

## Ambulatory Care Internal Workflow

<b>Workflow Name/Title:</b>	<b>Screening, Testing, &amp; Return to Work Guidelines for Healthcare Personnel with Known or Suspected SARS-CoV-2</b>		
<b>Subject:</b>	<b>Employee COVID-19 Hotline</b>		
<b>Approval Authority:</b>	Ambulatory Care Administration		
<b>Published:</b> 4/2020	<b>Reviewed:</b>	<b>Revised:</b> 5/11/2021, 7/2/21	
<b>Responsible Department:</b>	Clinical Operations	<b>Contact:</b>	<a href="mailto:ACRNAdmin.POHCA1.VCHCA@ventura.org">ACRNAdmin.POHCA1.VCHCA@ventura.org</a>

### **I. Workflow Statement:**

In an era of COVID-19, exposure may be anywhere (work, community, home). Staff should remain vigilant, monitor for new symptoms of acute respiratory infection, and follow the guidelines below.

### **II. Definitions:**

- A. Airborne Transmissible Disease Standards (ATD)** - includes all employees who could “reasonably anticipate” that by performing their job duties they may come into contact with known or suspected patients to be infected with an aerosol-transmissible pathogen or a novel/unknown pathogen for which there is no evidence to rule out airborne transmission.
- B. Cal/OSHA COVID-19 Emergency Temporary Standards (ETS)**
- C. Low-Risk Exposure:** Staff member was exposed to a COVID-19+ individual and was not wearing all required personal protective equipment, but does not meet criteria for ‘high risk’ exposure.
- D. High-Risk Exposure:** Staff member had close, prolonged contact with a COVID-19+ individual during their communicable period AND the staff member was not wearing a mask OR the staff member was not wearing eye protection if the COVID-19+ person was not wearing a mask OR the staff member was not wearing all recommended personal protective equipment while performing an aerosol generating procedure (i.e. gown, gloves, eye protection, respirator).
- E. Quarantine:** Keeps someone who might have been exposed to the virus away from others.
- F. Isolation:** Keeps someone who is infected with the virus away from others, even in their home.
- G. Very High-Risk Exposure:** Staff member lives in the same household as a COVID+ individual with whom they have had close, prolonged contact during their communicable period.
- H. Close-Prolonged Contact:** Within 6 feet of a COVID-19+ individual for a cumulative total of 15 minutes or more over a 24-hour period, or, having unprotected direct contact with infectious secretions or excretions of the person with confirmed SARS-CoV-2 infection. Any duration should be considered prolonged if the exposure occurs during performance of an aerosol generating procedure.
- I. Communicable Period:** The time period that a COVID-19+ individual was potentially infectious.
  - 1. If COVID+ individual is symptomatic, 2 days before symptom onset through the time period when the COVID+ person has met criteria for discontinuation of Transmission-Based Precautions.
  - 2. If COVID+ individual never developed symptoms, 2 days after their exposure until they have met criteria for discontinuation of Transmission-Based Precautions. If exposure date cannot be determined, consider the communicable period to be 2 days prior to the positive test specimen collection.
- J. Workplace Outbreak of COVID-19:** The California Department of Public Health defines an outbreak in non-healthcare or non-residential congregate setting workplaces as three or more

laboratory-confirmed cases of COVID-19 among employees who live in different households within a two-week period.

- K. Severely immunocompromised:** Those on chemotherapy, untreated HIV with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, receipt of prednisone >20mg/d for more than 14 days. Ultimately the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual situation.
- L. Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub>< 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 (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.
- M. Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
- N. Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
- O. Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.
- P. Fully Vaccinated:** In general, people are considered fully vaccinated (1) 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or, (2) 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine.

