

Reducing Exposure at Work:

To address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. With Universal Masking and other PPE and barriers for staff and patients, staff and patient exposure is reduced.

CDC recommends screening your staff daily for symptoms which are defined as : cough and/or shortness of breath or difficulty breathing OR at least two of these symptoms: Fever>100°F (37.8°C) ; Chills; Repeated shaking with chills; Muscle pain; Headache; Sore throat; or new loss of taste or smell. With any sign of illness, they should be sent home immediately. You can assure your families that everyone is being screened daily.

Exposure at Home

The CDC guideline for Health Care Providers (HCP) exposed at home to a symptomatic patient within 48 hours prior to symptoms is to *quarantine for 14 days*.

(<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>)

However, they make exceptions for HCP that are essential and asymptomatic. CDC recommends that these HCP should wear a procedural facemask (for source control) while at work for 14 days after the exposure event and check their symptoms and temperature daily (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>). Currently, at Children's all essential personnel who are exposed at home can still work as long as they are *asymptomatic*, and they are checking their symptoms daily.

Note: Children's current policy is that employees awaiting COVID-19 test results may continue to work unless they experience symptoms of any illness. Symptomatic employees should home isolate and notify their manager. Generally, symptomatic employees may return to work once they have not experienced any symptoms—including fever—for at least 24 hours (without medication).

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

If a health care provider becomes *symptomatic*, they should be quarantined at home (unless progress requires hospitalization) until they meet the CDC guidelines below for return to work. There are different recommendations based on Symptomatic vs. Asymptomatic HCPs. While there is an increased number of testing sites for exposure assessment, either strategy is acceptable for return to work.

Symptomatic HCP with suspected or confirmed COVID-19:

- *Symptom-based strategy.* Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications
 - **and** improvement in respiratory symptoms (e.g., cough, shortness of breath);
 - **and**, at least 10 days have passed *since symptoms first appeared*.
- *Test-based strategy.* Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)[\[1\]](#). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Asymptomatic HCP with laboratory-confirmed COVID-19:

- *Time-based strategy.* Exclude from work until:
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- *Test-based strategy.* Exclude from work until:
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.
- *For health care providers and staff, once back at work, they should continue to wear a procedural facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved. They should also avoid all contact with immunosuppressed individuals.*

*IF your office has further questions about specific employee exposure concerns, contact the Georgia Department of Public Health at **844-442-2681**.*