



What To Do If a Staff Member Tests Positive for COVID-19

If a member of your staff tests positive for COVID-19, it is important to have a plan in place. Below are a few crucial steps to take, recommended by the [Centers for Disease Control and Prevention \(CDC\)](#).

Determine the risk

Determining if an employee should quarantine depends on whether they experienced “prolonged close contact” with someone with a confirmed case of COVID-19.

- Defining “prolonged close contact”:
 - o Prolonged: The CDC classifies “prolonged” as 15 minutes or more. However, any duration should be considered prolonged if exposure occurs during an aerosol-generating procedure.
 - o Close contact: For health care personnel (HCP), close contact only occurs if the HCP was not wearing personal protective equipment (PPE), such as a facemask or respirator. In the case that the infected individual was not wearing any PPE, the HCP must also have been wearing eye protection for it to not be considered close contact.
 - For non-HCP, close contact is considered being within six feet of a person with a confirmed case of COVID-19 or having unprotected direct contact with infectious secretions of a person with a confirmed case of COVID-19.

If it is determined that the above criteria has been met, the employee is subject to work exclusion for 14 days. The employee should monitor their symptoms and seek testing if symptoms develop.

When to return to work

Decisions regarding when to return to work for employees with confirmed or suspected case of COVID-19 should be made in the context of local circumstances. More information can be found on the CDC website, [here](#).

In the case of a confirmed, symptomatic employee:

Exclude from work until:

- At least three days, or 72 hours, have passed since recovery. Recovery is 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 ten days have passed since symptoms first appeared.
- 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 an [FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA](#) from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).

* See the CDC’s [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

* Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

In the case of a confirmed, asymptomatic employee

Exclude from work until:

- Ten days have passed since date of first positive COVID-19 diagnostic test. If symptoms develop, refer to the above.
 - * Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- Negative results from the [FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA](#) from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).
 - * Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Notifying patients and staff

It is important to determine if the infected employee had contact with other staff members or patients. If it is determined that interactions took place, notify staff internally and reach out to all necessary patients.

Below is a sample letter that can be sent to patients.

Dear *Patient Name*,

The doctors and staff at *[insert name of practice]* have faithfully followed the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) guidelines to protect you and ourselves. Despite our many precautionary measures, a member of our internal community has tested positive for coronavirus and is now in self-quarantine. It was determined that you may have had prolonged close contact with this individual on *[insert date]*.

The CDC recommends:

If you are asymptomatic, stay home for 14 days, which would be until *[insert date]*.

If you develop symptoms, contact your doctor about getting tested. Also, isolate at home and avoid other family members.

The official CDC recommendations can be found [here](#).

We greatly appreciate your understanding as we work to navigate these challenging times. If you have any questions, please feel free to contact us at *[insert contact information]*.

Notifying public health authorities

Depending on whether your state or local authorities require or request health care providers report cases of COVID-19 in office, you will need to reach out to inform them. The National Association of County and City Health Officials (NACCHO) has created a [directory with local health department contact information](#) by state.

Occupational Safety and Health Administration (OSHA) Compliance

OSHA released a [memorandum](#) stating that employers should be taking action to determine whether employee COVID-19 illnesses are work-related and thus recordable. Given the nature of the disease and ubiquity of community spread, however, in many instances it remains difficult to determine whether a

COVID-19 illness is work-related, especially when an employee has experienced potential exposure both in and out of the workplace. In light of these considerations, OSHA is exercising its enforcement discretion in order to provide certainty to employers and workers. To review the memo, [click here](#).

Some important notes from the memo include:

- Recording a COVID-19 illness does not, of itself, mean that the employer has violated any OSHA standard.
- Employers with ten or fewer employees and certain employers in low hazard industries have no recording obligations; they need only report work-related COVID-19 illnesses that result in a fatality or an employee's in-patient hospitalization, amputation, or loss of an eye.

Please note this guidance was created using CDC materials. Information included may have changed or be adapted by state and local health departments to respond to rapidly changing local circumstances. This document is provided for informational purposes and is not legal guidance.