

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 January 2022:

- Testing for SAR-CoV-2** –PCR testing is no longer required to confirm POCCT positive results. (A positive POCCT indicates a very high likelihood of infection.) However, POCCT may *not* detect all cases of early infection (some false negative POCCT). Consequently, if a person is symptomatic *and* the initial POCCT is negative, a repeat POCCT or PCR test is recommended 48-72 hours after the initial negative test. A POCCT can continue to be used as needed to help screen asymptomatic individuals coming into the workplace or to determine early return to the workplace following infection as detailed below.
- Quarantine duration after exposure** – Persons are permitted to work following exposure to COVID-19 so long as they remain asymptomatic and test negative upon arrival to work for the 7 days following the exposure. If at any point an individual experiences symptoms regardless of vaccination status, they should isolate and obtain POCCT testing. If the POCCT is negative, the individual should remain in isolation during the illness and repeat the POCCT or obtain a PCR 48-72 hours following the initial test to verify COVID status.
- Isolation duration after COVID-19 diagnosis** – The default isolation period is 10 days from symptom onset (day 0) or positive COVID test (day 0). No testing should be performed to return after day 10. A provider may be eligible for an expedited return after COVID infection beginning as early as day 7 if they feel better (no fever for 24 hours) and test negative on POCCT upon the first day of their early return (i.e. day 7). For those whose infection was asymptomatic, expedited return requires a single negative POCCT test upon return to work as early as day 7. For those who are still positive on day 7, repeat testing may be performed on days 8-10 until the test becomes negative at which time the individual may return to work.
- Re-testing deferment period** – POCCT or PCR testing may be reinstated for the purposes of screening or diagnosing COVID > 30 days after a prior COVID infection.

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			
	Cloth covering or No mask	Facemask	AGP	
Provider with no mask or cloth covering	High-risk, quarantine needed	High-risk, quarantine needed	High-risk, quarantine needed	<ul style="list-style-type: none"> High-risk, quarantine needed Lower-risk, review needed Low-risk, no quarantine
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 + N95 mask + eye protection	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.

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 10 days after exposure. Median time 1-4 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 regarding 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 vaccines (Pfizer or Moderna) or the 2-shot Novavax traditional vaccine. The single J & J vaccine is no longer routinely available.
 - **Boosted** – Additional dose of vaccine provided >3+ months after the initial vaccination series. 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-assessment-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-assessment-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 EMS Provider

High-Risk COVID-19 Exposure According to Follow-up COVID status & Symptoms

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

- Employee may continue to work so long as they are asymptomatic with negative POCCT.
- Monitor symptoms daily for 7 days AND
- Obtain POCCT surveillance each day upon arrival at work through day 7 following exposure.
- If symptoms develop, isolate and obtain POCCT testing. If this initial POCCT test (with symptoms) is negative, continue to isolate and repeat POCCT or PCR at 48-72 hours to verify status.

- Isolation
- Quarantine
- No Restriction

