

This guideline incorporates advancing clinical evidence about SAR-CoV-2 infection and strategies to prevent and manage infection. This guideline may be updated as more is learned about COVID-19.

Updates since July 2021:

- **Testing for SAR-CoV-2** – At this current time, PCR testing is no longer required to confirm POCCT positive results. POCCT can be used to identify infection, provide surveillance in a test-to-stay strategy with a known exposure who are vaccinated, and provide screening surveillance among all to help limit risk of infection entering the workplace .
- **Quarantine duration after exposure** – For the unvaccinated, the time to quarantine from exposure has shortened from 14 days to 10 days. For the vaccinated, there is no quarantine period if asymptomatic. Return to work is permitted with test-to-stay strategy with daily POCCT testing when arriving to the workplace. POCCT testing is required for 7 days after exposure. If at any point an individual experiences symptoms, they should isolate and obtain a POCCT testing.
- **Isolation duration after COVID-19 diagnosis** – One negative test is required for expedited return to work on day 7 after a positive COVID test. The default isolation period is 10 days from symptom onset or positive COVID test if the person remains asymptomatic. For those who are asymptomatic, expedited return requires a negative POCCT test on return to work on day 7. For those who are symptomatic, expedited return requires a negative POCCT test on day 7, improving symptoms, and no fever for at least 24 hours without use of fever reducing agents (e.g., acetaminophen). For those who are positive on day 7, continued isolation is required. They may return after day 10 of isolation. No testing should be performed to return after day 10.
- **Re-testing deferment period** – POCCT testing is currently deferred for 30 days after a positive COVID-19 test, shortened from previous 90 days. Thus, a person who has had COVID infection within the past 30 days does not require POCCT surveillance. Surveillance is required if the provider’s past COVID infection > 30 days from the exposure.

Definitions

- **Close contact** - being within approximately 6 feet of a person for a cumulative time of 15 minutes or more over a 24 hours period (time limit does not apply for aerosol generating procedures (AGP), any duration of exposure to AGP is considered a close encounter) OR having direct unprotected contact with infectious secretions (ex: coughing directly into the face of the exposed individual) or excretions.
- **Exposure** - close contact with a person with COVID-19, including 48 hours prior to their symptom onset.
 - Exposure Risk Level of Provider and person with COVID-19 PPE coverage:

	Person with COVID-19			
	No mask	Cloth covering or facemask	AGP	
Provider with no mask	High-risk, quarantine needed	High-risk, quarantine needed	High-risk, quarantine needed	<div style="display: flex; flex-direction: column; gap: 10px;"> <div style="display: flex; align-items: center;"> High-risk, quarantine needed</div> <div style="display: flex; align-items: center;"> Lower-risk, review needed</div> <div style="display: flex; align-items: center;"> Low-risk, no quarantine</div> </div>
Provider + facemask	Lower-risk, review needed	Low-risk, no quarantine	High-risk, quarantine needed	
Provider + facemask + eye protection	Low-risk, no quarantine	Low-risk, no quarantine	High-risk, quarantine needed	
Provider + full MEGG	Low-risk, no quarantine	Low-risk, no quarantine	N95 equivalent	

- Persons with COVID-19 may be symptomatic or asymptomatic.
- Masks should be placed on patients with suspected COVID-19 whenever feasible. The mask will reduce transmission from the source patient.
- The facemask standard is the surgical mask at minimum. Single layer cloth masks are inadequate PPE.
- For AGPs, providers must wear a respirator (N95, P100) for adequate protection. Red boxes indicate high-risk scenarios due to exposure of provider eyes, nose, mouth to virus.
- **Universal Source Control Measures:** *facemasks are recommended for everyone in a facility, because of the potential for asymptomatic and pre-symptomatic transmission.*

Definitions (continued)