### **III. Screening Healthcare Personnel for SARS-CoV-2**

- A. Staff who develop symptoms consistent with SARS-CoV-2 or who have been exposed to someone with known or suspected COVID-19, should immediately notify their supervisor and contact the appropriate Employee COVID-19 Hotline for screening and possible testing. Any travel to another state or country should also be reported before returning to work.
  - 1. Physicians/providers contact Dr. Kory via Tiger Text or VCMC page operator.
  - 2. All county employees call the Employee Hotline at (805) 981-5166.
- B. Reportable symptoms include cough, fever (≥ 100.0°F), sore throat, congestion/runny nose, achiness, chills, headache, loss of taste or smell, diarrhea, nausea/vomiting, shortness of breath. If symptoms are severe consider evaluation for hospitalization.
- C. Reportable exposure includes any prolonged close contact (less than 6 feet for a cumulative total of 15 minutes or more) with a person who has tested positive for COVID-19 or who is under investigation for COVID-19.
- D. Vaccination for COVID-19 does not preclude the need for screening following development of symptoms, known exposure or travel outside of the state/country.

### **IV. Testing Healthcare Personnel for SARS-CoV-2**

- A. **Initial Testing Criteria:** Staff should be referred for testing if any of the following criteria have been met:
  - 1. Signs or Symptoms Consistent with COVID-19: Immediately refer for testing if employee reports new onset of one or more symptom consistent with SARS-CoV-2, regardless of exposure risk or vaccination status.

If the staff member tested positive for SARS-CoV-2 in the previous 90 days and develops new or worsening symptom, the on-call COVID-19 Hotline physician should be consulted

regarding need for re-testing. If there is not an alternative plausible etiology, they should be retested by PCR.

2. *Asymptomatic with Known or Suspected Exposure to SARS-CoV-2:* All staff members with a high or very high-risk exposure should immediately be referred for testing regardless of their vaccination status. Staff members who were exposed to a COVID-19+ individual but do not meet criteria for 'high risk' exposure do NOT require immediate testing, but should be instructed to self-monitor for fever and other symptoms of COVID-19 for 10 days.

If the staff member has recovered from COVID-19 in the past 90 days, they do NOT need to be re-tested, but should be restricted from working with immunocompromised patients, pregnant individuals, or patients who are unable to mask (including babies) for 14 days and to follow the all the conditions of working following a high-risk exposure outlined below.

3. *Domestic & International Travel:*

*Domestic Travel-* Staff members who are **not fully vaccinated** should be referred for testing **3-5 days** after returning from domestic travel outside of California. Those who have been fully vaccinated do not require testing unless symptomatic.

*International Travel- Regardless of their vaccination status,* all staff members should be tested **3-5 days** after returning from travel to another country.

If the staff member has recovered from COVID-19 in the past 90 days, they do NOT need to be re-tested, but should be restricted from working with immunocompromised patients, pregnant individuals, or patients who are unable to mask (including babies) for 14 days and follow all of the 'Conditions of Working Following Domestic or International Travel' below.

## **B. Pre & Post Vaccination Considerations for Testing**

1. *Pre-Vaccination Considerations*

- a) If the staff member is being tested because they have one or more symptom of COVID-19 they should not receive the vaccination. When they can receive the vaccine will be determined based on current isolation and quarantine guidelines outlined below.
- b) If the staff member is being tested due to a high risk exposure, the vaccine should be withheld for 14 days and the employee should be serially tested every 3-4 days for either 10 or 14 days depending on the level of exposure risk.
- c) If the staff member has tested positive for COVID-19, consider waiting 90 days before giving the vaccine. The vaccine may be given sooner if requested by the employee.

2. *Post-Vaccination Considerations*

- a) After receiving the vaccine, staff members who develop systemic signs and symptoms consistent with SARS-CoV-2 infection (e.g., cough, shortness of breath, rhinorrhea, sore throat, loss of taste or smell) or another infectious etiology (e.g., influenza) that are not typical for post-vaccination signs and symptoms should immediately be referred for testing.
- b) Staff members who feel well enough and are willing to work, are afebrile and develop systemic signs and symptoms limited only to those observed following COVID-19 vaccination (i.e., do not have other signs and symptoms of COVID-19 including cough, shortness of breath, sore throat, or change in smell or taste) do not require testing unless symptoms fail to improve after 48 hours.
- c) HCP with fever should, ideally, be excluded from work pending further evaluation, including consideration for SARS-CoV-2 testing. If an infectious etiology is not suspected or confirmed as the source of their fever, they may return to work when they feel well enough.

