COVID-19 Exposure and Return to Work Policy

**Purpose:** Protect the workplace and employees from exposure to communicable diseases such as the SARS-CoV-2 (COVID-19) pandemic, direct timely notification of illnesses to County Infection Control Officer(s) and provide guidance to employees on expected actions for post exposures follow up.

**Scope:** This policy applies to all Albemarle County Local Government Employees and Volunteers. For the purpose of this document the term employee includes Albemarle volunteers unless specifically noted.

**Procedure:**

The following procedure outlines the process for reporting COVID-19 related symptoms or exposures, the process to determine if isolation and/or work restrictions are required, and when an employee can return to work after being placed on isolation and/or work restrictions.

1. Reportable Conditions - The following situations pose a significant and imminent risk to the employee, their co-workers, and our customers. It is essential they be reported to the infection control team in a timely manner immediately so steps can be taken to limit the potential spread of COVID-19.  
   a. Confirmed or Suspected Case of COVID-19
      i. Employee is COVID-19 positive or presumed positive
      ii. Employee has been advised by their health care provider to self-quarantine
   b. Non-Work Related (Household/Close Contact)
      i. In the last 14 days, the employee has traveled to a location with widespread ongoing transmission
      ii. In the last 14 days, the employee has traveled on a cruise ship or river boat
      iii. Employee is living in the same household as a COVID-19 positive or presumed positive person
      iv. Employee is caring for a COVID-19 positive or presumed positive person
      v. Being within approximately 6 feet of a person with COVID-19 for 10 minutes or longer
      vi. A COVID-19 positive patient coughed or sneezed on the employee outside of work
   c. Work Related Exposure
      i. An employee has had close contact with a person exhibiting signs/symptoms of COVID-19 during the course of their job
   d. Personal Illness
      i. Employee experiences signs and symptoms consistent with COVID-19 including any one or more of the following:
         1. Cough
         2. Shortness of breath or other difficulty breathing

---

2. Reporting Procedure- An employee that meets any of the reportable conditions noted above shall notify the designated infection control officer (DICO) at their earliest opportunity using the link below, but no later than 24 hours from the onset of the condition. If the employee is at work when they become aware of the condition, they should don a facemask or face covering, as available, avoid direct contact with other employees, notify their supervisor by electronic means, notify the DICO, and immediately leave the worksite. If the employee is experiencing severe symptoms such as difficulty breathing, persistent pain or pressure in the chest, new confusion, or bluish lips/face they should seek medical attention immediately. If the employee is not at work when they become aware of the condition, they shall notify their supervisor, contact the DICO, and not return to the employee’s worksite for any reason until cleared to Return to Work.

   Click here to report an illness or exposure
   If urgent or unable to access online form, call:
   Designated Infection Control Officer (DICO)  434-987-8890 (available 24/7)

3. Exposure Investigation- Upon notification of a reportable condition as noted above, the infection control team will take the following actions.
   a. Conduct Investigation- The DICO taking the report will document all pertinent information and develop a timeline of other potentially exposed employees.
   b. Determine Risk and Provide Initial Guidance- Based on the DICO’s investigation, they will make an initial determination of risk based on current CDC guidelines and provide initial guidance on the need for isolation and/or work restrictions.³
   c. Notify Potentially Exposed Employees- If the exposed employee is confirmed positive or symptomatic for COVID-19 then employees that have had close contact with the exposed employee will be notified by the DICO. They will be advised to self-monitor and adhere to social distancing guidelines but will not disclose any information that could identify the exposed employee.⁴

4. Post Exposure Follow-Up-
   a. Hospital Coordination- If the patient was transported to the hospital the DICO will contact the hospital to determine the status of the patient’s COVID-19 testing results.
   b. Health Department Coordination- The DICO will work closely with the local health department to ensure all people that were potentially exposed are notified and the appropriate self-isolation and work restrictions are being implemented.
   c. Employee Monitoring- The DICO will contact any employee required to monitor their signs and symptoms daily to record their symptoms and determine any needs.
   d. Employee Testing- The employee’s health care provider will determine the need for testing. In the case of expedited testing for emergency responders, the DICO will coordinate the testing with TJHD and UVA.
   e. Work Force Housing- Employees that experience a work-related exposure, are directed to self-isolate by the DICO, Health Department or their medical care provider and are unable to return home due to concerns about the potential risk to their family and/or roommate(s) will be offered work force housing. This may consist of a local hotel room or a dedicated facility consistent with Virginia Health Department guidelines. Any approved costs associated with work force housing including, lodging and food, for the duration of the self-isolation will be paid by the County. The DICO will assist in determining the employee’s needs and securing of work force housing if required.
   f. Facility Decontamination- The DICO, in conjunction with TJHD and FES, will determine the need for sanitizing of a facility that has had a confirmed or suspected case of COVID-19. If required, FES will coordinate the cleaning and disinfection in accordance with CDC guidelines.  

