

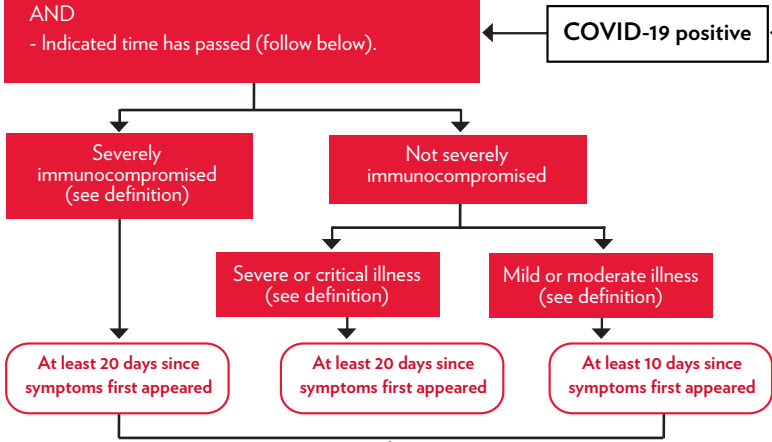
New onset cough,
OR
New onset shortness of breath,
OR
Difficulty breathing,
OR
Two (2) of the following:
- Fever or feeling feverish - Body aches - Headache - Diarrhea
- Loss of taste - Sore throat - Nasal congestion - Nausea and/or vomiting
- Loss of smell - Chills - Fatigue - Rigor/uncontrollable shaking

Guidance only: Consult UC Health Employee Health or your primary care provider for medical advice.

Immediately 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.

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).

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
- At least 72 hours have passed since onset of symptoms.



**Retest for COVID-19 if symptoms worsen OR If high clinical suspicion for COVID-19 infection

After returning to work, HCP should:

- Wear a face mask at all times while in a healthcare facility.
- 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.

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 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 >20 mg/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.