

















# 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 hours prior to their symptom onset.
- Exposure Risk Level of Provider and person with COVID-19 PPE coverage:

	Person with COVID-19			 High-risk, quarantine needed  Lower-risk, review needed  Low-risk, no quarantine
	No mask	Cloth covering or facemask	AGP	
Provider with no mask				
Provider + facemask				
Provider + facemask + eye protection				
Provider + full MEGG			N95 equivalent	

- Masks should be placed on patients with suspected COVID-19 whenever feasible. The mask will reduce transmission from the source patient.
- The facemask standard is the surgical mask at minimum. Single layer masks are inadequate PPE.
- 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.
- **Universal Source Control Measures:** *facemasks are universally recommended for everyone in a facility, because of the potential for asymptomatic and pre-symptomatic transmission.*
- **Symptoms** - include the following: fever (temperature  $\geq 100F$ ), chills, cough, muscle or body ache, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
  - Symptoms may appear up to 14 days after exposure. Median time 4-5 days.
  - *Review if a person has received a COVID-19 vaccine within the previous 3 days as immune response to the vaccine can sometimes produce symptoms.*
- **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 at increased risk from exposure and potentially pre-symptomatic, and need to stay away from others to prevent potential spread
- **Isolation** – people who are actively infected and infectious as evidenced by a positive test with or without symptomatic illness. These persons need to stay away from others to prevent spread.
- **PCR testing** – RT-PCR testing to detect SARS-CoV-2 RNA in the nose and pharynx. The test is the gold-standard with regard to accuracy. Serological testing (antibody testing using blood specimen) should not be used to determine acute infection. *In this algorithm, positive and negative COVID-19 refers to PCR testing.*
- **POCCT** – Point-of-care COVID testing with FDA-approved rapid antigen testing performed by each crew member. The result is available within ~15 minutes of test performance. **A positive POCCT test must be confirmed with a PCR test.**
- **Vaccine** - All providers are strongly encouraged to obtain the COVID-19 vaccine series. The COVID-19 vaccine protects the individual, their coworkers, their family, and the patients.
- **Documented COVID-19 Vaccine** – Issued CDC card or information confirmed on Washington State Immunization Information System (WSIIS) that includes date of vaccine series completion.



