

Revision of patient care exclusion recommendations for front-line healthcare workers
Effective May 20, 2020

Much has changed since our original communications regarding the extent to which front-line healthcare workers at higher risk from COVID-19 should be involved in direct patient care. At the time, we had minimal access to COVID-19 testing and had few models to understand the magnitude of the pandemic's first wave.

While we will continue to deal with the many challenges associated with this pandemic, we have made much progress in reducing the community spread of SARS-CoV2, the virus that causes COVID-19, and reconfiguring our systems of care to prevent our patients and our healthcare workers from contracting the disease.

The specific steps taken to make our facilities safer are:

- The use of facemasks is required for all patients, visitors and staff. Appropriate PPE is available for all staff, including in ambulatory and administrative/office settings.
- All patients admitted to our hospitals are tested for COVID-19 and isolated if positive.
- Outpatients undergoing select procedures are tested for COVID-19 prior to their procedures, and must have a negative result before their scheduled visit.
- All visitors and patients are being screened for symptoms associated with COVID-19.
- The use of technology and workspace reconfiguration has hugely improved our employees' and Medical Staffs' ability to socially distance from patients and each other.
- All staff must self-monitor for symptoms of COVID-19, including twice-daily temperature checks.

Also, thankfully, the volume of patients with new COVID-19 infections is decreasing due to social distancing and increased availability of COVID-19 testing.

Based upon these changes, we are removing our previous recommendations that front-line healthcare workers 65 and over, and those with other high-risk conditions, completely refrain from direct (physically present) patient care. Those who had suspended direct patient care may now return after discussing with their operational leaders.

Those with specific concerns regarding transitioning back to direct patient care should discuss appropriate work accommodations through discussions with YNHHS Occupational Medicine and their leadership. These discussions, if needed, should include identification of potential alternative arrangements aligned with institutional needs and sensitive to individual health concerns. Alternatives may include but are not limited to increased participation in telehealth, the use of tele-work technology, or support for administrative or operational work.

These recommendations were developed collaboratively by leaders at Yale Medicine, community members of the Medical Staff, and Infection Prevention, Occupational Medicine, Northeast Medical Group, and the Office of the Chief Clinical Officer at Yale New Haven Health.