

HPH Return to Work Definitions

Concept:	Definition:
Aerosol generating procedure	Procedures that are more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing; examples include: open suctioning of airways, sputum induction, CPR, endotracheal intubation or extubation, non-invasive ventilation (e.g. BiPAP, CPAP), bronchoscopy, manual ventilation. Possibly nebulizer administration and high flow O2 delivery.
Asymptomatic	Exhibiting NO symptoms of illness.
Boosted	Have received all COVID-19 vaccine does, including a booster dose as recommended by CDC.
Close contact	Someone within 6 feet for more than a cumulative 15 minutes in a 24-hour period (i.e. time of exposure does not have to be all at once).
Critical Staff	Any staff working in patient care area. Determined by department management and respective reporting leader.
Exposure date	Exposure = day 0
Higher risk exposure	Prolonged (15 minutes during a 24-hour period—or ANY duration if occurred during aerosol generating procedure), close contact (within 6 feet or direct contact with secretions) with a person with confirmed SARS-CoV-2 infection (infectious period = 2 days before symptom onset, or 2 days before test if asymptomatic).
Immunocompromised	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 <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., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), 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.
Infection	Positive COVID-19 test (according to CDC definition).
Isolation	Used to separate yourself from others when you are infected with the virus, even if you don't have symptoms. Day of symptom onset is day zero; if no symptoms, day of positive test is day zero.
Lower risk exposure	Exposure risk other than those described as higher-risk.

Concept:	Definition:
Quarantine	Used to separate yourself from others when you have been exposed to the virus and may or may not have been infected. Day of exposure is day zero.
Strict Infection Prevention Practices	A respirator or well-fitting facemask should be worn continuously even when in non-patient care areas such as breakrooms; practice physical distancing from coworkers at all times; if must remove respirator/well-fitting facemask, in order to eat or drink, should separate from others first; should self-monitor for symptoms and seek re-evaluation from Employee Health if symptoms recur or worsen. Patients (if tolerated) should wear well-fitting source control while interacting with HCP.
Symptoms (mild)	As determined on a case-by-case basis with an Employee Health representative.
Symptoms (moderate)	Evidence of lower respiratory disease, by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.
Symptoms (severe)	Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.
Symptoms (critical)	Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
Tests	Either an antigen test or nucleic acid amplification test (NAAT) can be used. Antigen testing is preferred for symptomatic HCP and for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days. Home tests are NOT accepted.
Unvaccinated	Does not meet “vaccinated” definition.
Vaccinated	It has been 14 days after two doses of Pfizer/Moderna or one dose of Johnson & Johnson’s Janssen vaccine.

**Employee not feeling well
(no known exposure to COVID-19)**

Stay at home and isolate from others.

Any concerns about COVID-19 exposure?

No

Yes

Consult with your PCP as needed

If COVID-19 swab performed, please notify your supervisor/Employee Health that testing is being done and quarantine until result known.
RESULT is:

Please refer to algorithms for “Conventional Capacity—Non-Critical Staff: Exposed” (page 2b) and “Contingency Capacity—Critical Staff: Exposed” (page 3b)

POSITIVE

Please refer to algorithms for “Conventional Capacity—Non-Critical Staff tested Positive” (page 2a) and “Contingency Capacity—Critical Staff tested Positive” (page 3a)

NEGATIVE

Stay home from work until full resolution of ALL symptoms and cleared by EH.

PENDING

Stay home from work until test is resulted. Continue to physically distance within home.

Conventional Capacity for Non-Critical Staff

Employee[§] tested positive for COVID-19

Includes all 3 vaccination status:
▪ Boosted
▪ Vaccinated
▪ Unvaccinated

Asymptomatic

Symptomatic

Expect to be **out** of work for 10 days **or** 7 days with negative test* (48 hours before returning to work) and follow **Strict Infection Prevention Practices**.

****Determined by Employee Health:**
Does employee have improving **MILD symptoms** and no **fever** for 24 hours (without fever-reducing medication)?

Employee exhibiting more than mild symptoms are to stay home for 10-20 days (depending on severity of illness), and cleared by EH.

[§] Employees who are **immunocompromised** will work with Employee Health on a case by case basis

* If employee has history of COVID-19 infection within 90 days of prior infection, antigen testing is preferred.

See definitions for items in blue font in the "HPH Return to Work Definitions" document.

**Determined by EH: Per latest EH protocol.

Conventional Capacity for Non-Critical Staff

Employee § exposed to COVID-19

Employee's vaccination status:

- Vaccinated
- Unvaccinated

Employee's vaccination status:

- Boosted

Asymptomatic

Symptomatic

Symptomatic

Asymptomatic

Expect to be **out** of work for 10 days **or** 7 days with negative test* (48 hours before returning to work) and follow **Strict Infection Prevention Practices**.

If employee develop even mild symptoms consistent with COVID-19, they should stay **out** of work and notify their supervisor. These individuals should be prioritized for testing.

If test results positive refer to "Conventional Capacity for Non-Critical Staff—Employee tested positive" algorithm (page 2a)

Employee can continue to work and also have two negative **tests** (per EH process) as follows:

- Day 1-2 (≥ 24 hours from exposure)
- Day 5-7 and follow **Strict Infection Prevention Practices**.

§ Employees who are **immunocompromised** will work with Employee Health on a case by case basis

* If employee has history of COVID-19 infection within 90 days of prior infection, antigen testing is preferred.

■ See definitions for items in blue font in the "HPH Return to Work Definitions" document.

Contingency Capacity for Critical Staff (during expected staffing shortage)

Employee § tested positive for COVID-19

- Includes all 3 vaccination status:
 - Boosted
 - Vaccinated
 - Unvaccinated

Asymptomatic

Symptomatic

Employee to stay **out** of work for 5 days from initial positive test (or from day of symptom onset if symptomatic) and be cleared by EH, and follow **Strict Infection Prevention Practices**. Retest not required.

****Determined by Employee Health:**
Does employee have improving **MILD symptoms** and no **fever** for 24 hours (without fever-reducing medication)?

Yes

No

Employee to stay **out** of work and will be followed up with EH periodically thereafter to re-assess progress of symptoms improvement and possible RTW clearance.

§ Employees who are **immunocompromised** will work with Employee Health on a case by case basis

■ See definitions for items in blue font in the "HPH Return to Work Definitions" document.

**Determined by EH: Per latest EH protocol.

Contingency Capacity for Critical Staff (during expected staffing shortage)

Employee § exposed to COVID-19

Employee's vaccination status:
▪ Vaccinated
▪ Unvaccinated

Employee's vaccination status:
▪ Boosted

Asymptomatic

Symptomatic

Symptomatic

Asymptomatic

If employee develop even mild symptoms consistent with COVID-19, they should stay **out** of work and notify their supervisor. These individuals should be prioritized for testing.

Employee can continue to work and also have two negative **tests*** (per EH process) as follows:
▪ Day 1-2 (≥ 24 hours from exposure)
▪ Day 5 and follow **Strict Infection Prevention Practices**.

Employee develops even **mild symptoms** consistent with COVID-19

If test results positive refer to "Contingency Capacity for Critical Staff—Employee tested positive" algorithm (page 3a)

Employee can continue to work and self-monitor for **symptoms** for 14 days and follow **Strict Infection Prevention Practices** (See definitions). No test needed if remains asymptomatic.

§ Employees who are **immunocompromised** will work with Employee Health on a case by case basis

* If employee has history of COVID-19 infection within 90 days of prior infection, antigen testing is preferred.

■ See definitions for items in blue font in the "HPH Return to Work Definitions" document.