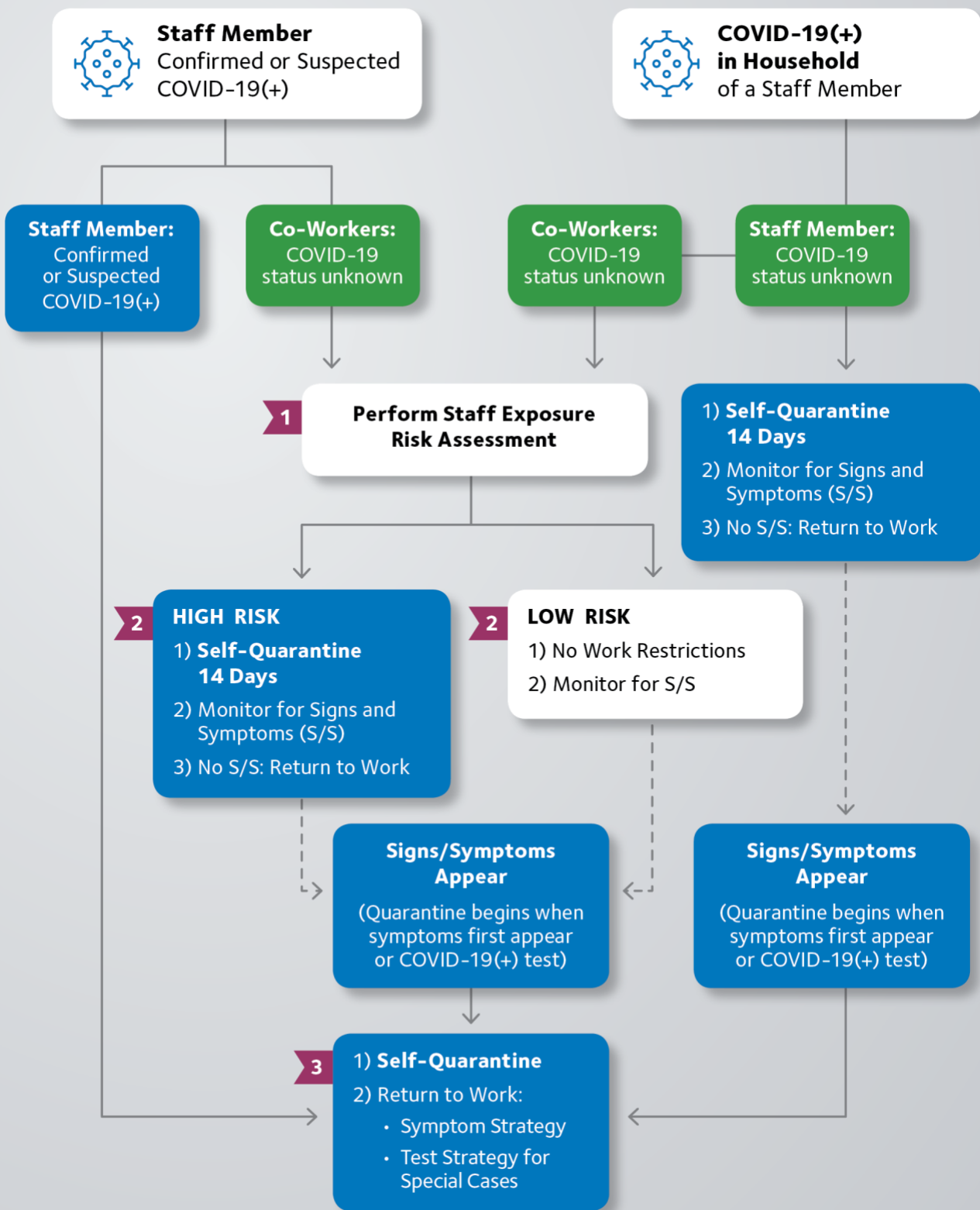


# Protocols to Follow if a Staff or Household Member is COVID-19(+)\*



\*See [Additional Office Protocols](#).

# Protocols to Follow if a Staff or Household Member is COVID-19(+)\*

## 1 Perform Staff Exposure Risk Assessment

Identify other staff members in contact with COVID-19(+) person

- Note date of last contact
- Perform contact risk assessment

## 2 Low Risk vs. High Risk Assessment

LOW RISK		
Exposure	PPE Used	Work Restrictions
<input type="checkbox"/> Prolonged close contact to person with COVID-19(+) (>15 min, within 6 feet) <input type="checkbox"/> Other exposures to COVID-19(+) person	<input type="checkbox"/> Appropriate PPE worn	<ul style="list-style-type: none"> <li>• No work restrictions</li> <li>• Continue wearing appropriate PPE</li> <li>• Monitor for S/S of COVID-19</li> </ul>
HIGH RISK		
Exposure	PPE Used	Work Restrictions
<input type="checkbox"/> Prolonged close contact to person with confirmed COVID-19 (>15 min, within 6 feet)	<input type="checkbox"/> Appropriate PPE <u>not</u> worn*	<ul style="list-style-type: none"> <li>• Exclude from work for 14 days after last exposure</li> <li>• Advise staff member to monitor themselves for fever or <a href="#">symptoms consistent with COVID-19 (S/S)</a></li> <li>• If no S/S, return to work and continue to use appropriate PPE</li> <li>• Any staff member who develops fever or <a href="#">symptoms consistent with COVID-19</a> should immediately contact their health care provider to arrange for medical evaluation and testing</li> </ul>

\*For example, staff remove masks and eat lunch together in staff break room.

