



December 7, 2020

**Summary: Change in Quarantine Procedures to Achieve Early and Safe Return to Work**

The CDC has recently issued alternative guidelines that can reduce the time period for quarantine but potentially introduce some risk. By using repeat testing however, we can safely shorten the quarantine period and return individuals to work and family while simultaneously keeping everyone protected.

In the updated algorithm, the quarantined asymptomatic provider can undergo PCR (gold standard) nasopharyngeal swab testing via a testing site at day 7 of quarantine. If this gold-standard test returns negative, then the quarantined (asymptomatic) individual is approved to return to work. Upon return, the quarantined individual needs to test upon arriving at work with the point-of-care COVID test (POCCT), which returns a result in approximately 15 minutes. If this POCCT result is also negative, the individual is safe to return to duty (formally exits quarantine status). The individual repeats the POCCT evaluation coming onto shift until 14 days since their original exposure. The risk of active infection with this strategy approaches 1 in 1000 (0.1%).

This new strategy enables quarantine to end substantially sooner while maintaining a safe workplace.



# COVID-19 Exposure Guidelines for Return to Work: Definitions

## Definitions:

- **Close contact** - being within approximately 6 feet of a person for a **cumulative time of 15 minutes or more over a 24 hours period** (time limit does not apply for aerosol generating procedures (AGP), any duration of exposure to AGP is considered a close encounter) OR having direct unprotected contact with infectious secretions (ex: coughing directly into the face of the exposed individual) or excretions.
- **Exposure** - close contact with a person with COVID-19, including 48-72 hours prior to their symptom onset.
- Exposure Risk Level of Provider and person with COVID-19 PPE coverage:

	Person with COVID-19			<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"><span style="width: 15px; height: 15px; background-color: red; margin-right: 5px;"></span> High-risk, quarantine needed</div> <div style="display: flex; align-items: center;"><span style="width: 15px; height: 15px; background-color: yellow; margin-right: 5px;"></span> Lower-risk, review needed</div> <div style="display: flex; align-items: center;"><span style="width: 15px; height: 15px; background-color: green; margin-right: 5px;"></span> Low-risk, no quarantine</div> </div>
	No mask	Cloth covering or facemask	AGP	
Provider with no mask				
Provider + facemask				
Provider + facemask + eye protection				
Provider + full MEGG			N95 equivalent	

- Persons with COVID-19 may be symptomatic or asymptomatic.
- Masks for persons with COVID-19 can be cloth face covering, facemasks (or surgical masks), or respirators, which reduce transmission. Cloth masks are not adequate as PPE for providers.
- For AGPs, providers must wear a respirator (N95, P100) for adequate protection. Red boxes indicate high-risk scenarios due to exposure of provider eyes, nose, mouth to virus.
- Yellow box indicates lower-risk, but quarantine may be necessary depending on circumstances.
- *Universal Source Control Measures: cloth face coverings or facemasks universally recommended for everyone in a facility, because of the potential for asymptomatic and pre-symptomatic transmission, even if they do not have symptoms of COVID-19.*
- **Symptoms** - include the following: fever, chills, cough, muscle or body ache, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.
  - Symptoms may appear 2-14 days after exposure. Median time 4-5 days.
- **AGP** – Aerosol Generating Procedures
  - AGP include the following: open suctioning of airway, sputum induction, CPR, intubation, non-invasive ventilation (CPAP/BIPAP), manual ventilation (BVM); further evidence is needed, but risk is suggested for: nebulizer administration and high flow O2 delivery.
- **Quarantine** – people who are not currently showing symptoms, but are increased risk from exposure and potentially pre-symptomatic, and need to stay away from others to prevent spread
- **Isolation** – people who are currently ill with symptoms, and able to spread disease and potential need to stay away from others to prevent spread
- **PCR testing** – refers to use of RT-PCR testing by swab to detect SARS-CoV-2 RNA. Serological testing (antibody testing) should not be used to determine infection or immunity.
- **POCCT** – refers to point-of-care COVID testing with FDA-approved rapid antigen testing performed by each crew member

## References:

1. CDC *Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)*. Updated May 5, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
2. CDC *Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19*. Updated June 18, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
3. CDC *Interim Infection Prevention and Control Recommendation for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*. Updated July 9, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
4. CDC FAQ for Aerosol generating procedures. [https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Transmission](https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Transmission)
5. CDC *Strategies to Mitigate Healthcare Personnel Staffing Shortages*. Updated April 30, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
6. CDC *Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)*. Updated June 30, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
7. CDC *Duration of Isolation and Precautions for Adults with COVID-19*. <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>