5. Employee Privacy- The DICO will maintain any documents related to the exposure as medical records in accordance with ADA, EEOC, DOL, and other applicable standards. Mandated reporting under this policy is restricted solely to COVID-19 diagnoses and COVID-19 related symptoms and exposures. Employees should not report any other underlying, pre-existing, or unrelated medical condition or disability.

6. Return to Work- Employees who have been prescribed self-isolation directives will be permitted to return to work in accordance with CDC and Health Department guidelines and in conjunction with the employee’s health care provider. Telework should be prioritized for asymptomatic employees on work restrictions.
   a. Confirmed or suspected case of COVID-19  
      i. Non-test-based strategy. Self-isolate and exclude from work until:

---

1. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath), AND 3. At least 10 days have passed since symptoms first appeared

ii. Test-based strategy. Self-isolation and exclude from work until:
1. Resolution of fever without the use of fever-reducing medications AND
2. Improvement in respiratory symptoms (e.g., cough, shortness of breath), AND

iii. If the employee was never tested for COVID-19 but had an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

b. Household or close contact
1. Employee must remain in self-quarantine and on work restrictions for 14 days after the close contact is released from isolation
2. If the employee develops symptoms see confirmed or suspected case

c. Confirmed exposure (other than household/close contact)
1. Low Risk
2. No work restrictions are required

ii. Medium/High Risk
1. Employee must remain in self-quarantine and on work restrictions for 14 days
2. If the employee develops symptoms see confirmed or suspected case

d. Critical Personnel- In cases of severe staffing shortages, it may be necessary to allow asymptomatic employees that are deemed essential to mission critical services to return earlier than the standard recommendations. This decision would only be considered after consultation with the Health Department and local government leadership.

---

Definitions:

Close contact - for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters) of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Active monitoring - means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). For HCP with high- or medium-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

Self-monitoring - HCP should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat). Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period to determine whether medical evaluation is needed.

Self-monitoring with delegated supervision - in a healthcare setting means HCP perform self-monitoring with oversight by their healthcare facility’s occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

High-risk - exposures refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were not protected, is also considered high-risk.

Medium-risk - exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Some low-risk exposures are considered medium-risk depending on the type of care activity performed. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure. If an aerosol-generating procedure had not been performed, they would have been considered low-risk.
**Low-risk** - exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of exposure.

**Self-Quarantine** - refers to the practice of confining individuals who have had close contact with an infectious case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days.

**Self-Isolation** - Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

**Healthcare Personnel** - For the purposes of this document HCP refers to all paid and unpaid persons serving as a first responder or in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.
Employee had prolonged contact with a customer that meets one or more of the criteria:

- Yes
  - Was the employee within 6 feet of the customer?
    - Yes
      - Was the customer wearing a mask during contact?
        - Yes
          - Low Risk Exposure
            - Wash/sanitize hands and any areas that were exposed
            - Notify Infection Control Officer @ 814-567-3868
        - No
          - Medium/High Risk Exposure
    - No
      - Contact does not constitute an exposure - No follow up or documentation is required.

- No
  - Return to Work

Employee may return to work for the remainder of their current shift while the customer status is determined.

Notify Worker’s Comp at the exposure @ 1-888-776-0925

Infection Control Officer completes investigation/follow-up
Fire Rescue (HCP) Exposure Guideline

Provider had prolonged contact with a patient that meets one or more of the criteria.

Yes

Was the provider within 6 feet of the patient or together in a small poorly ventilated space?

No

Was the provider within 6 feet of the patient or together in a small poorly ventilated space?

Yes

Was an aerosolization procedure performed, such as Neb, CPAP, Vent, ET, BVMP?

No

Was the provider wearing a face mask and eye protection during patient contact?

Yes

Low Risk Exposure

Document Exposure

Notify Worker’s Comp of the exposure @ 1-888-776-0925

Infection Control Officer Completes Investigation/Follow-up

No

Was the provider wearing a face mask and eye protection during patient contact?

Yes

Medium/High Risk Exposure

Wash/sanitize hands and any areas that were exposed

Notify Infection Control Officer @ 416-367-3991

No

Was the provider wearing full PPE (N95, eye pro, gown, gloves) at the time of the procedure?

Yes

No

Contact does not constitute an exposure - No follow up or documentation is required.

Return to Service

Provider may return to work for the remainder of their current shift while the patient status is determined.