



Covid-19 Protocol

Updated 12/23/21

Medical Temporaries is committed to the health and safety of all and we are committed to maintaining Covid-19 protocol in line with updated CDC recommendations. As of 12/23/21 the CDC recommends the following. There are several categories of exposure and work restriction options so please read to the end of this document.

Personnel whose job is not categorized as Healthcare Personnel who do not have direct contact with patients.

If EXPOSED to someone with COVID-19 (Quarantine)

1. If you:

Have been boosted or completed the primary series of Pfizer or Moderna vaccine within the last 6 months or completed the primary series of J&J vaccine within the last 2 months

You are directed to:

Wear a mask around others for 10 days and test on day 5, if possible.

2. If you:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted or completed the primary series of J&J over 2 months ago and are not boosted or are unvaccinated

You are directed to:

Stay home for 5 days. After that continue to wear a mask around others for 5 additional days. If you can't quarantine you must wear a mask for 10 days. Test on day 5 if possible.

Recommended Work Restriction for Healthcare Personnel Based on Vaccination Status and Type of Exposure

Higher Risk Exposure

- Healthcare Personnel not wearing a respirator (or if wearing a facemask, the person with Covid-19 infection was not wearing a cloth mask or facemask).
- Healthcare Personnel not wearing eye protection if the person with Covid-19 infection was not wearing a cloth mask or facemask.
- Healthcare Personnel not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure.

Higher Risk - Work Restriction for Healthcare Personnel who have received all Covid-19 vaccine and booster doses as recommended by CDC.

- In general, no work restrictions.
- Perform Covid-19 testing immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5-7 days after the exposure.
- Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with Covid-19, and not reporting to work when ill or if testing positive for Covid-19 infection.
- Any Healthcare Personnel who develop fever or symptoms consistent with Covid-19 should immediately isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Higher Risk - Work restriction for Healthcare Personnel who have not received all Covid-19 vaccine and booster doses as recommended by the CDC.

- Option 1: Exclude from work. Can return to work after day 7 following the exposure (day 0) if a viral test is negative for Covid-19 and does not develop symptoms. The specimen should be collected and tested within 48 hours before the time of planned return to work (e.g., in anticipation of testing delays.)
- Option 2: Exclude from work. Can return to work after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of the infection is low, healthcare facilities could consider testing for Covid-19 within 48 hours of planned return.
- In addition to Options above:
 - Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with Covid-19, and not reporting to work when ill or if testing positive for Covid-19 infection.
 - Any Healthcare Personnel who develop fever or symptoms consistent with Covid-19 should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Lower Risk Exposure: Healthcare personnel with exposure risk other than those described as higher risk

Lower Risk Exposure Work Restriction for Healthcare Personnel who have received all Covid-19 vaccine and booster doses as recommended by CDC.

- In general, no work restrictions.
- Follow all recommended infection prevention and control practices, including monitoring themselves for fever or symptoms consistent with Covid-19 and not reporting to work when ill.
- Any Healthcare Personnel who develop fever or symptoms consistent with Covid-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Lower Risk Exposure Work restriction for Healthcare Personnel who have not received all Covid-19 vaccine and booster doses as recommended by the CDC.

- No work restrictions or testing.
- Follow all recommended prevention and control practices, including monitoring themselves for fever or symptoms consistent with Covid-19 and not reporting to work when ill. Any who develop fever or symptoms consistent with Covid-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

If you are Healthcare Personnel with a COVID Infection you can return to work per the following criteria.

1. Healthcare personnel with mild to moderate illness who are not moderately to severely immunocompromised:
 - a. At least 7 days if a negative antigen or (NAAT), nucleic acid amplification test is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) have passed since symptoms first appeared, and
 - b. At least 24 hours have passed since last fever without the use of fever-reducing medications, and
 - c. Symptoms (e.g., cough, shortness of breath) have improved.
2. Healthcare personnel who were asymptomatic throughout their infection and are not moderately to severely immunocompromised:
 - a. At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or a positive test at day 5-7) have passed since the date of their first positive viral test.
3. Healthcare personnel with severe to critical illness and are not moderately to severely immunocompromised:
 - a. In general, when 20 days have passed since symptoms first appeared, and
 - b. At least 24 hours have passed since last fever without the use of fever-reducing medications, and
 - c. Symptoms (e.g., cough, shortness of breath) have improved.
 - d. The test-based strategy as described for moderately to severely immunocompromised Healthcare Personnel below can be used to inform the duration of isolation.
4. Healthcare Personnel who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days after symptoms onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.
 - a. Use of test-based strategy and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these Healthcare Personnel may return to work.
5. Healthcare Personnel who are symptomatic:
 - a. Resolution of fever without the use of fever-reducing medications, and
 - b. Improvement in symptoms (e.g., cough, shortness of breath), and
 - c. Results are negative from at least two consecutive respiratory specimens collected >24 hours apart (total of two negative specimens_ tested using and antigen test or NAAT.
6. Healthcare Personnel who are not symptomatic:
 - a. Results are negative from at least two consecutive respiratory specimens collected >24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

Conventional, Contingency and Crisis Plans

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered “boosted” if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered “vaccinated” or “unvaccinated” if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test [†] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 [‡] and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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