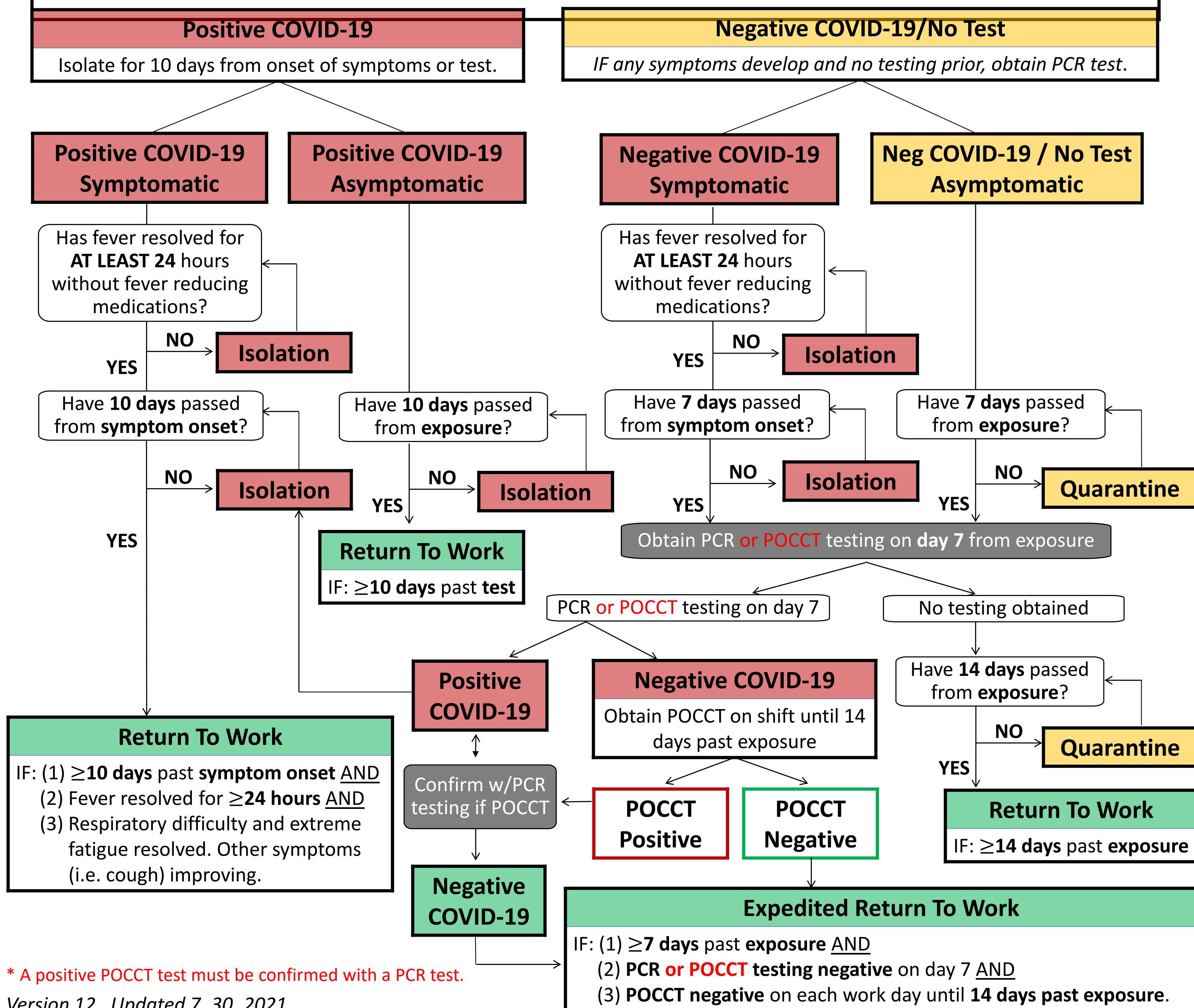
# COVID-19 Exposure Guidelines for Return to Work: Known Exposure for Unvaccinated Provider

## Confirmed High-Risk COVID-19 Exposure for Unvaccinated Provider

For all confirmed exposures (patient and non-patient exposures):

1. If vaccine series completed **OR** diagnosed with COVID by PCR test in past 90 days, go to page 3.
2. Enter into Symptom Tracker and monitor symptoms daily **AND**
3. Obtain **PCR or POCCT\*** testing (generally advised to do initial test ASAP), regardless of symptom status. The goal of early testing is contact tracing to identify upstream source of the confirmed COVID-19 infection.
4. **Quarantine** – unvaccinated persons must quarantine after an exposure:
  - FULL 14 days of quarantine **OR**
  - **EXPEDITED RETURN IF** 1) (repeat) PCR testing on day 7 is negative **AND** 2) subsequent POCCT is negative on return to work.

- Isolation
- Quarantine
- No Restriction



\* A positive POCCT test must be confirmed with a PCR test.





# COVID-19 Exposure Guidelines for Return to Work:

## Known Exposure: Full vaccination or prior COVID-19

**Documented Exposure to Person with COVID-19**  
**Full Vaccination**

For all confirmed exposures (patient and non-patient exposures):

1. Enter into symptom tracker AND
2. Monitor symptoms for **14 days past exposure** AND
3. **Perform repeated surveillance with POCCT between days 2-5 and on day 7\*** AND
4. Safety of the workforce is paramount. Please provide documentation of vaccination or prior infection.

- Isolation
- Quarantine
- No Restriction

Any symptoms?

**Asymptomatic**

Persons vaccinated do NOT need to quarantine. *If symptoms do develop, isolate and obtain PCR testing. Refer to page 2.*

**Symptomatic**

Isolate and obtain PCR testing.

