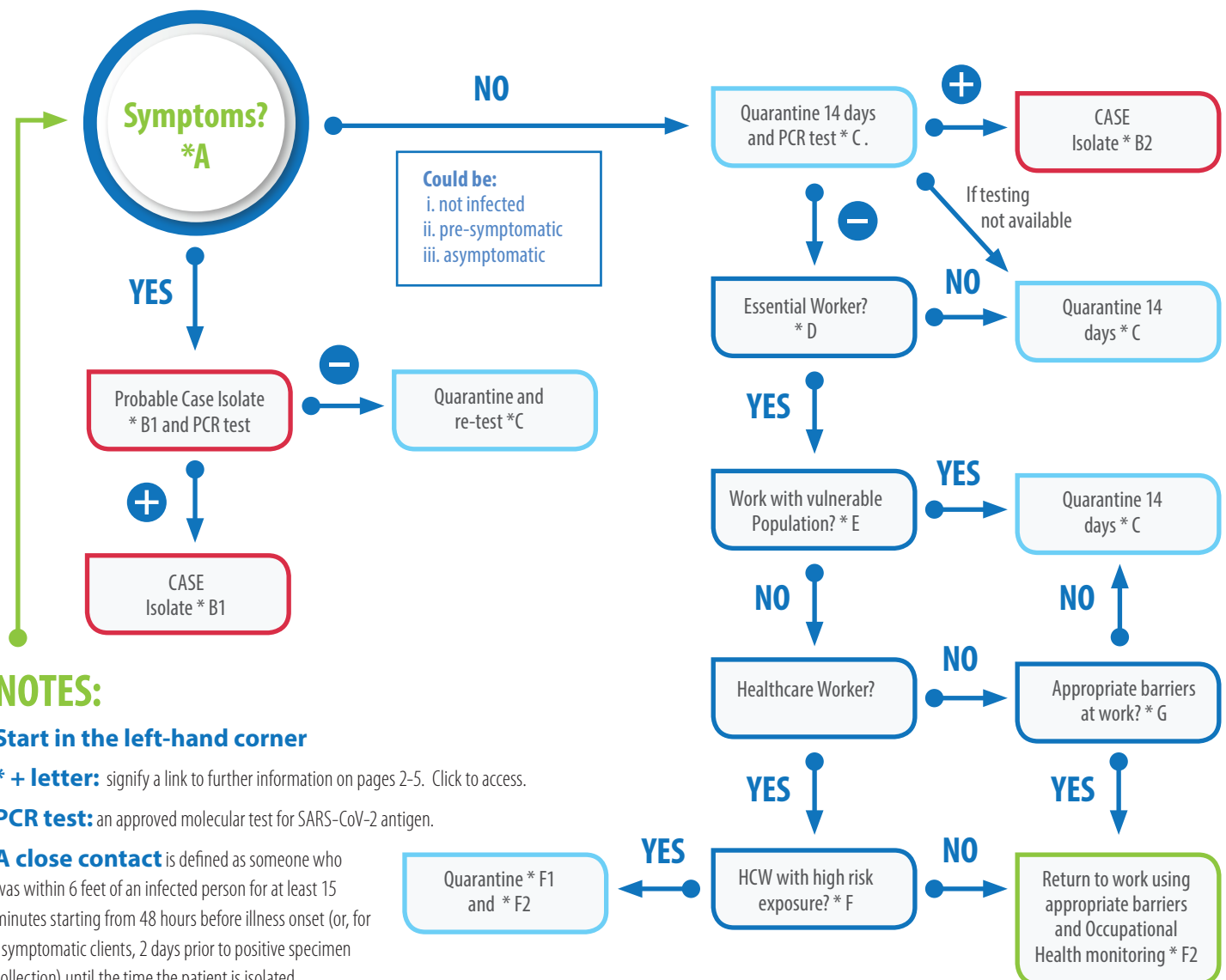


# COVID-19 guidance

Saginaw County  HEALTH DEPARTMENT

## Evaluation of Close Contacts to a Confirmed or Probable Case for Return to Work

EXPOSURE to a person with COVID-19, 2 – 14 days previously



### NOTES:

Start in the left-hand corner

\* + letter: signify a link to further information on pages 2-5. Click to access.

PCR test: an approved molecular test for SARS-CoV-2 antigen.

A close contact is defined as someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset (or, for asymptomatic clients, 2 days prior to positive specimen collection) until the time the patient is isolated.

HCW: health care workers

Saginaw County  HEALTH DEPARTMENT

## A. Symptoms: fever, cough, difficulty breathing:

**CDC Guidance:** [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) - May 20, 2020]. After an incubation period of 2-14 days (median 4-5 days), 97.5% of persons infected with COVID-19 and who have symptoms will experience these symptoms within 11.5 days of infection. The signs and symptoms of COVID-19 present at illness onset vary, but over the course of the disease, most persons with COVID-19 will experience the following:

- Fever (83–99%), Cough (59–82%), Fatigue (44–70%), Anorexia (40–84%), Shortness of breath (31–40%), Sputum production (28–33%) and Myalgia (11–35%)

Atypical presentations have been described, and older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms. Headache, confusion, rhinorrhea, sore throat, hemoptysis, vomiting, and diarrhea have been reported but are less common (<10%). Some persons with COVID-19 have experienced gastrointestinal symptoms such as diarrhea and nausea prior to developing fever and lower respiratory tract signs and symptoms. Anosmia (loss of sense of smell) or ageusia (loss of sense of taste) preceding the onset of respiratory symptoms has been anecdotally reported, but more information is needed to understand its role in identifying COVID-19. Several studies have reported that the signs and symptoms of COVID-19 in children are similar to adults and are usually milder compared to adults.