- **Symptoms** - include the following: fever (temperature $\geq 100^{\circ}\text{F}$), chills, cough, muscle or body ache, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
 - Symptoms may appear up to 14 days after exposure. Median time 3-5 days.
 - Review if a person has received a COVID-19 vaccine within the previous 3 days as immune response to the vaccine can sometimes produce symptoms.
- **Timeline** – day of exposure or symptom onset is considered Day 0
- **AGP** – Aerosol Generating Procedures - AGP include the following: open suctioning of airway, sputum induction, CPR, intubation, non-invasive ventilation (CPAP/BIPAP), manual ventilation (BVM); further evidence is needed, but risk is suggested for: nebulizer administration and high flow O₂ delivery.
- **Quarantine** – people who are *not currently showing* symptoms, but are at increased risk from exposure and potentially pre-symptomatic, and need to stay away from others to prevent potential spread
- **Isolation** – people who are actively infected and infectious as evidenced by a positive test with or without symptomatic illness. These persons need to stay away from others to prevent spread.
- **Testing**
 - **PCR testing** – RT-PCR testing to detect SARS-CoV-2 RNA in the nose and pharynx.
 - **POCCT** – Point-of-care COVID testing with FDA-approved rapid antigen testing. These tests generally have good sensitivity and specificity to detect contagious people. The result is available within ~15 minutes.
 - **Serological testing** - Antibody testing using blood specimen. Serological testing should not be used to determine acute infection.
- **Vaccine** - All providers are strongly encouraged to obtain the COVID-19 vaccine series and booster. The COVID-19 vaccine protects the individual, their coworkers and the workplace, their family, and patients.
 - **Vaccinated** – A person is vaccinated 2 weeks after completing initial 2-shot series of mRNA vaccine or the single J & J vaccine.
 - **Boosted** – Additional dose of vaccine provided ~6 months after the initial vaccination series (2 months after J & J). Boosted individuals experience lower risk of infection and disease sequelae.
- **Documented COVID-19 Vaccine** – Issued CDC card or information confirmed on Washington State Immunization Information System (WSIIS) that includes date of vaccine series completion.

COVID-19 Exposure Guideline References:

1. *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 firmed COVID-19*. Updated Dec 23, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
2. *Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2*. Updated Dec 23, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
3. *CDC Interim Infection Prevention and Control Recommendation for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*. Updated September 10, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
4. *CDC FAQ for Aerosol generating procedures*. Updated November 17, 2021. https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Transmission
5. *CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages*. Updated December 23, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
6. *CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)*. Updated February 12, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
7. *Ending Isolation and Precautions for People with COVID-19*. Updated Dec 28, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>
8. *CDC Interim Guidance for Antigen Testing for SARS-CoV-2*. Updated September 9, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>
9. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic Vaccination*. Updated September 10, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>
10. *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States*. Updated December 23, 2021. <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

COVID-19 Exposure Guidelines for Return to Work: Known Exposure for **Vaccinated** Provider