**Eligibility Criteria**

**VACCINATION:** To be eligible to forgo quarantine, the exposed individual must be **≥ 2 weeks** from final vaccine

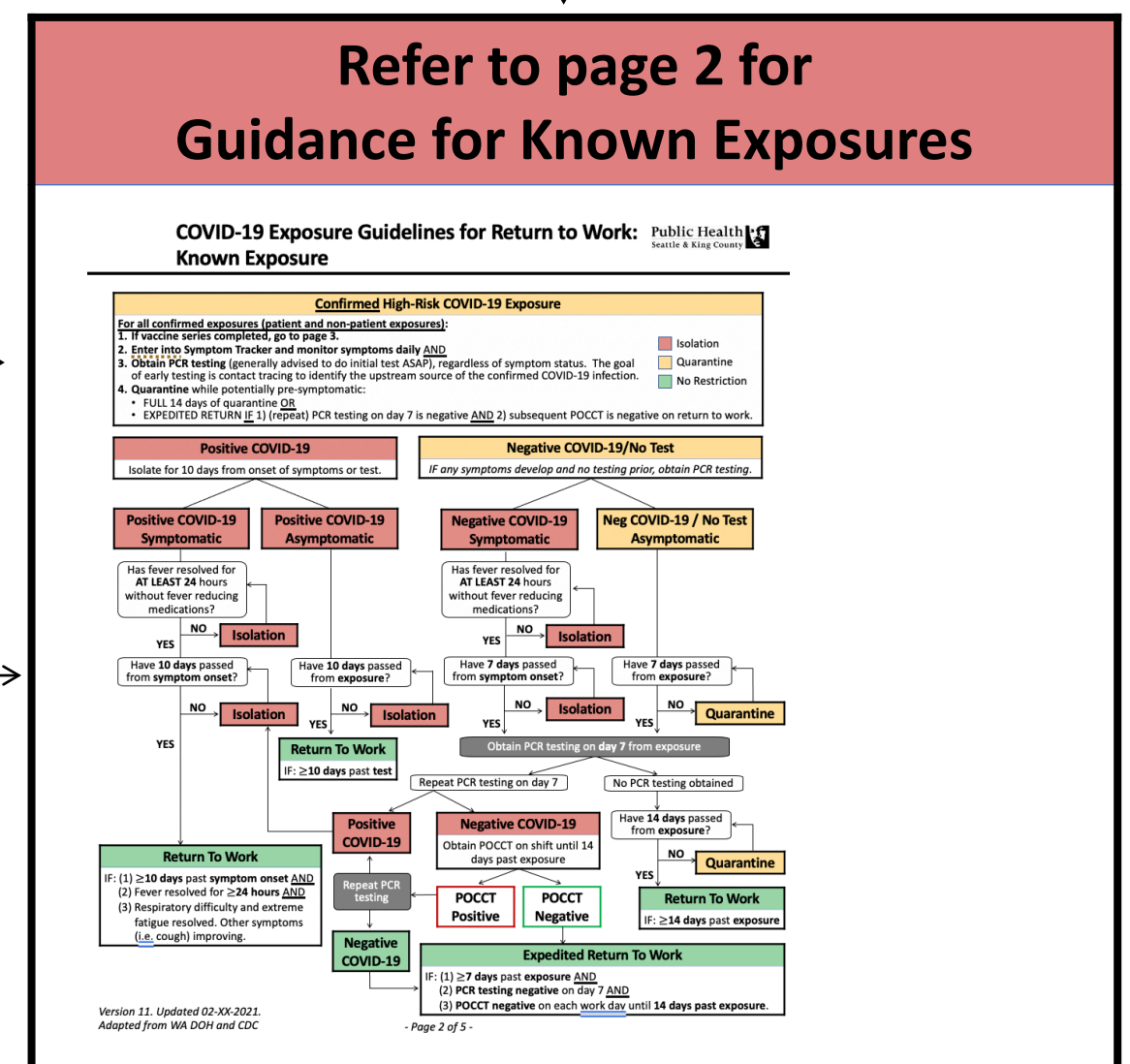
NO

**POCCT Positive**

Perform POCCT repeated surveillance testing Early (day 2-5) AND again on Day ~7

**POCCT Negative**

**Stay At Work**



\* A positive POCCT test must be confirmed with a PCR test.

