



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			<div style="display: inline-block; width: 15px; height: 15px; background-color: red; margin-right: 5px;"></div> High-risk, quarantine needed <div style="display: inline-block; width: 15px; height: 15px; background-color: yellow; margin-right: 5px; margin-top: 5px;"></div> Lower-risk, review needed <div style="display: inline-block; width: 15px; height: 15px; background-color: green; margin-right: 5px; margin-top: 5px;"></div> 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.
- **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

Confirmed High-Risk COVID-19 Exposure

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 testing (generally advised to do initial test ASAP), regardless of symptom status. The goal of early testing is contact tracing to identify the upstream source of the confirmed COVID-19 infection.
4. Quarantine while potentially pre-symptomatic:
 - 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

Positive COVID-19

Isolate for 10 days from onset of symptoms or test.

Negative COVID-19/No Test

If any symptoms develop and no testing prior, obtain PCR test.

Positive COVID-19 Symptomatic

Positive COVID-19 Asymptomatic

Negative COVID-19 Symptomatic

Neg COVID-19 / No Test Asymptomatic

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

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

NO

Isolation

NO

Isolation

YES

YES

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

Have **10 days** passed from **exposure**?

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

Have **7 days** passed from **exposure**?

NO

Isolation

NO

Isolation

NO

Isolation

NO

Quarantine

YES

Return To Work

IF: ≥ 10 days past test

Obtain PCR testing on day 7 from exposure

Repeat PCR testing on day 7

No PCR testing obtained

Positive COVID-19

Negative COVID-19

Obtain POCCT on shift until 14 days past exposure

Have **14 days** passed from **exposure**?

NO

Quarantine

YES

Return To Work

IF: ≥ 14 days past exposure

Return To Work

IF: (1) ≥ 10 days past symptom onset AND (2) Fever resolved for ≥ 24 hours AND (3) Respiratory difficulty and extreme fatigue resolved. Other symptoms (i.e. cough) improving.