High-Risk COVID-19 Exposure for Vaccinated Provider

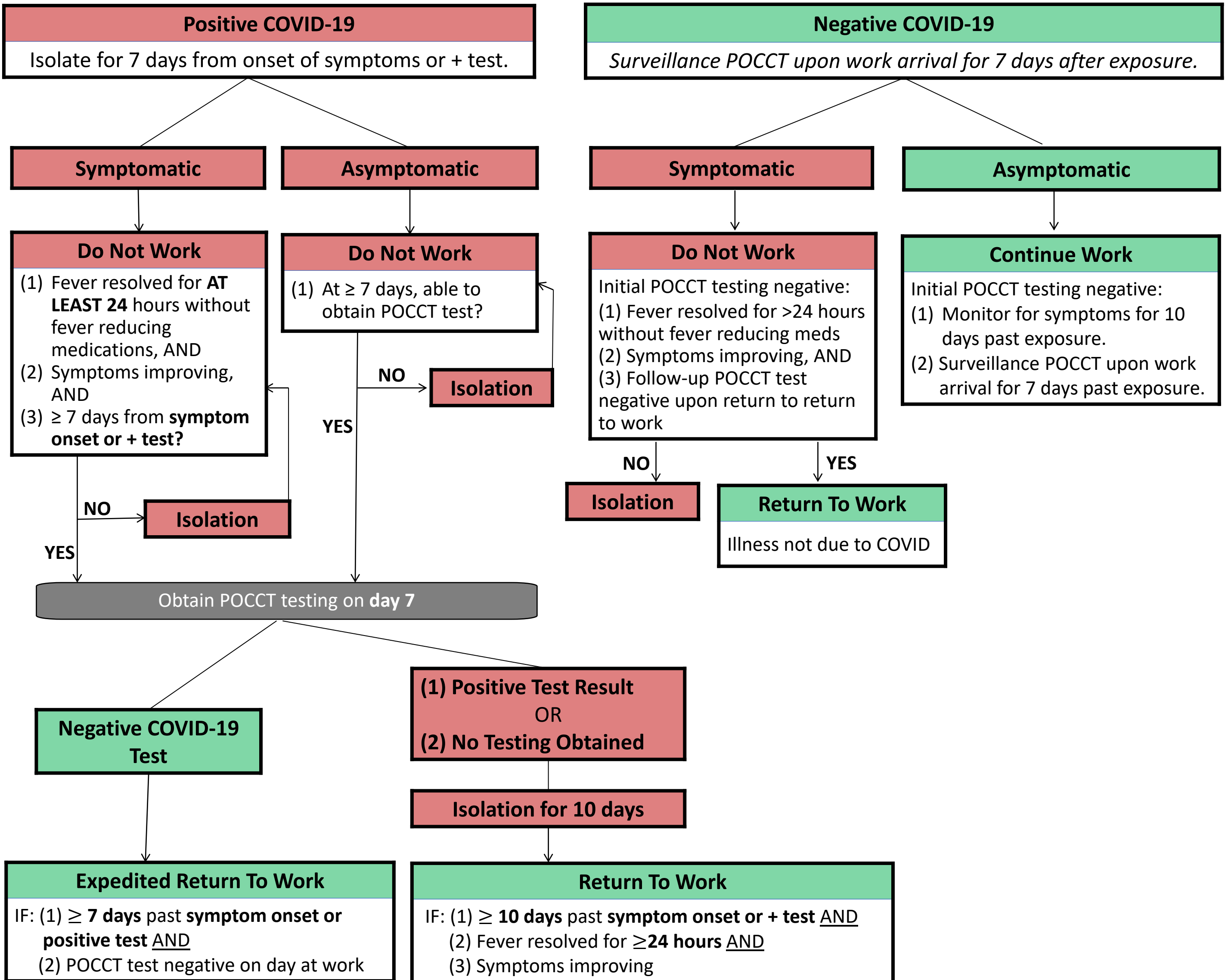
For all confirmed exposures (patient and non-patient exposures):

1. Enter into Symptom Tracker AND
2. Monitor symptoms daily for 10 days AND
3. Obtain POCCT surveillance within 1-2 days from exposure (generally advised to do initial test ASAP), regardless of symptom status.
4. **Perform POCCT testing each day upon return to work up to 7 days.**
5. If symptoms develop, isolate and obtain POCCT testing.