\* A person who has had COVID infection within the past 90 days does not require POCCT surveillance. Surveillance is required if the provider's past COVID infection > 90 days from the exposure.



# COVID-19 Exposure Guidelines for Return to Work:

## Known Exposure and not vaccinated within past 3 days

**No Documented Exposure to Person with COVID-19**  
**Not vaccinated for COVID-19 in the past 3 days**

- Monitor symptoms daily

- Isolation
- Quarantine
- No Restriction

Any symptoms?

**Symptomatic**  
 COVID-19 PCR testing is **strongly recommended** for symptomatic first responders

**Asymptomatic**  
 There is **NO** role for testing first responders without known exposure or symptoms at this time. No work restriction.

**Positive COVID-19 Symptomatic**

**Negative COVID-19 Symptomatic**

**No Test Symptomatic**

Has fever resolved for **AT LEAST 24** hours without fever reducing medications?

Has fever resolved for **AT LEAST 24** hours without fever reducing medications?

Has fever resolved for **AT LEAST 24** hours without fever reducing medications?

YES → **Isolation**  
 NO → **Isolation**

YES → **Return To Work**  
 NO → **Isolation**

YES → **Isolation**  
 NO → **Isolation**

Have **10 days** passed from symptom onset?

**Return To Work**  
 IF: (1) PCR testing negative AND  
 (2) Fever resolved for  $\geq 24$  hrs

Have **7 days** passed from symptom onset?

YES → **Return To Work**  
 NO → **Isolation**

YES → **Return To Work**  
 NO → **Isolation**

Obtain PCR testing on day 7 from symptom onset

PCR testing from day 7

No PCR testing obtained

**Positive COVID-19**

**Negative COVID-19**  
 Obtain POCCT on shift until 10 days past symptom onset

Have **10 days** passed from exposure?

Symptoms include:

- New cough, new shortness of breath
- Fever  $\geq 100$ F, chills, muscle or body ache, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea

Repeat PCR testing

**POCCT Positive**

**POCCT Negative**

YES → **Return To Work**  
 IF:  $\geq 10$  days past exposure

**Negative COVID-19**

**Expedited Return To Work**  
 IF: (1)  $\geq 7$  days past exposure AND  
 (2) PCR testing negative on day 7 AND  
 (3) POCCT negative on each shift until 10 days past symptom onset.

\* A positive POCCT test must be confirmed with a PCR test.