In facilities where critical staffing shortages are anticipated or occurring, HCP with fever and systemic signs and symptoms limited only to those observed following vaccination could be considered for work if they feel well enough and are willing. These HCP should be re-evaluated, and viral testing for SARS-CoV-2 considered, if fever does not resolve within 2 days.

- C. **Testing Locations:** If referred for testing, healthcare personnel should seek testing for COVID-19 at one of the VCHCA Urgent Care drive-through testing sites. If calling from a site with testing, the employee should be instructed to be tested there. If calling from home, assist employee with appointment scheduling at one of our urgent care testing sites. If the employee meets screening criteria for testing and requires hospitalization, the ER should be called at (805) 652-6168 (VCMC) or (805) 933-8663 (SPH) ahead of time so that they can arrange appropriate infection prevention.
- D. **Specimen Collection & Laboratory Testing:** Symptomatic and asymptomatic healthcare personnel who meet criteria for testing should be tested by a PCR test at Public Health with a specimen collected via nasopharyngeal swab.
- E. **Testing Household Contacts:** If the healthcare worker's household contact is a COVID-19 suspect, the household contact should be tested at a VCHC Urgent Care drive-through testing site by PCR test at Public Health.
- F. **Instructions for Healthcare Workers Undergoing COVID-19 Testing:** Every employee who meets criteria for COVID testing should be provided with written copies of the '14-Day Self-Monitoring Log' & 'Guidelines for Healthcare Workers Undergoing COVID-19 Testing.
- G. **Communication of Test Results:** Test results will be communicated to the staff member by Dr. Kory, Employee Health, Outpatient Infection Prevention Team, and/or by the ordering physician at the Urgent Care testing site.

## V. Return to Work Guidelines Following Negative SARS-CoV-2 Test

### A. Symptomatic without Known Exposure

1. Work Status Pending Initial Test Result: All symptomatic healthcare workers who meet criteria for testing should be instructed to remain at home in isolation until medically cleared to return.
2. Criteria for Return to Work: If the staff member tests negative for COVID-19 they may be immediately cleared to return to work if well enough. If the staff tests negative for COVID-19 and they are still ill or tests positive for influenza, they should remain at home until they have been afebrile (without the use of fever-reducing medications) and have improving symptoms for 24 hours. Those with ongoing symptoms should be referred to their PCP for medical clearance.
3. Monitoring Period: Staff should be instructed to self-monitor every 12 hours for fever and other symptoms of COVID-19 for **10 days** from the time they first noticed any signs of illness, and report any new symptoms to the COVID Hotline.
4. Work Restrictions & Conditions of Working: Consider temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer, if returning to care for patients who are severely immunocompromised, or in which infection with influenza can lead to severe disease.
5. Serial Testing: Not required.

## B. High-Risk Exposure

1. Work Status Pending Initial Test Result: Following a high-risk exposure, staff members who are asymptomatic may remain at work while initial test results are pending regardless of their vaccination status. Staff who report symptoms consistent with SARS-CoV-2 should be instructed to remain at home in isolation until medically cleared to return.
2. Criteria for Return to Work: If initial PCR test is negative and the employee remains asymptomatic, they may continue to work.
3. Monitoring Period: The staff member will be monitored for **10 days** from the last exposure with the COVID-19+ contact. Should staff develop new symptoms of acute respiratory infection during the monitoring period, they should immediately isolate and contact their established point of contact regarding need for further testing and work restrictions.
4. Serial Testing: If fully vaccinated, the employee will be instructed to test again on day 5-7. If not fully vaccinated, the employee will be tested q3-4 days for 10 days. Both vaccinated and unvaccinated staff may remain at work pending results of serial testing so long as they are asymptomatic with negative test results.
5. Work Restrictions: During the 10 day monitoring period, staff should be restricted from working with immunocompromised patients, pregnant individuals, or patients who are unable to mask (including babies) during the monitoring period.
6. Conditions of Working: Upon returning to work, staff will be required to wear a facemask at all times while in the healthcare facility per universal masking policy, and to strictly adhere to hand hygiene, respiratory hygiene, and social distancing guidelines.