# Protocols to Follow if a Staff or Household Member is COVID-19(+)\*

## 3 Self-Quarantine & Return to Work Strategies

When a staff member has a confirmed or suspected case of COVID-19, follow this table to help guide you in determining when the team member may return to work.

SYMPTOM STRATEGY			
TYPE	CLINICAL PRESENTATION*	MINIMAL DAYS IN SELF-QUARANTINE	RETURN TO WORK CRITERIA
SYMPTOMATIC	Mild to moderate illness and not severely immunocompromised	At least 10 days since symptoms first appeared	<ol style="list-style-type: none"> <li>At least 24 hours since last fever without use of fever reducing medication</li> <li>Improved symptoms</li> </ol>
	Severe to critical illness or severely immunocompromised	At least 20 days since symptoms first appeared	<ol style="list-style-type: none"> <li>At least 24 hours since last fever without use of fever reducing medication</li> <li>Improved symptoms</li> </ol>
ASYMPTOMATIC	Not severely immunocompromised	At least 10 days since first positive viral diagnostic test	N/A
	Severely Immunocompromised	At least 20 days since first viral diagnostic test	N/A
TEST-BASED STRATEGY**			
TYPE	CLINICAL PRESENTATION**	MINIMAL DAYS IN SELF-QUARANTINE	RETURN TO WORK CRITERIA
SYMPTOMATIC	**	N/A	<ol style="list-style-type: none"> <li>Resolution of fever without use of fever reducing medication</li> <li>Improved symptoms</li> <li>Negative results of FDA authorized COVID-19 RT-PCR tests from at least two consecutive specimens collected <math>\geq</math> 24 hours apart.</li> </ol>
ASYMPTOMATIC	**	N/A	<ol style="list-style-type: none"> <li>Negative results of FDA authorized COVID-19 RT-PCR tests from at least two consecutive specimens collected <math>\geq</math> 24 hours apart.</li> </ol>

\***Mild illness:** Signs and Symptoms of COVID-19 (S/S) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate illness:** Evidence of lower respiratory disease by clinical assessment or imaging and a saturation of O<sub>2</sub> (SpO<sub>2</sub>)  $\geq$ 94% on room air at sea level.

**Severe illness:** respirations  $\geq$ 30 breaths/min., SpO<sub>2</sub>  $\geq$ 94%, ratio of arterial partial pressure of oxygen to fraction of inspired oxygen < 300 mm Hg, or lung infiltrates >50%.

**Critical illness:** Respiratory failure, septic shock, and/or multiple organ dysfunction.

\*\*To be considered if staff needed to return earlier than symptom strategy or for staff who are severely immunocompromised, in consultation with local infectious disease experts

# Protocols to Follow if a Staff or Household Member is COVID-19(+)\*

## Additional Office Protocols



### Notify Patients Per State Specific Protocol

Be prepared before a staff member reports a confirmed case of COVID-19:

- Determine how patient or staff notifications will be made; include what actions and follow-up advice are recommended.
- Designate staff member responsible for identifying contacts.



### Clean and Disinfect Environmental Surfaces in Office

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Apply an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label.
- For disinfection, use surface-appropriate [products that meet EPA's criteria for use against SARS-CoV-2](#) (the cause of COVID-19), following manufacturer's instructions.



### Follow OSHA Reporting Requirements if Infection Resulted from Work Exposure

- Employers with 10 or fewer employees report hospitalization or death.
- Employers with more than 10 employees include incident in the exposure control plan.

### OSHA Guidance on Determining Work Exposure

EXPOSURE NOT WORK RELATED	EXPOSURE WORK RELATED
<ul style="list-style-type: none"> <li><input type="checkbox"/> A single employee, job duties do not include having frequent contact with patients</li> <li><input type="checkbox"/> An employee, outside the workplace, closely and frequently associates with someone who has COVID-19 and who is not a coworker (e.g., a family member, significant other, or close friend) and that individual exposes the employee to the virus during the period in which the individual is likely infectious</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Several cases develop among staff who work closely together and there is no alternative explanation</li> <li><input type="checkbox"/> It is contracted shortly after lengthy, close exposure to a particular patient or coworker who has a confirmed case of COVID-19 and there is no alternative explanation</li> <li><input type="checkbox"/> An employee's job duties include having frequent, close exposure to the public with ongoing local community transmission and there is no alternative explanation</li> </ul>

# Protocols to Follow if a Staff or Household Member is COVID-19(+)\*

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## Resources

### Return to Work Guidelines

- [CDC's Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 \(Interim Guidance\)](#)

### Employee Risk Assessment

- [CDC's Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)

### Contact Tracing

- [Health Departments: Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan](#)
- [CDC's Clinical Questions about COVID-19: Questions and Answers](#)

### Disinfecting

- [CDC's Disinfection and Sterilization](#)

### OSHA Reporting Work Related COVID Transmission

- [OSHA's Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 \(COVID-19\)](#)
- [ADA's Summary of Reporting Work-Related COVID-19 Illnesses for OSHA](#)