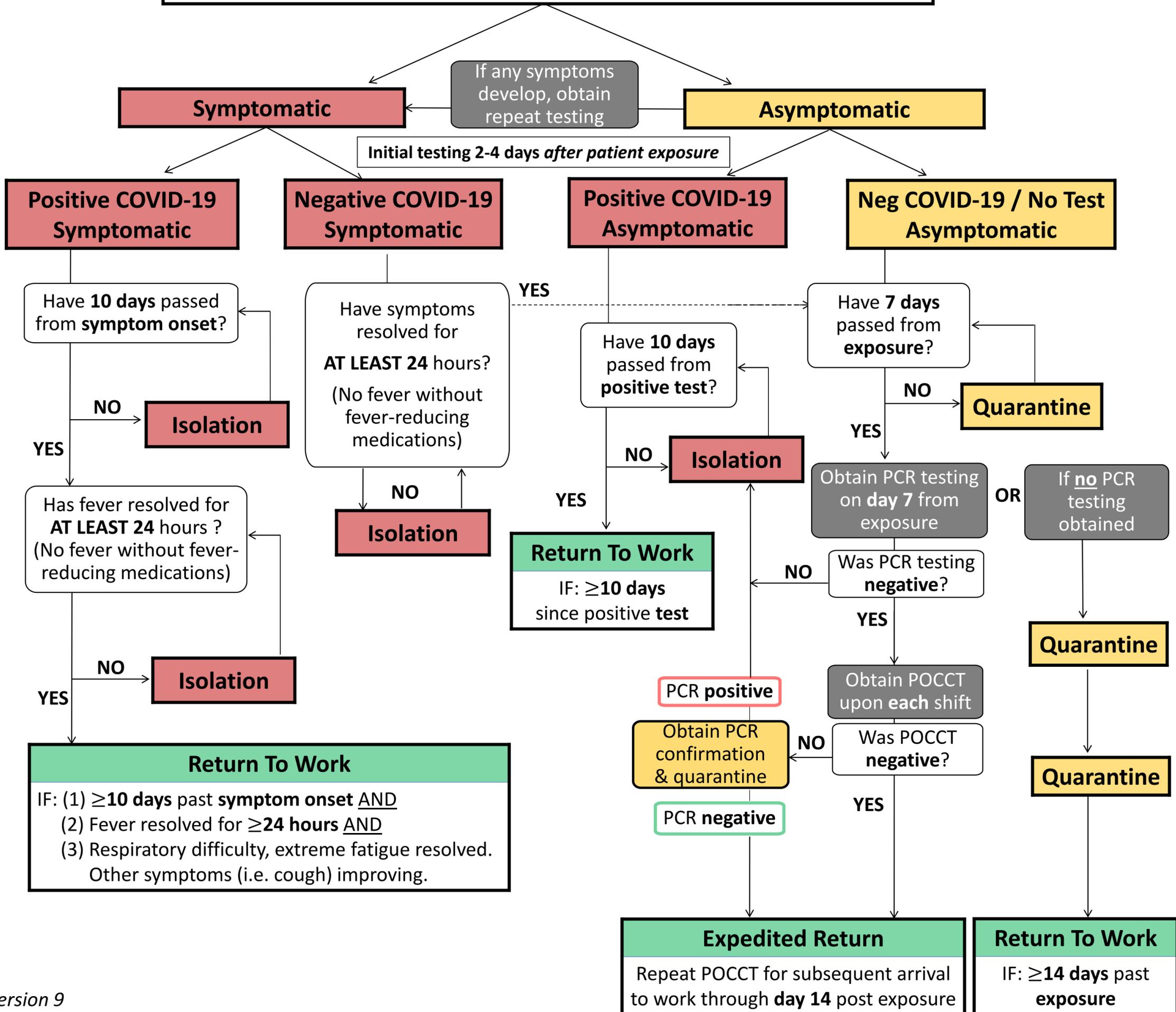
# COVID-19 Exposure Guidelines for Return to Work: Known Exposure from Patient Encounter

## Confirmed High-Risk COVID-19 Exposure from Patient Encounter

This algorithm is for known close contact high-risk exposure to a patient with COVID-19.

- Enter into **Symptom Tracker** and monitor symptoms daily AND
- **Quarantine** while potentially pre-symptomatic:
  - FULL 14 days of quarantine OR
  - EXPEDITED RETURN IF 1) PCR testing on day 7 returns negative AND 2) subsequent POCCT is negative upon subsequent return to work.

