

Provider COVID-19 RTW Guidelines (updated 7-22-2020)

1. Definitions

- a. Exposure: Close contact within 6 feet for greater than 15 minutes OR direct exposure to respiratory secretions of an individual DIAGNOSED with COVID-19 while not wearing PPE.
- b. Critical employee: Determined by employer
- c. Not suspicious for COVID-19: Symptoms are reasonably attributed to a medical diagnosis other than COVID-19. This would be examples such as influenza, strep throat, etc.

2. Management Guidelines for the Exposed (NOT ILL) Employee

- a. Asymptomatic
 - i. Non-critical employee
 - 1. Quarantine (possible work from home) for 14 days from last possible exposure
 - ii. Critical employee
 - 1. May stay at work with following practices:
 - a. Pre-access screen before each workday
 - i. Temperature check and symptom interview
 - b. Monitor with supervision of occupational health program
 - c. Must wear mask at all times while in the workplace
 - i. Recommend surgical mask provided by employer
 - d. Maintain social distancing of 6 feet as permitted
 - e. Disinfect and clean workspace and equipment after use
- b. Symptomatic
 - i. If exposed employee becomes symptomatic at any time, refer to ill employee guidelines

3. Management Guidelines for the SYMPTOMATIC Employee

- a. Not suspicious for COVID-19
 - i. May return to work after resolution of symptoms that may affect work
 - ii. OK to use one negative swab result to rule out COVID-19
- b. Possible/Suspected COVID-19
 - i. Symptom-based (for mild-mod symptoms and without severely immunocompromised conditions, i.e. most workers)
 - 1. May return to work if ALL of the following have been met:
 - a. At least 24 hours fever free, without use of medications, and
 - i. Without use of medications
 - b. Significant improvement of symptoms, and
 - c. At least 10 days from time of symptom onset
 - 2. For Severely Ill patients or Immunocompromised employees

- a. At least 20 days have passed since symptoms first appeared, and
 - b. Significant improvement in symptoms
 - ii. Test-based – NOT generally recommended any longer
 1. If used, two negative PCR tests collected >24 hours apart, and
 2. Must still be fever free for 24 hours and have improved symptoms
4. Lab-confirmed COVID-19 employee who has NEVER exhibited symptoms
 - a. Time-based strategy
 - i. May return to work after 10 days have passed since the positive test assuming symptoms do not develop.
 - ii. If symptoms develop, refer to ill employee section above
 - b. Test-based strategy
 - i. Two negative tests (PCR based lab test) at least 24 hours apart

High Yield Pointers

- An exposed individual that is asymptomatic is placed in quarantine for 14 days from exposure. It is difficult to avoid the full 14 day quarantine period for an asymptomatic individual secondary to the potential 14 day incubation time for COVID-19.
- “Quarantine vs Isolation”: Quarantine is for exposed individuals who may or may not develop the COVID. Isolation is for sick individuals that you are trying to rule out or rule in COVID as the cause for the illness.
- Attempt to verify all reported POSITIVE tests even when dealing with exposures.
- Remember the difference between ASYMPTOMATIC and PRESYMPTOMATIC
 - Asymptomatic means the individual with a positive test will NEVER exhibit symptoms. It is assumed that an individual may be infectious for up to 10 days after the initial diagnosis is made.
 - Presymptomatic means the individual is in a stage of the disease where they do not have symptoms but will eventually develop them. It is unclear if the individual is infectious in this stage, but they are presumed to be infectious.
- Best medical information shows an individual may be infectious up to 48 hours prior to symptom onset.

NIH offers the follow definitions of severity of illness for your reference:

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without respiratory sx: shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals with lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe Illness: Individuals with respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from

baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.