



What do I do if a staff person tests positive for COVID-19?

This article addresses important steps that a practice must take when it learns that a staff person has tested positive for COVID-19. The five important steps are:

(1) Determine whether other employees must be excluded from work because he or she is at a higher risk of being infected with COVID-19 (and thus potentially infecting others). The key for determining whether an individual employee must quarantine is whether he/she had “prolonged close-contact” with someone with confirmed COVID-19. Both the “prolonged” and the “close contact” element must be present. The [CDC](#) considers “prolonged” contact to be contact of 15 minutes or more. “Close” contact is defined as either:

- a. being within six feet of a person with COVID-19, or
- b. having unprotected direct contact with infectious secretions of a person with confirmed COVID-19.

Importantly, for health care workers, close contact occurs only if the health care worker was not wearing personal protective equipment (PPE), specifically a facemask or a respirator. If the infected individual was also was not wearing a face covering or facemask, the health care worker must also have been wearing eye protection.

If someone meets the [CDC guidance](#), even if barely, then they are subject to work exclusion for 14 days of last exposure. They should be reminded to monitor themselves for symptoms, and seek testing if they develop symptoms.

(2) The individual who tested positive must be excluded for work until the infection is resolved. The CDC provides tests that can be used to determine when it is safe for an employee to return to work. The tests are described in detail [here](#). Briefly, the criteria for returning to work are:

- a. For symptomatic individuals,

EITHER:

- 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**,
- At least 10 days have passed since symptoms first appeared.

OR

- 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)

b. For asymptomatic individuals,

EITHER:

- Exclude from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

OR

- Until the individual has obtained 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)

(3) Notify patients. Patients who had prolonged close contact with an infected staff person must also be notified. To avoid violating the privacy rights of the infected individual, only the minimum amount of information necessary should be shared with the person being notified.

The message might look or sound something like this:

“we’ve determined that on [DATE] you had prolonged close contact with an individual who subsequently tested positive for COVID-19. The CDC recommends that someone in your situation follow CDC guidance that states that if you are asymptomatic, you stay home for 14 days following the possible exposure, which would be [DATE]. Monitor how you are feeling. If you develop symptoms during this period, the CDC recommendation is that you isolate at home, avoiding other members of the household as much as possible, and contact your doctor about getting tested.”

The official CDC guidance for exposed individuals can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html>

(4) Notify public health authorities. Your state and local health authorities may require or request health care providers to report cases of COVID-19 in a health care setting. The National Association of County and City Health Officials has a [directory of local health departments](#) by state or ZIP code.

(5) Ensure Occupational Safety and Health Administration (OSHA) Reporting Compliance: OSHA has issued clarifying guidance related to employer recording requirements related to COVID-19. Here’s what doctors of optometry need to know:

- Generally, employers have a responsibility to document work related illnesses.
- OSHA indicates employers should be taking action to determine whether employee COVID-19 illnesses are work-related and therefore recordable.
- However, OSHA also acknowledges that “Given the nature of the disease and ubiquity of community spread...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.”

- OSHA is exercising its enforcement discretion and OSHA has clarified, “Recording a COVID-19 illness does not, of itself, mean that the employer has violated any OSHA standard.”
- As always, employers with 10 or fewer employees have no recording obligations; they would only be required to report work-related COVID-19 illnesses that result in a fatality or an employee's in-patient hospitalization, amputation, or loss of an eye.¹

Please note CDC guidance for COVID-19 may 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 and should not be construed as such.

¹ <https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19>