## C. Very High-Risk Exposure

1. Work Status Pending Initial Test Result: Following a very high risk exposure, both symptomatic and asymptomatic staff members will be directed to isolate at home while waiting for initial test result, regardless of their vaccination status.
2. Criteria for Return to Work: If initial PCR test is negative and the employee remains asymptomatic, they may be cleared to return to work. Staff who report symptoms consistent with SARS-CoV-2 should be instructed to remain at home in isolation until medically cleared to return.
3. Monitoring Period: Following a very high-risk exposure all staff members will be monitored for **14 days** from the last exposure with the COVID-19+ contact; or if in constant contact with a COVID-19+ individual then **14 days** from when that COVID-19+ contact is no longer considered infectious. Using the CDC symptom based criteria this is 72 hours without a fever or use of antipyretics, improvement of symptoms, and at least 10 days from onset of symptoms (whichever is longer). If COVID-19+ person never develops symptoms, they are considered infectious for 10 days following their first positive test.
4. Serial Testing: Both vaccinated and unvaccinated staff members will be instructed to be re-tested every 3-4 days until the monitoring period is over. They may continue working while awaiting results of serial testing as long as they remain asymptomatic with negative test results and no new high-risk exposure.
5. Conditions of Working: Upon returning to work, staff will be required to wear a facemask at all times while in the healthcare facility per universal masking policy, and to strictly adhere to hand hygiene, respiratory hygiene, and social distancing guidelines.

#### D. Return from Domestic or International Travel

1. Work Status Pending Initial Test Result: Staff members who meet travel related testing criteria may remain at work while initial test results are pending so long as they are asymptomatic.
2. Criteria for Return to Work: If initial PCR test is negative and the employee remains asymptomatic, they may continue to work.
3. Monitoring Period: Staff members should be instructed to self-monitor every 12 hours for fever and other symptoms of COVID-19 for **10 days** after their return from domestic travel. Should staff develop new symptoms of acute respiratory infection during the monitoring period, they should immediately isolate and contact their established point of contact regarding need for further testing and work restrictions.
4. Serial Testing:
  - a) Domestic Travel- If fully vaccinated, staff will only be required to self-monitor for 10 days. If not fully vaccinated, the staff member will be instructed to be re-tested every 3-4 days for 10 days.
  - b) International Travel- Both vaccinated and unvaccinated staff members will be instructed to be re-tested every 3-4 days for 10 days. They may continue working while awaiting results of serial testing as long as they remain asymptomatic with negative test results.
5. Conditions of Working: Upon returning to work, staff will be required to wear a facemask at all times while in the healthcare facility per universal masking policy, and to strictly adhere to hand hygiene, respiratory hygiene, and social distancing guidelines.

#### VI. Return to Work Guidelines for Healthcare Personnel with Confirmed or Suspected COVID-19

If staff tests positive for COVID-19, they are to remain isolated while seeking appropriate medical care and follow the return to work guidelines outlined below.

##### A. HCP with mild to moderate illness who are *not* severely immunocompromised.

1. Criteria for Return to Work: Healthcare personnel with mild to moderate illness who are not severely immunocompromised may be cleared to return to work if:
  - At least 10 days have passed since symptoms first appeared *and*
  - At least 24 hours have passed since last fever without the use of fever-reducing medications *and*
  - Symptoms (e.g., cough, shortness of breath) have improved.
2. Conditions of Working: Upon returning to work, staff will be required to wear a facemask at all times while in the healthcare facility per universal masking policy, and to strictly adhere to hand hygiene, respiratory hygiene, and social distancing guidelines.

##### B. HCP who were asymptomatic throughout their infection and are *not* severely immunocompromised.

1. Criteria for Return to Work: Healthcare personnel who were asymptomatic throughout their infection and are not severely immunocompromised may be cleared to return to work if:
  - At least 10 days have passed since the date of their first positive viral diagnostic test.
2. Conditions of Working: Upon returning to work, staff will be required to wear a facemask at all times while in the healthcare facility per universal masking policy, and to strictly adhere to hand hygiene, respiratory hygiene, and social distancing guidelines.

