Protocols to Follow if a Staff or Household Member is COVID-19(+) *

**Staff Member**
Confirmed or Suspected COVID-19(+)

**COVID-19(+) in Household**
of a Staff Member

1. **Perform Staff Exposure Risk Assessment**

   - **HIGH RISK**
     1) Self-Quarantine 14 Days
     2) Monitor for Signs and Symptoms (S/S)
     3) No S/S: Return to Work

   - **LOW RISK**
     1) No Work Restrictions
     2) Monitor for S/S

   **Signs/Symptoms Appear**
   (Isolation begins when symptoms first appear or COVID-19(+) test)

   - 1) Self-Isolation
   - 2) Return to Work:
     - Symptom Strategy
     - Test Strategy for Special Cases

   **1) Self-Quarantine 14 Days**
   2) Monitor for Signs and Symptoms (S/S)
   3) No S/S: Return to Work

*See Additional Office Protocols.

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**Protocols to Follow if a Staff or Household Member is COVID-19(+)***

1. **Perform Staff Exposure Risk Assessment**
   Identify other staff members in contact with COVID-19(+) person
   - Note date of last contact
   - Perform contact risk assessment

2. **Low Risk vs. High Risk Assessment**

<table>
<thead>
<tr>
<th>Exposure</th>
<th>PPE Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW RISK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Prolonged close contact to person with COVID-19(+) (&gt;15 min, within 6 feet)</td>
<td>□ Appropriate PPE worn</td>
<td>• No work restrictions</td>
</tr>
<tr>
<td>□ Other exposures to COVID-19(+) person</td>
<td></td>
<td>• Continue wearing appropriate PPE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Monitor for S/S of COVID-19</td>
</tr>
</tbody>
</table>

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<tr>
<th>Exposure</th>
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<tr>
<td>HIGH RISK</td>
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<td></td>
</tr>
<tr>
<td>□ Prolonged close contact to person with confirmed COVID-19 (&gt;15 min, within 6 feet)</td>
<td>□ Appropriate PPE not worn*</td>
<td>• Exclude from work for 14 days after last exposure</td>
</tr>
</tbody>
</table>

*For example, staff remove masks and eat lunch together in staff break room.*

*For example, staff remove masks and eat lunch together in staff break room.*

*Symptoms consistent with COVID-19 (S/S)*
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## Self-Quarantine & Return to Work Strategies

When a staff member has a confirmed or suspected case of COVID-19, follow this table to help guide you in determining when the team member may return to work.

<table>
<thead>
<tr>
<th>SYMPTOM STRATEGY</th>
<th>CLINICAL PRESENTATION*</th>
<th>MINIMAL DAYS IN SELF-QUARANTINE</th>
<th>RETURN TO WORK CRITERIA</th>
</tr>
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<tbody>
<tr>
<td>SYMPTOMATIC</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
| Mild to moderate illness and not severely immunocompromised | At least 10 days since symptoms first appeared | 1. At least 24 hours since last fever without use of fever reducing medication  
2. Improved symptoms |
| Severe to critical illness or severely immunocompromised | At least 20 days since symptoms first appeared | 1. At least 24 hours since last fever without use of fever reducing medication  
2. Improved symptoms |
| ASYMPTOMATIC     |                        |                                 |                         |
| Not severely immunocompromised | At least 10 days since first positive viral diagnostic test | N/A                         |
| Severely Immunocompromised | At least 20 days since first viral diagnostic test | N/A                         |

<table>
<thead>
<tr>
<th>TEST-BASED STRATEGY**</th>
<th>CLINICAL PRESENTATION**</th>
<th>MINIMAL DAYS IN SELF-QUARANTINE</th>
<th>RETURN TO WORK CRITERIA</th>
</tr>
</thead>
</table>
| SYMPTOMATIC           | **                      | N/A                             | 1. Resolution of fever without use of fever reducing medication  
2. Improved symptoms  
3. Negative results of FDA authorized COVID-19 RT-PCR tests from at least two consecutive specimens collected ≥ 24 hours apart. |
| ASYMPTOMATIC          | **                      | N/A                             | 1. Negative results of FDA authorized COVID-19 RT-PCR tests from at least two consecutive specimens collected ≥ 24 hours apart. |

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*Mild illness: Signs and Symptoms of COVID-19 (S/S) without shortness of breath, dyspnea, or abnormal chest imaging.*

Moderate illness: Evidence of lower respiratory disease by clinical assessment or imaging and a saturation of O2 (SpO2) ≥94% on room air at sea level.

Severe illness: respirations ≥30 breaths/min., SpO2 ≥94%, ratio of arterial partial pressure of oxygen to fraction of inspired oxygen < 300 mm Hg, or lung infiltrates >50%.

Critical illness: Respiratory failure, septic shock, and/or multiple organ dysfunction.

**To be considered if staff needed to return earlier than symptom strategy or for staff who are severely immunocompromised, in consultation with local infectious disease experts.
Additional Office Protocols

**Notify Patients Per State Specific Protocol**

Be prepared before a staff member reports a confirmed case of COVID-19:

- Determine how patient or staff notifications will be made; include what actions and follow-up advice are recommended.
- Designate staff member responsible for identifying contacts.

**Clean and Disinfect Environmental Surfaces in Office**

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Apply an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label.
- For disinfection, use surface-appropriate products that meet EPA’s criteria for use against SARS-CoV-2 (the cause of COVID-19), following manufacturer’s instructions.

**Follow OSHA Reporting Requirements if Infection Resulted from Work Exposure**

- Employers with 10 or fewer employees report hospitalization or death.
- Employers with more than 10 employees include incident in the exposure control plan.

### OSHA Guidance on Determining Work Exposure

<table>
<thead>
<tr>
<th>EXPOSURE NOT WORK RELATED</th>
<th>EXPOSURE WORK RELATED</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ A single employee, job duties do not include having frequent contact with patients</td>
<td>□ Several cases develop among staff who work closely together and there is no alternative explanation</td>
</tr>
<tr>
<td>□ An employee, outside the workplace, closely and frequently associates with someone who has COVID-19 and who is not a coworker (e.g., a family member, significant other, or close friend) and that individual exposes the employee to the virus during the period in which the individual is likely infectious</td>
<td>□ It is contracted shortly after lengthy, close exposure to a particular patient or coworker who has a confirmed case of COVID-19 and there is no alternative explanation</td>
</tr>
<tr>
<td></td>
<td>□ An employee's job duties include having frequent, close exposure to the public with ongoing local community transmission and there is no alternative explanation</td>
</tr>
</tbody>
</table>
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Resources

Return to Work Guidelines

- CDC’s Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance)

Employee Risk Assessment


Contact Tracing

- Health Departments: Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan
- CDC’s Clinical Questions about COVID-19: Questions and Answers

Disinfecting

- CDC’s Disinfection and Sterilization

OSHA Reporting Work Related COVID Transmission

- OSHA’s Revised Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)
- ADA’s Summary of Reporting Work-Related COVID-19 Illnesses for OSHA