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

- **Staff Member**
  - Confirmed or Suspected COVID-19(+) status unknown

  - **Co-Workers:**
    - Confirmed or Suspected COVID-19 status unknown

  - Perform Staff Exposure Risk Assessment

  - **HIGH RISK**
    1) Self-Quarantine 14 Days
    2) Monitor for Signs and Symptoms (S/S)
    3) No S/S: Return to Work

  - **LOW RISK**
    1) No Work Restrictions
    2) Monitor for S/S

  - **Signs/Symptoms Appear**
    (Isolation begins when symptoms first appear or COVID-19(+) test)

  - **Self-Isolation**
    1) Self-Isolation
    2) Return to Work:
       - Symptom Strategy
       - Test Strategy for Special Cases

- **COVID-19(+) in Household of a Staff Member**

  - **Self-Quarantine**
    14 Days

  - 2) Monitor for Signs and Symptoms (S/S)

  - 3) No S/S: Return to Work

*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

<table>
<thead>
<tr>
<th>Exposure</th>
<th>PPE Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Prolonged close contact to person with COVID-19(+) (&gt;15 cumulative min within a 24 hour period within 6 feet)</td>
<td>□ Appropriate PPE worn</td>
<td>• No work restrictions</td>
</tr>
<tr>
<td>□ Other exposures to COVID-19(+) person</td>
<td></td>
<td>• Continue wearing appropriate PPE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Monitor for S/S of COVID-19</td>
</tr>
</tbody>
</table>

### LOW RISK

<table>
<thead>
<tr>
<th>Exposure</th>
<th>PPE Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Prolonged close contact to person with confirmed COVID-19 (&gt;15 min, within 6 feet)</td>
<td>□ Appropriate PPE not worn*</td>
<td>• Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Advise staff member to monitor themselves for fever or symptoms consistent with COVID-19 (S/S)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If no S/S, return to work and continue to use appropriate PPE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Any staff member who develops fever or symptoms consistent with COVID-19 should immediately contact their health care provider to arrange for medical evaluation and testing</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>SYMPTOM STRATEGY</th>
<th>TYPE</th>
<th>CLINICAL PRESENTATION*</th>
<th>MINIMAL DAYS IN SELF-QUARANTINE</th>
<th>RETURN TO WORK CRITERIA</th>
</tr>
</thead>
</table>
| SYMPTOMATIC      | Mild to moderate illness and not severely immunocompromised | At least 10 days since symptoms first appeared | 1. At least 24 hours since last fever without use of fever reducing medication  
2. Improved symptoms |
|                  | Severe to critical illness or severely immunocompromised | At least 20 days since symptoms first appeared | 1. At least 24 hours since last fever without use of fever reducing medication  
2. Improved symptoms |
| 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**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>CLINICAL PRESENTATION**</th>
<th>MINIMAL DAYS IN SELF-QUARANTINE</th>
<th>RETURN TO WORK CRITERIA</th>
</tr>
</thead>
</table>
| SYMPTOMATIC | ** | N/A | 1. Resolution of fever without use of fever reducing medication  
2. Improved symptoms  
3. Negative results of FDA authorized COVID-19 RT-PCR tests from at least two consecutive specimens collected ≥ 24 hours apart. |
| ASYMPTOMATIC | ** | N/A | 1. Negative results of FDA authorized COVID-19 RT-PCR tests from at least two consecutive specimens collected ≥ 24 hours apart. |

*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 O₂ (SpO₂) ≥94% on room air at sea level.
Severe illness: respirations ≥30 breaths/min., SpO₂ ≥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.
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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

<table>
<thead>
<tr>
<th>EXPOSURE NOT WORK RELATED</th>
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</tr>
</thead>
<tbody>
<tr>
<td>☐ A single employee, job duties do not include having frequent contact with patients</td>
<td>☐ Several cases develop among staff who work closely together and there is no alternative explanation</td>
</tr>
<tr>
<td>☐ 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</td>
<td>☐ 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</td>
</tr>
<tr>
<td></td>
<td>☐ An employee’s job duties include having frequent, close exposure to the public with ongoing local community transmission and there is no alternative explanation</td>
</tr>
</tbody>
</table>
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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

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