■ Isolation

■ Quarantine

■ No Restriction



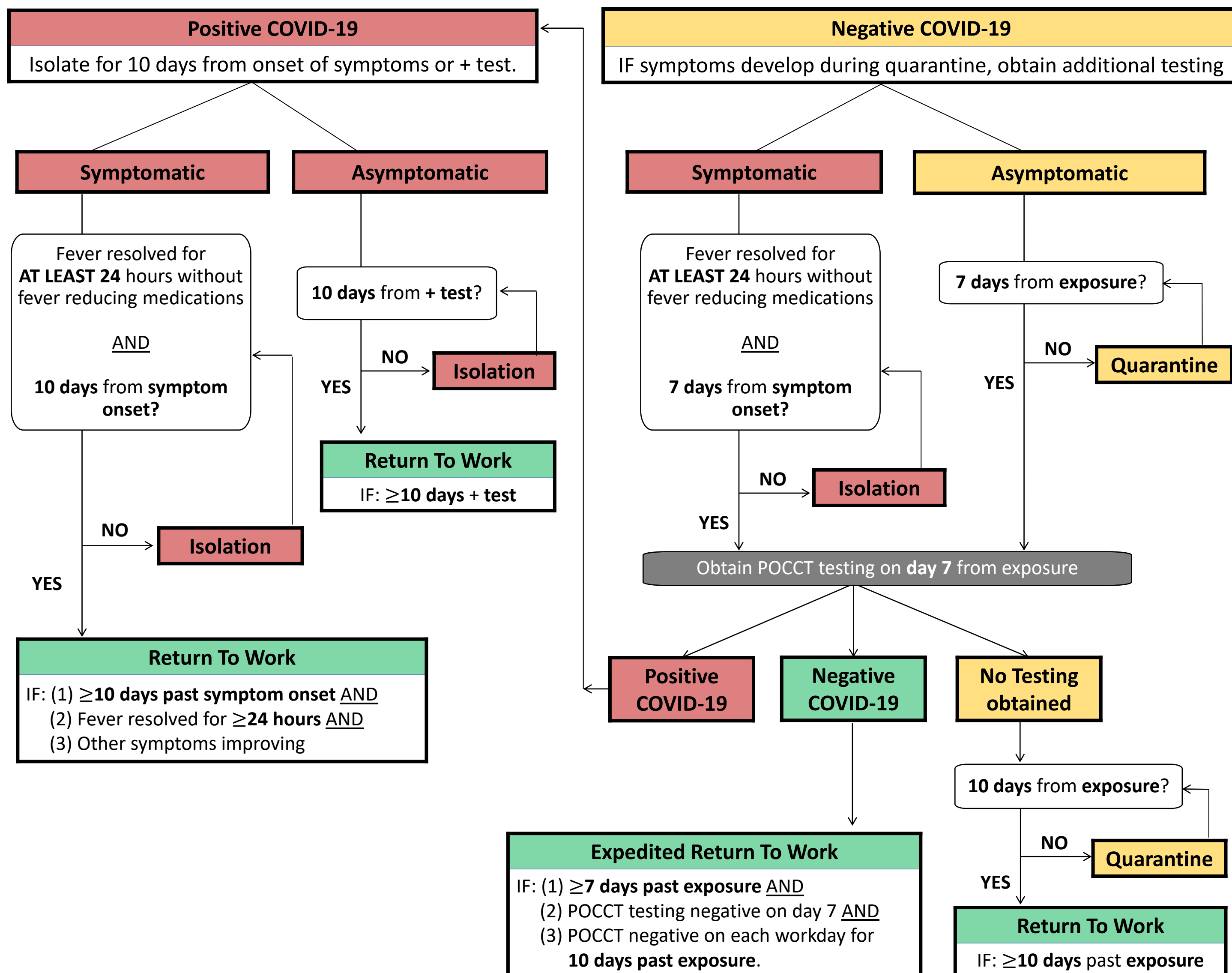
COVID-19 Exposure Guidelines for Return to Work: Known Exposure for **Unvaccinated** Provider

