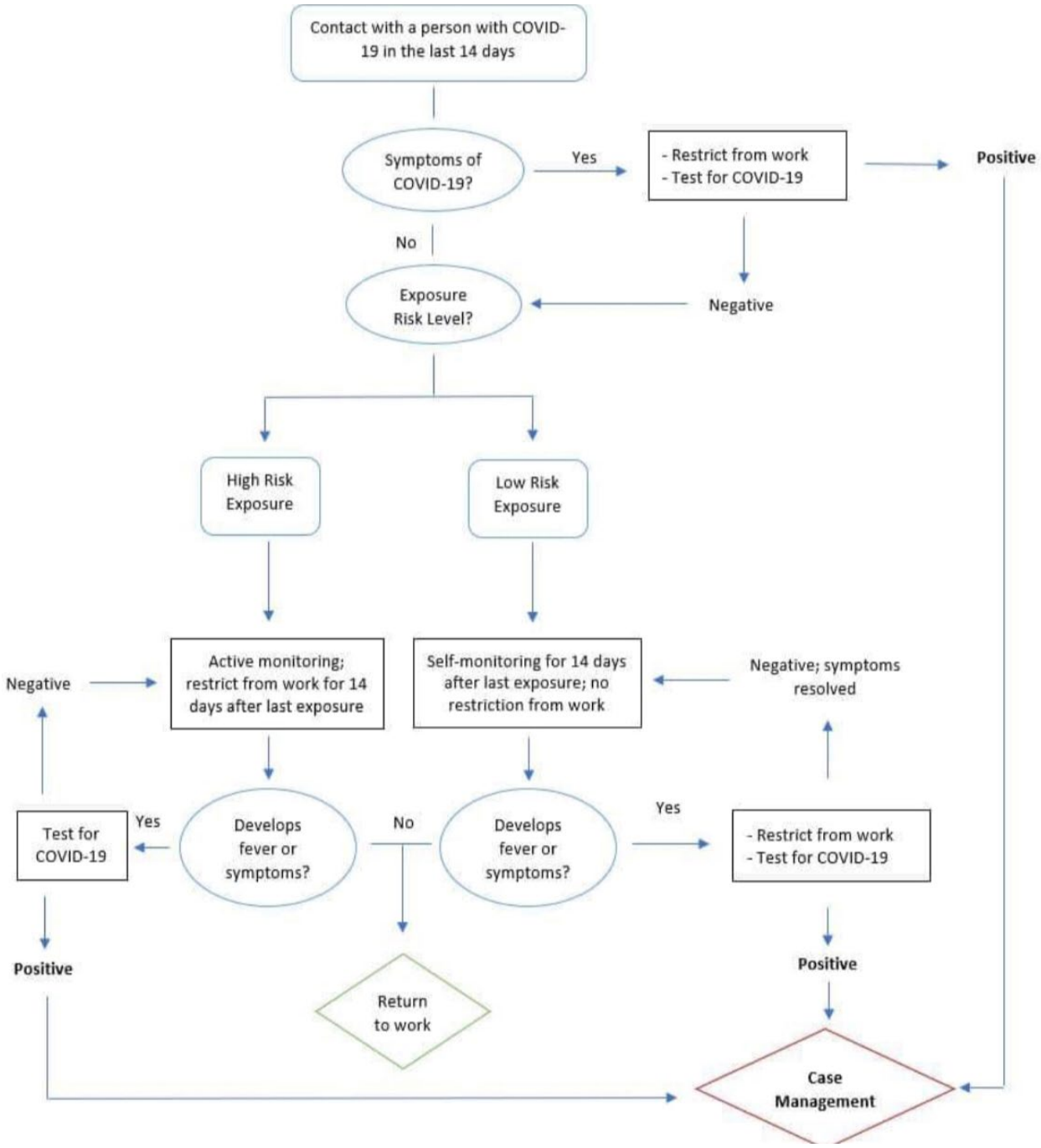
Assessment of a DEPG Provider/Employee with a COVID19 Exposure and Return to Work Analysis

Use this chart as a baseline and consider the below-listed factors Influencing Exposure Risk Level to COVID-19 Confirmed or Suspected individual.