- Isolation
- Quarantine
- No Restriction





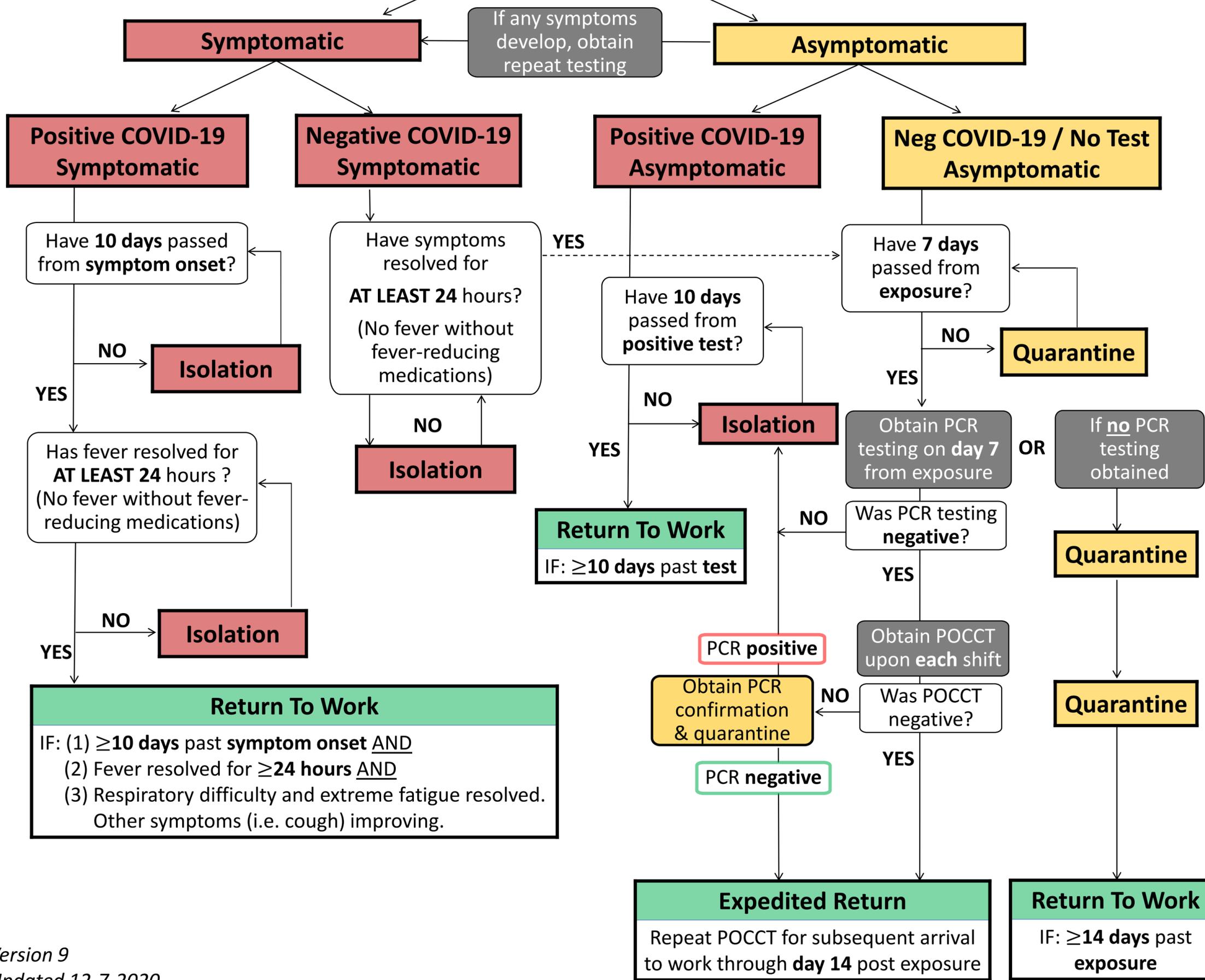
# COVID-19 Exposure Guidelines for Return to Work: Known Exposure from Non-Patient Encounter

## Confirmed High-Risk COVID-19 Exposure from NON-Patient Encounter

This algorithm is for a known close contact high-risk exposure to non-patient source (co-worker, household, community) with COVID-19.

- **Enter into Symptom Tracker** and monitor symptoms daily, AND
- **Obtain COVID-19 gold standard PCR testing as soon as possible** (within 1-2 days of exposure if possible), regardless of symptom status. Goal of early testing is contact tracing to identify the upstream source of the confirmed COVID-19 infection, AND
- **Quarantine** while potentially pre-symptomatic:
  - FULL 14 days of quarantine OR
  - EXPEDITED RETURN IF 1) PCR testing on day 7 returns negative AND 2) subsequent POCCT is negative upon return to work.

- Isolation
- Quarantine
- No Restriction





# COVID-19 Exposure Guidelines for Return to Work: No Known Exposure

