-quarantine of these individuals should have internal policies developed to address questions about work restrictions and furloughs.

Resources

- NJDOH – General Information Page
 - <https://www.nj.gov/health/cd/topics/ncov.shtml>
- CDC – General Information Page
 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC – Home Isolation Guide
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>
- NJDOH – Local Health Department Directory
 - www.localhealth.nj.gov