

Contingency Period 5-Day COVID Isolation Algorithm for Essential Workers



Day 0 = Date of symptom onset if symptomatic, or date of collection of first positive test if asymptomatic

After Day 5 (Associate Health will make contact on Day 5)

Does the individual meet the following criteria?

- No fever (100.4) for at least 72 hours without fever-reducing medication
- Resolution of symptoms or, if still with residual symptoms, then all are improving
- No rhinorrhea (runny nose)
- No more than minimal, non-productive cough (i.e., not disruptive to work and does not stop the person from wearing their mask continuously, not coughing up phlegm) even if controlled with medication.

NO

May re-evaluate criteria for return to work daily

YES

Can the individual wear a respirator (e.g. N95, Industrial N95/KN95*) or well-fitting double surgical facemasks?

NO

YES

Is the individual moderately to severely immunocompromised? (see definition box below)

YES

NO

Minimum 10-day isolation period

If cleared to return to work – by Associate Health only – as an essential healthcare worker (using the state required validation questions), an associate would otherwise quarantine but may come to work, through day 10, with the following guidance:

- Respirator/Facemask must be worn per the following:
 - Clinical Areas: An N95 respirator they have been FIT tested for must be worn at all times. It may be reused for 7 shifts if for non-covid care, but must be replaced each shift if providing covid care.
 - Non-clinical Areas: An Industrial N95/KN95 respirator supplied by Thompson (available in HR lobby, or from a manager who can obtain one from the stockroom) must be worn at all times (NOT an option in clinical hospital areas); OR
 - A double surgical facemask must be worn in order to obtain a tight fit (if you are not fit tested/using CAPR).
- The respirator or well-fitting double surgical facemask should be worn even when the individual is in non-patient care areas such as breakrooms or offices.
- They should practice social distancing from coworkers at all times except when job duties do not permit such distancing.
- If they must remove their respirator or well-fitting surgical facemasks, for example, in order to eat or drink, they should separate themselves from others.
- They should self-monitor for symptoms and seek re-evaluation from Associate Health or their personal healthcare provider if symptoms recur or worsen.
- The individual should be restricted from contact with severely immunocompromised patients (e.g., hematology-oncology, ICU), or any patient who cannot mask.

*Thompson will not support the use of personally-provided KN95 facemasks.

***Per current CDC guidance, moderate and severe immunocompromising conditions and treatments include but are not limited to:**

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm³, history of an AIDS -defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., at least 20 mg prednisone or equivalent per day administered for 2 weeks or more), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.