

Appleton Fire Department

Guidelines for Return to Work – COVID 19 Pandemic

This guidance is based on currently available data about COVID-19 from the CDC. Recommendations regarding which providers are restricted from work may not anticipate every potential scenario and will change if indicated by new information. Recommendation is to self-monitor for fever and symptoms of COVID-19 (daily) for EVERYONE (see example of self-monitoring form). Contact your supervisor as soon as possible prior to your next scheduled shift if you screen positive OR you have developed a temperature >100 oF. Depending on current staffing situation, recommendations to return to work after illness or exposure, may be discussed on a case by case basis.

For personnel with symptoms compatible with potential COVID-19:

- You have the option of a non-test-based strategy or test-based strategy; testing is not mandatory

Non-test-based strategy: Exclude from work until

- o 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
- o At least 7 days have passed since symptoms first appeared.

Test Based Strategy: Exclude from work until

- o Resolution of fever without the use of fever-reducing medications for at least 24 hours AND
- o No symptoms for 24 hours AND
- o Negative results of COVID testing.

If you do test positive for COVID:

- Remain under home isolation precautions for a minimum of 7 days from symptom onset AND you must be symptom-free for 72 hours before you can return to work (including resolution of fever with the aid of fever-reducing medications). Approval to work must be confirmed by supervisor.

After returning to work:

- May not return until 14 days after onset of symptoms.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and alert supervisor if fever develops, or if respiratory symptoms recur or worsen.

Potential or Known COVID-19 Exposure

Currently, this guidance applies to healthcare providers and members of public safety with potential exposure to patients with confirmed COVID-19. However, exposures could involve a person under investigation (PUI) who is awaiting testing or who does not receive a test. A record of high or medium risk exposures to a PUI should be maintained and the individual(s) exposed need to:

Self-monitor means health care provider or member of public safety should monitor themselves for fever by taking their temperature twice a day and remain alert for 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. Contact ThedaCare 24/7 triage line 920-830-6877 or toll free at 800-236-2236.

Close contact is defined as being within approximately 6 feet of a suspected or known COVID-19 case for >10 minutes. Close contact can occur while caring for, living with, visiting, sharing a healthcare waiting area or room, or enclosed emergency vehicle with a COVID-19 case. OR - Having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on).

Because our local community now has sustained spread, the recommendation to practice social distancing, remain at home or in a comparable setting unless necessary travel is required, and to cancel all non-essential travel is applicable to everyone. It is no longer reasonable to expect providers to undergo exclusion from work post travel unless it is to an identified level 3 travel advisory location according to CDC or they have an identified close contact with someone known or suspected to have COVID-19.

Actions to be taken if a High/medium risk exposure occurs:

- Self-monitoring with reporting to designated organizational supervisor.
- Restriction from work in any healthcare setting until 14 days after their last exposure.
- If they develop any fever (measured temperature >100.0 F or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat), they should immediately self-isolate and notify their supervisor as well as contact their healthcare provider to determine need for further evaluation.

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| High Risk | Level 3 Travel health notice per CDC | Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection | Exclude from work for 14 days after last exposure and need to quarantine |
| Medium Risk | | Close contact with a person with confirmed COVID-19 | Exclude from work for 14 days after last exposure |

Actions to be taken if a Low risk exposure occurs:

- Provider should perform self-monitoring with reporting to designated organizational supervisor or infection control officer until 14 days after the last potential exposure. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat). They should ensure they are afebrile and asymptomatic before leaving home and reporting for a shift.
- If they develop fever (measured temperature > 100.0 F or subjective fever) OR respiratory symptoms they should immediately self-isolate and notify their supervisor as well as contact their healthcare provider to determine need for further evaluation.

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| Low Risk | Being in the same environment (e.g. classroom, store, hospital waiting room, etc) as a person with symptomatic confirmed COVID-19 for a prolonged period of time but not meeting definition of close contact | Self-monitoring |
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Exposure Table

| Healthcare or Work Related Exposure | | |
|---|-------------------|---|
| Risk Factor | Exposure Category | Work Restrictions for Asymptomatic Provider |
| Close Contact with a Covid-19 patient who was wearing a face mask (i.e. source control) | | |
| PPE: none | Medium | Exclude from work for 14 days after last exposure |
| PPE: not wearing a facemask or respirator | Medium | Exclude from work for 14 days after last exposure |
| PPE: not wearing eye protection | Low | Self-monitoring |
| PPE: not wearing gown or gloves | Low | Self-monitoring |
| PPE: wearing all recommended PPE | Low | Self-monitoring |
| Close contact with a Covid-19 patient who was NOT wearing a face mask (i.e. no source) control | | |
| PPE: none | High | Exclude from work for 14 days after last exposure |
| PPE: not wearing a facemask or respirator | High | Exclude from work for 14 days after last exposure |
| PPE: not wearing eye protection | High | Exclude from work for 14 days after last exposure |
| PPE: not wearing gown or gloves | Low | Self-monitoring |
| PPE: wearing all recommended PPE | Low | Self-monitoring |
| Close contact with a COVID-19 patient during an aerosolizing procedure (CPR, suction, high flow nasal cannula, CPAP, nebulizer, BVM, SGA, ETT) | | |
| PPE: none | High | Exclude from work for 14 days after last exposure |
| PPE: not wearing a facemask or respirator | High | Exclude from work for 14 days after last exposure |
| PPE: wearing a facemask (not a respirator) | Medium | Exclude from work for 14 days after last exposure |
| PPE: not wearing eye protection | High | Exclude from work for 14 days after last exposure |
| PPE: not wearing gown or gloves | Medium | Exclude from work for 14 days after last exposure |
| PPE: wearing all recommended PPE (including respirator) | Low | Self-monitoring |