### C. **HCP with severe to critical illness or who are severely immunocompromised.**

1. Criteria for Return to Work: Healthcare personnel with severe to critical illness or who are severely immunocompromised may be cleared to return to work if:
  - At least 10 days and up to 20 days have passed since symptoms first appeared **and**
  - At least 24 hours have passed since last fever without the use of fever-reducing medications **and**
  - Symptoms (e.g., cough, shortness of breath) have improved.
  - Consider consultation with infection control experts.
2. Conditions of Working: Upon returning to work, staff will be required to wear a facemask at all times while in the healthcare facility per universal masking policy, and to strictly adhere to hand hygiene, respiratory hygiene, and social distancing guidelines.

## VII. **Employer Notification of Clearance for Return to Work**

- A. Employee notification of test results and clearance to return to work is NOT the responsibility of the clinic manager or supervisor. Employees who have been tested will be notified of results and cleared for return to work by Employee Health Services.
- B. The RN will provide a completed “Healthcare Provider Statement for Employee Return to Work from Leave of Absence” to the employee and clinic manager via a secure email, along with written conditions of working.

## VIII. **Contact Tracing Following Occupational Exposure to COVID-19**

- A. Case Identification & Determination of Communicable Period- Upon receiving a report of a positive test result, the RN will determine the timeframe the COVID+ patient was infectious and immediately notify the clinic manager of the positive result and dates for contact tracing.
- B. Elicit Possible Contacts- The clinic manager or designee will identify all patients/employees who had possible contact with the COVID+ person during the time period they were infectious and not under isolation (including outside of work).
- C. Determine Employee Exposure Risk Level- The clinic manager will assess the level of risk for each employee who had contact with the COVID+ person during the communicable period and record on the “COVID-19 Occupational Exposure Contact Log”.
  1. **Asymptomatic Low Risk Exposure**- If asymptomatic, employee will be advised to remain at work and to self-monitor for symptoms twice daily for 14 days. Copies of the “14-Day COVID Self-Monitoring Log” and “Return to Work Guidelines following Asymptomatic Low-Risk Exposure” should be provided.
  2. **Asymptomatic High-Risk Exposure**- If asymptomatic, employee will be advised to immediately contact the appropriate COVID hotline for assistance scheduling a COVID-19 test and further instructions regarding possible work restrictions.
  3. **Symptomatic Following Exposure**- Any employee who reports symptoms of SARS-CoV-2 should be directed to immediately isolate at home and contact the appropriate COVID hotline for further assessment.

## IX. **Workplace Outbreaks**

- A. The law now clearly states that employers must provide a written notice to all employees, and the employers of subcontracted employees, who were on the premises at the same worksite as the person who was infectious with COVID-19 or who was subject to a COVID-19-related quarantine order. After becoming aware of a potential exposure because someone at the worksite was infectious with COVID-19 or is ordered by a public health official to isolate due to COVID-19 concerns, employers

must immediately (within one business day) provide the written notice to the employees and the employers of subcontracted employees. The law requires an employer to notify employees, and employers of subcontracted employees, of their potential exposure and provide them with certain information regarding COVID-19-related benefits and options. Employers must also notify employees and employers of subcontracted employees of the disinfection and safety plan that the employer plans to implement and complete per the guidelines of the federal Centers for Disease Control and Prevention.

- B. Employers must notify local public health agencies of outbreaks within 48 hours of becoming aware of the number of cases that meets the definition of an outbreak. The employer must notify the local public health agency in the jurisdiction of the worksite of the names, phone number, occupation, and worksite of employees who may have COVID-19 or who are under a COVID-19 isolation order from a public health official. Employers must also report the business address and NAICS industry code of the worksite where the infected or quarantined individuals work. An employer that has an outbreak subject to these provisions must continue to give notice to the local health department of any subsequent laboratory-confirmed cases of COVID-19 at the worksite.