**CDC Guidance:** *Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>]*

## B1. Isolation for persons who have symptoms:

Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well. Persons who have, or are probable cases of, COVID-19, but do not require hospitalization can isolate at home until the risk of secondary transmission is considered to be low. Risk determination is based on either a symptom resolution or a combination of symptom resolution and antigen test results.

### 1. Symptom-based strategy

**Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- 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*.

### 2. Test-based strategy

Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.

**Persons who have COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- 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 a molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens)\*. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#).



Interpretation of a positive test result when part of a test-based strategy should include consideration of potential prolonged RNA detection vs potential infectiousness of the patient. CDC and others recognize that detection of viral RNA does not confirm the presence of infectious virus. For more on this topic see the following: [CDC Guidance for a Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19](#).

**CDC Guidance:** [US Centers for Disease Control and Prevention. Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance). 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.]

## B2. Isolation for persons who have not had symptoms:

Isolation is defined as the separation or restriction of activities of a person infected with SARS-CoV-2 from those who are well. Persons who are infected but do not require hospitalization can isolate at home until the risk of secondary transmission is considered to be low. Determination of transmission risk is based on either

- At least 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, or
- Negative results of a molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#).

**CDC Guidance:** US Centers for Disease Control and Prevention. Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance). 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

## C. Quarantine:

Close contacts to people who are infectious may become infected and should be tested for SARS-CoV-2. Their test result may be negative but this does not necessarily mean that they are not infected. It could be because:

- They were infected but are not yet showing symptoms (Pre-symptomatic), or
- They were infected and they are not showing any symptoms and will continue without symptoms (asymptomatic), or
- They were not infected by the virus.

But as both pre-symptomatic and asymptomatic people may be infectious, they should remain in quarantine until their status is determined and they are no longer considered a risk for virus transmission.

**CDC Guidance:** US Centers for Disease Control and Prevention. Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan. 2020; CS317074-A. <https://www.cdc.gov/coronavirus/2019-ncov/downloads/case-investigation-contact-tracing.pdf>.

## D. Critical Infrastructure Workers:

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue working following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they

should self-monitor under the supervision of their employer's occupational health program.

- o **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- o **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- o **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.
- o **Hand hygiene:** The employee should continue to follow hand hygiene recommendations

**CDC Guidance:** *US Centers for Disease Control and Prevention. Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 Interim Guidance. 2020; <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>.*

*US Centers for Disease Control and Prevention. Hand Hygiene Recommendations: Guidance for Healthcare Providers about Hand Hygiene and COVID-19. 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html>*

## E. Work with Vulnerable Population:

For many vulnerable populations, the risks for more severe disease if they become infected with SARS-CoV-2 are greater than for the general population. For people who work with vulnerable populations and have been exposed to a person with COVID-19, the current recommendations are for these workers to :

- o Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times, and
- o Self-monitor for symptoms by checking

their temperature twice a day and watching for fever\*, cough, or shortness of breath.

If any of these or other symptoms consistent with COVID-19 occur, they should contact their health care provider

## F1. Health Care Worker:

CDC Guidance: *Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 – May 2020*

If a HCW who had a potential exposure and was not using appropriate PPE and they have not had symptoms consistent with COVID-19, then they should:

- o Quarantine for 14 days since the last exposure, and
- o Monitor themselves for symptoms and
- o Contact their Occupational Health or other designated contact immediately if any of the symptoms consistent with COVID-19 occur.

**CDC Guidance:** *US Centers for Disease Control and Prevention. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19). 2020, Updated 23 May 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.*

## F2. Health Care Worker – Return to Work:

Health care workers with laboratory-confirmed COVID-19 but who have not had any symptoms may return to work when either of the following criteria has been met. Either strategy is acceptable depending on local circumstances.

### 1. 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.

## 2. Test-based strategy.

Exclude from work until negative results of a molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens).

Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

**CDC Guidance:** *US Centers for Disease Control and Prevention. Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance). 2020; [https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html).*

## G. Risk mitigation in the workplace:

The US Occupational Health and Safety Administration has developed guidelines in consultation with the CDC on Department of Labor has provided advice on risk mitigation within the workplace.

**OSHA Guidance:** US Occupational Health and Safety Administration. COVID-19. 2020; <https://www.osha.gov/SLTC/covid-19/controlprevention.html>.

Similarly the **Michigan OSHA (MIOSHA)** has developed guidelines to assure that workplaces provide a safe environment for workers [https://www.michigan.gov/documents/leo/leo\\_miosha\\_c19\\_workplace\\_guidelines\\_employer\\_690397\\_7.pdf](https://www.michigan.gov/documents/leo/leo_miosha_c19_workplace_guidelines_employer_690397_7.pdf)

## Caveat

Covid-19 is a new disease and there remains much to still learn about the epidemiology of this disease. It is possible that some of the recommendations will change as new information becomes available. The links above are from government.