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Adapted from WA DOH and CDC

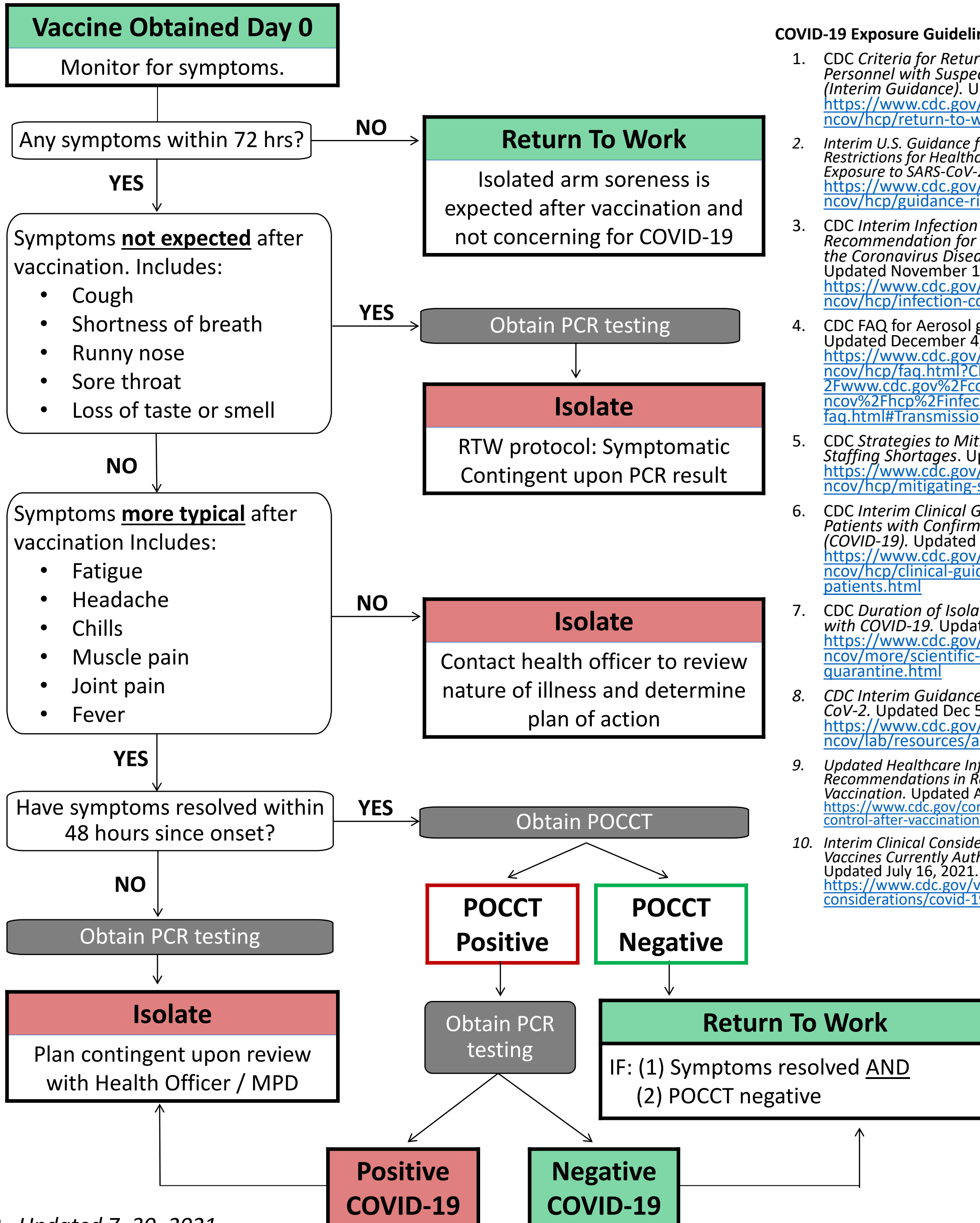




# COVID-19 Exposure Guidelines for Return to Work: Symptoms within 3 days of COVID-19 Vaccination

EMS providers are strongly encouraged to receive vaccination. Some people will have symptoms due to the immune response to vaccination. The challenge is to distinguish immune-related symptoms from the vaccine from a COVID-19 infection. The following protocol assumes: (1) that the provider has NOT been exposed to a person with known COVID-19 in the previous 14 days and (2) that the provider did not have symptoms on the day of vaccination.

If a provider develops symptoms within the first 3 days vaccination, please see the algorithm below:



### COVID-19 Exposure Guideline References:

1. CDC Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance). Updated June 1, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>
2. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2. Updated March 11, 2021. <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 November 14, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
4. CDC FAQ for Aerosol generating procedures. Updated December 4, 2020. [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 July 17, 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 November 3, 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. Updated Dec 2, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html>
8. CDC Interim Guidance for Antigen Testing for SARS-CoV-2. Updated Dec 5, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>
9. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. Updated April 27, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>
10. Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States. Updated July 16, 2021. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>