Repeat PCR testing

Negative COVID-19

POCCT Positive

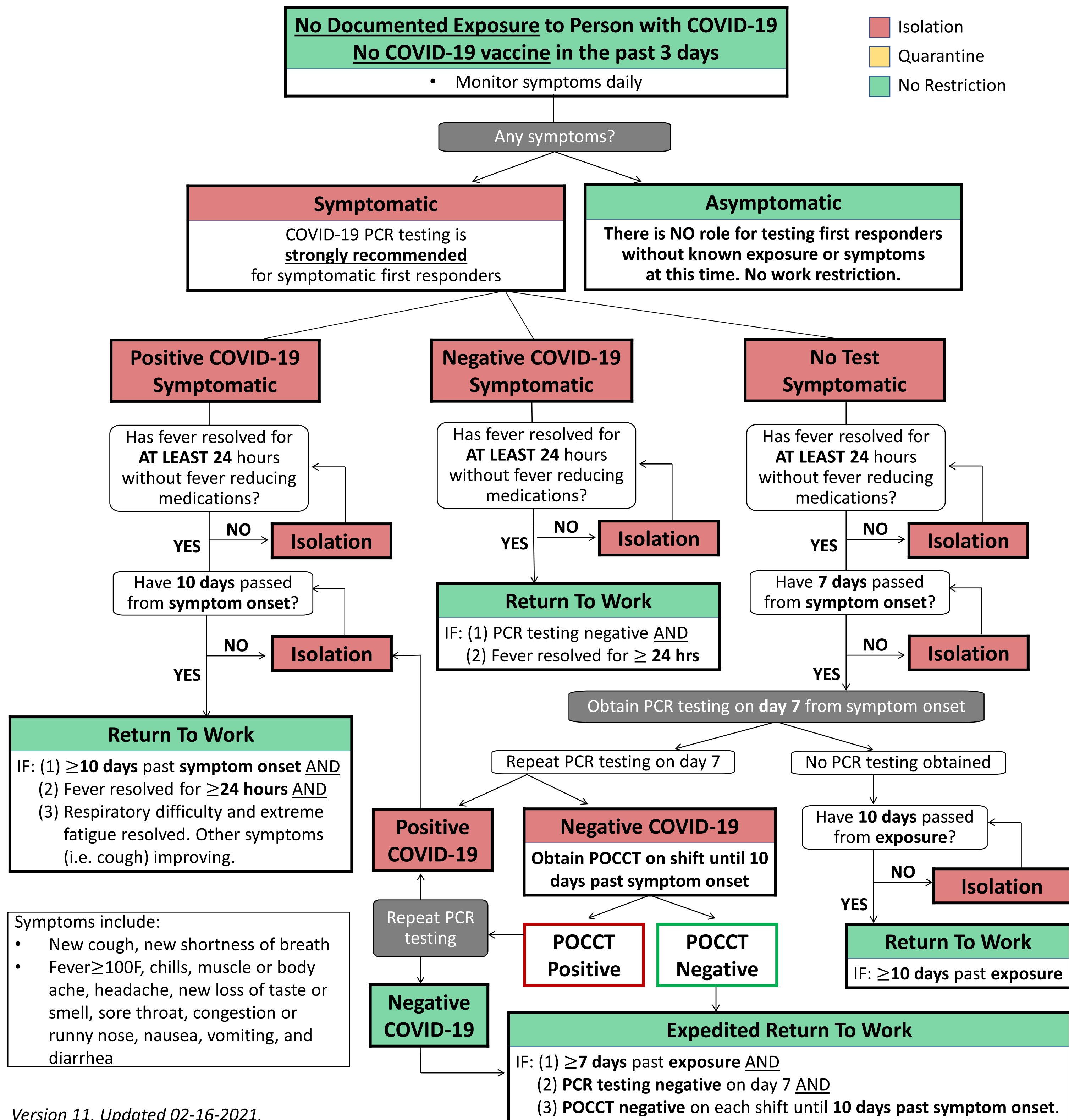
POCCT Negative

Expedited Return To Work

IF: (1) ≥ 7 days past exposure AND (2) PCR testing negative on day 7 AND (3) POCCT negative on each work day until 14 days past exposure.



COVID-19 Exposure Guidelines for Return to Work: No Known Exposure, No COVID-19 Vaccine within 3 days



Symptoms include:

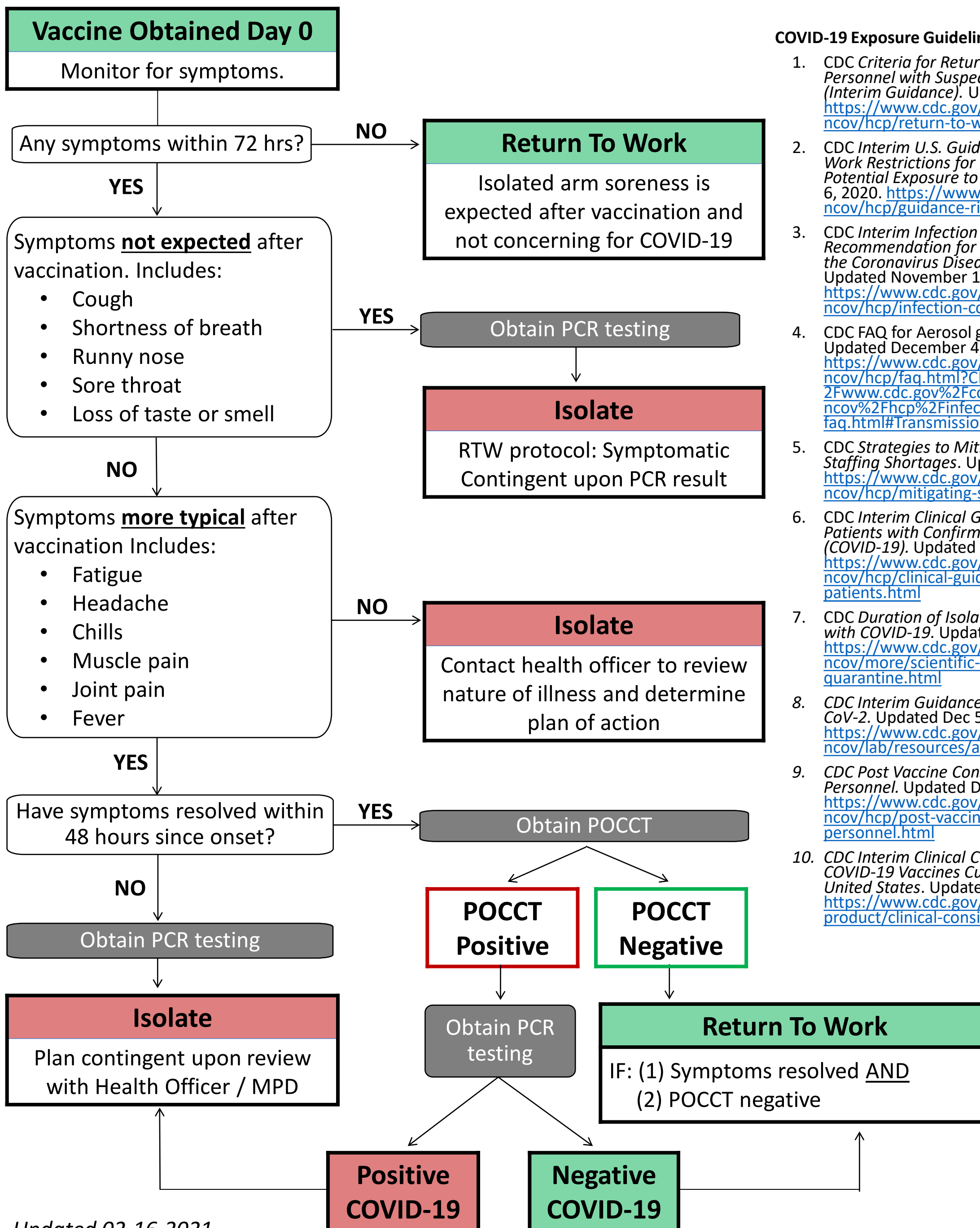
- New cough, new shortness of breath
- Fever ≥100F, chills, muscle or body ache, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea



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 August 10, 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 November 6, 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 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
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. CDC Post Vaccine Considerations for Healthcare Personnel. Updated Dec 13, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html>
10. CDC Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States. Updated Feb 10, 2021. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>