Factors Influencing Exposure Risk Level to COVID-19 Confirmed or Suspected Individual:

The following list of factors (not exhaustive) should be considered by the Compliance, Clinical, and Operational Leadership teams conducting case-by-base risk assessments, as they can increase or decrease the level of risk in a given exposure scenario:

- Duration of exposure. (Exposure time longer than 15 minutes can increase risk, while brief interactions may have lower risk).
    - Community exposure that is considered prolonged is defined as 15 minutes or longer at <6ft.
    - **Per the October 21, 2020 CDC supplemental revision of their definition of prolonged contact, individual exposures accumulating within 24-hour period amounting to 15 minutes constitute prolonged exposure (e.g., three 5-minute exposures for a total of 15 minutes).**
    - According to the CDC, the time period for determining whether a close contact occurred is the period starting from two days before the infected person developed symptoms, and for asymptomatic persons, two days prior to test specimen collection, until the time the infected person is isolated.
- Type of interaction/ whether there was close contact
    - Any duration of exposure should be considered prolonged if the exposure occurred during performance of an aerosol-generating procedure (AGP)
- Extent of body contact (contact with infectious body fluids, particularly oral and **respiratory secretions can increase risk**).
- Clinical presentations of COVID-19 confirmed or suspected individual symptoms/ (Coughing and severe illness can increase risk).
- COVID-19 confirmed or suspected individuals wearing a mask properly for the entirety of the interaction. (Proper wearing of mask during the entirety of interaction can lower risk).
- DHCP not following proper practices of donning (putting on) and doffing (taking off) PPE can increase risk.
- Not performing diligent hand hygiene can increase risk.

- PPE was soiled, damp, damaged or inconsistently worn (can increase risk).
- Other individual and context-based factors.
- NOTE: As a crisis capacity the CDC permits allowing **asymptomatic HCP** who have had an unprotected exposure to SARS-CoV-2 but are not known to be infected to continue to work.
    - Consider:
        - "Essential" nature of the DHCP
        - Staffing shortages
        - Number of dental emergencies
    - In the event of returning to work as crisis capacity the following must be complied with:
        - These HCP should still report temperature and absence of symptoms each day before starting work. (NOTE: This is the overarching DEPG practice-wide policy as part of the DEPG Safe Work Place Plan.)
        - Continue to wear masks **at all times** in non-patient areas. (NOTE: This is the overarching DEPG practice-wide policy as part of the DEPG Safe Work Place Plan.)
        - If DHCP develops even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
- If DHCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria (unless they are allowed to work as described above for crisis capacity ONLY).

DHCP who tests positive for COVID-19 must be **excluded from work** and return as per the Return to Work Criteria, detailed on the next page.

CDC's Return to Work Criteria for HCP with Suspected or Confirmed COVID-19

**NOTE: Because we rigorously follow the CDC guidelines and recommendations, we have updated this protocol in conformity with the CDC's recent change to its Return to Work Guidance (which emphasizes symptoms over testing and was last updated in August 2020).

Previously, the CDC had identified two different strategies for this determination: symptom-based and test-based. Under the latter, an individual could stop self-isolating once symptoms abated and the individual had two consecutive negative COVID-19 tests at least 24 hours apart. **The CDC no longer recommends the test-based strategy in general**, since studies have shown that the vast majority of those who test negative also meet the criteria of the symptom-based strategy. The test-based strategy may still be used for those who are severely immunocompromised, in consultation with infectious disease experts.

Additionally, **the CDC updated its symptom-based strategy**. The CDC now states that self-isolation of **those with symptoms** may be discontinued when:

- At least 10 days (up to 20 for those with severe illness or who are severally immunocompromised) have passed since symptom onset and
- At least 24 hours (previously 72 hours) have passed since resolution of fever without the use of fever-reducing medications and
- Other symptoms (previously limited just to respiratory symptoms) have improved

Those without symptoms may discontinue self-isolation after 10 days have passed from the positive COVID-19 test.

Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severe illness or severely immunocompromised).