## **X. Documentation**

- A. At the time of screening, the COVID Hotline nurse will fill out an ‘Employee COVID Testing Intake Form’ for every employee who meets criteria for testing.
- B. Employee information will be entered onto the ‘Employee COVID Test Spreadsheet’ in SharePoint ([https://countyofventuraca.sharepoint.com/:x:/r/sites/acquality/\\_layouts/15/Doc.aspx?sourcedoc=%7B31191F31-5A48-4EB0-BE5D09E8C1424A67%7D&file=Employee%20COVID%20Testing.xlsx&action=default&mobileredirect=true&cid=ab4e6272-d84b-4f50-9a8f-4cc5a8864dbf](https://countyofventuraca.sharepoint.com/:x:/r/sites/acquality/_layouts/15/Doc.aspx?sourcedoc=%7B31191F31-5A48-4EB0-BE5D09E8C1424A67%7D&file=Employee%20COVID%20Testing.xlsx&action=default&mobileredirect=true&cid=ab4e6272-d84b-4f50-9a8f-4cc5a8864dbf))

## **XI. References**

- A. Centers for Disease Control (CDC). <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- B. Cal/OSHA: <https://www.dir.ca.gov/dosh/coronavirus/AB6852020FAQs.html>

## **XII. Attachments**

- A. Quick Reference Guide for Employee COVID-19 Testing & Return to Work Clearance



## Attachment A: Quick Reference Guide for Employee COVID-19 Testing & Return to Work Clearance

Initial Testing	Work Status		Monitoring Period	Work Restrictions During Monitoring Period
	Pending Initial Result	Initial Negative Test		
<b>Symptomatic without Known Exposure</b>				
Test Immediately <b>regardless of vaccination status</b>	Stay home while awaiting initial test results	Return to work if afebrile and have improving symptoms for 24 hours or refer to PCP for ongoing illness	Self-monitor for fever and other symptoms of COVID-19 for 10 days from the time they first noticed any signs of illness	Restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask
<b>Asymptomatic High-Risk Exposure</b>				
Test Immediately <b>regardless of vaccination status</b> If COVID-19 recovered within 90 days, no need to be tested	Remain at work while awaiting initial test results	Continue working if remain asymptomatic with negative test results	If <b>fully vaccinated</b> , test again on day 5-7	Whenever possible, restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask
			If <b>not fully vaccinated</b> test q3-4 days for 10 days	Restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask
<b>Symptomatic High-Risk Exposure</b>				
Test immediately <b>regardless of vaccination status</b>	Stay home while awaiting initial test results	Return to work or refer to PCP for medical clearance if symptoms not improved	If <b>fully vaccinated</b> , test again on day 5-7	Restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask
			If <b>not fully vaccinated</b> test q3-4 days for 10 days	
<b>Asymptomatic Very High-Risk Exposure (i.e., live in same household as COVID+ individual)</b>				
Test immediately <b>regardless of vaccination status</b> If COVID-19 recovered within 90 days, no need to be tested	Stay home while awaiting initial test results	Return to work if remain asymptomatic and able to isolate from COVID+ household member	Regardless of vaccination status, test q3-4 days for 14 days	Restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask. Isolate from COVID+ contact if possible.
<b>Symptomatic Very High-Risk Exposure (i.e., live in same household as COVID+ individual)</b>				
Test immediately <b>regardless of vaccination status.</b>	Stay home while awaiting initial test results	Refer to COVID-19 Hotline for further guidance	Regardless of vaccination status, test q3-4 days for 14 days	Restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask. Isolate from COVID+ contact if possible.
<b>Healthcare Workers Returning From Domestic Travel</b>				
If <b>fully vaccinated</b> or <b>COVID-19 recovered within 90 days</b> , no need to be tested unless symptomatic or known exposure	If asymptomatic, remain at work while awaiting initial test results.	Continue working if remain asymptomatic with negative test results	If <b>fully vaccinated</b> , self-monitor for 10 days after travel	Whenever possible, restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask
If <b>not fully vaccinated</b> test 3-5 days after travel	If symptomatic follow guidelines above.		If <b>not fully vaccinated</b> test q3-5 days for 10 days after travel	Restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask
<b>Healthcare Workers Returning From International Travel</b>				
Test 3-5 days after return from travel <b>regardless of vaccination status</b>	If asymptomatic, remain at work while awaiting initial test results. If symptomatic follow guidelines above.	Continue working if asymptomatic with negative test results	If <b>fully vaccinated</b> , self-monitor for 10 days after travel	Whenever possible, restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask
			If <b>not fully vaccinated</b> test q3-5 days for 10 days after travel	Restrict from working around immunocompromised patients, pregnant individuals, or patients who are unable to mask