Exposed employee

Immediately contact UC Health Employee Health and Wellness through REDCap.
Email: covid-redcap@uchealth.com
Online: https://is.gd/UCHealthCOVID
Please note: UC Health and UCP employees should all report through UC Health Employee Health.
For assistance, please email UCH-Employee-Health@uchealth.com.

Refer to matrix to identify AT RISK or NOT AT RISK exposure category for recommendations.

Employee will be tested.

COVID-19 positive

Severely immunocompromised (see definition)

Excluded from work until:
- At least 20 days since date of first positive test.

No action.

NOT AT RISK exposure

COVID-19 negative

Employee will be excluded from work until:
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications,
AND
- Improvement in symptoms,
AND
- Indicated time has passed (follow below)

After returning to work, HCP should:

- Wear a face mask at all times while in the healthcare facility.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, heme-onc) until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene and cough etiquette (i.e. cover nose and mouth when coughing or sneezing, dispose of tissues in trash).
- Self-monitor for symptoms, and seek reevaluation from UC Health Employee Health if respiratory symptoms recur or worsen.

Employee will be excluded from work until:
- At least 10 days since date of first positive test.

Monitor for symptoms.
Notify UC Health Employee Health if symptoms develop.

Severely immunocompromised

Severely or critical illness (see definition)

At least 20 days since symptoms first appeared

Not severely immunocompromised

Mild or moderate illness (see definition)

At least 10 days since symptoms first appeared

DEFINITIONS:

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 shortness of breath, dyspnea, or abnormal chest imaging.

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

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air (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%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Severely Immunocompromised: Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.

Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
### Exposure to Others with Possible COVID-19

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment (PPE) Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>At risk</td>
<td>HCP not wearing a respirator or face mask. HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or face mask. HCP not wearing all recommended PPE (e.g., gown, gloves, eye protection or respirator) while performing an aerosol-generating procedure.</td>
<td>• Test employee. • Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19. • Any HCP who develops fever or symptoms consistent with COVID-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</td>
</tr>
<tr>
<td>Not at risk</td>
<td>HCP other than those with exposure risk described above.</td>
<td>• Do not test employee. • Follow all recommended infection prevention and control practices, including wearing a face mask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19, not reporting to work when ill and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. • Any HCP who develops fever or symptoms consistent with COVID-19 should immediately self-isolate, and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</td>
</tr>
</tbody>
</table>

HCP with travel or community exposures should inform their occupational health program for guidance on need for work restrictions.

### Guidance for UC Health Employees/Clinicians

**Exposure Personal Protective Equipment (PPE) Used Work Restrictions**

**At risk**
- HCP who had prolonged close contact with a patient, visitor or HCP with confirmed COVID-19.
- HCP not wearing a respirator or face mask.
- HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or face mask.
- HCP not wearing all recommended PPE (e.g., gown, gloves, eye protection or respirator) while performing an aerosol-generating procedure.

**Not at risk**
- HCP other than those with exposure risk described above.
- N/A

### Key Terms:
- **PUI:** Person under investigation of having COVID-19
- **Source control:** Mask or ventilator with expiratory filter
- **HCP:** Healthcare provider
- **PPE:** Personal protective equipment
- **RTW:** Return to work

**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 shortness of breath, dyspnea, or abnormal chest imaging.

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

**Severe Illness:** Individuals who have 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%.

**Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

**Severely Immunocompromised:**
- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.