High-Risk COVID-19 Exposure for Unvaccinated Provider

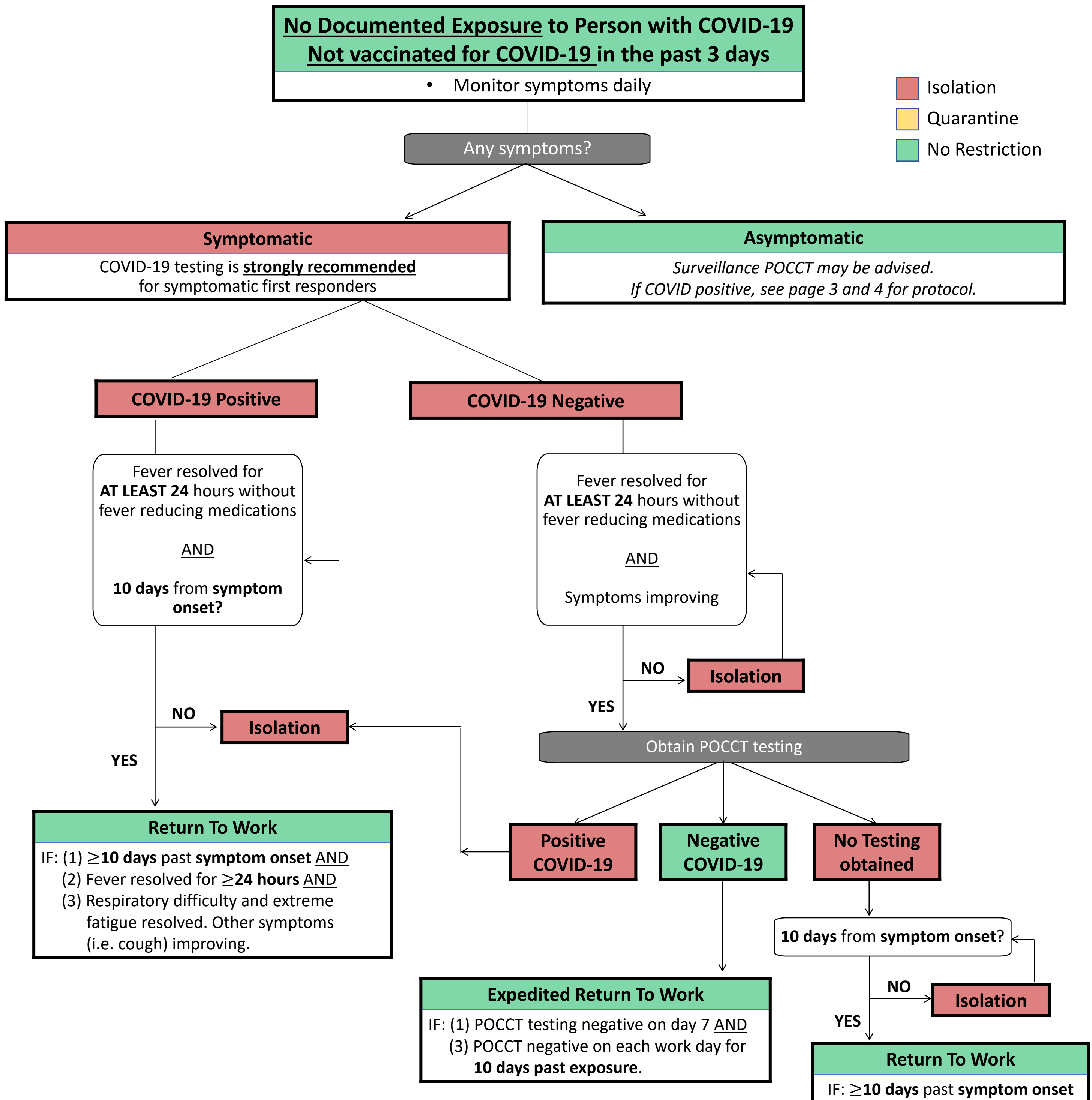
For all confirmed exposures (patient and non-patient exposures):

1. If vaccine series completed OR previously diagnosed with COVID within 30 days, go to page 3.
2. Enter into Symptom Tracker and monitor symptoms daily AND
3. Obtain PCR or POCCT testing (generally advised to do initial test ASAP), regardless of symptom status. The goal of early testing is contact tracing to identify upstream source of the confirmed COVID-19 infection.
4. Quarantine – unvaccinated persons must quarantine after an exposure:
 - FULL 10 days of quarantine OR
 - EXPEDITED RETURN IF 1) POCCT testing on day 7 is negative AND 2) subsequent POCCT is negative on return to work.

- Isolation
- Quarantine
- No Restriction



COVID-19 Exposure Guidelines for Return to Work: Unknown Exposure for **Unvaccinated** Provider



COVID-19 Exposure Guidelines for Return to Work: Symptoms within 3 days of COVID-19 Vaccination

EMS providers are strongly encouraged to receive vaccination and boosters. Some people will have symptoms due to the immune response to vaccination. The challenge is to distinguish immune-related symptoms from the vaccine versus a COVID-19 infection. The following protocol assumes: (1) that the provider has NOT been exposed to a person with known COVID-19 in the previous 10 days and (2) that the provider did not have symptoms at the time of vaccination.

If a provider develops symptoms within the first 3 days vaccination, please see the algorithm below:

