

# **POLICY AND PROCEDURE STATEMENT**

## **THE UNIFIED GOVERNMENT OF ATHENS-CLARKE COUNTY, GEORGIA**

**POLICY SUBJECT:** COVID-19 Response Policy

**POLICY AND PROCEDURE NUMBER:** COVID-19

**EFFECTIVE DATE:** March 18, 2020

**AMENDED AND UPDATED:** July 31, 2020

### **I. Purpose**

Coronavirus Disease 2019 (COVID-19) is a contagious respiratory disease caused by the SARS-CoV-2 virus. The Centers for Disease Control and Prevention (the “CDC”) indicates COVID-19 was first detected in China and has now been detected in more than 100 locations internationally, including the United States. On March 11, 2020, the World Health Organization (“WHO”) officially declared COVID-19 as a global pandemic. President Trump subsequently declared a national emergency for the United States of America, and, on March 14, 2020, Governor Brian Kemp declared a public health state of emergency due to COVID-19.

ACCGov has developed this policy and guidance for our workforce to address and mitigate the impact of COVID-19 pandemic to ACCGov operations, in accordance with CDC recommendations and guidelines. This guidance is intended to allow ACCGov to work responsibly in the interest of public health, the health of staff and their families, and to meet our obligation to provide limited public services in a manner, and for such a time as necessary, during this unprecedented event.

### **II. Policy- Reporting of Work Time and Leave Usage**

#### **A. Purpose**

In response to the ongoing public health emergency caused by the novel coronavirus (COVID-19), ACCGov seeks to maintain critical government functions, protect the wellbeing of employees and the public, and minimize the loss of employee productivity as much as possible.

While many employees will be capable of maintaining productivity through the use of telework, remote work assignments, alternate work schedules, and/or reassignment, it is expected that some employees will be unable to meet the work requirements of their normal schedule.

The purpose of this policy is to provide for additional paid leave available to employees who are unable to report to work due to conditions caused by the COVID-19 as specified within this policy. Additionally, this policy intends to meet all requirements of the Families First Coronavirus Response Act and related federal employment laws. In cases where conflict or ambiguity exist between such laws and this policy, federal law prevails.

## B. Types of Leave

This policy provides for three distinct types of leave:

1. Emergency Paid Sick Leave
2. Expanded FMLA Leave
3. Emergency Paid Excused Leave

## C. Emergency Paid Sick Leave

Emergency Paid Sick Leave offered by ACCGov is intended to meet the requirements established by the Emergency Paid Sick Leave Act. In the case of any conflict or ambiguity in this policy, the Emergency Paid Sick Leave Act shall prevail.

### a. Covered Employees

All full-time and part-time employees of ACCGov are covered by this policy, with some limitations described herein.

### b. Conditions for Use

Emergency Paid Sick Leave shall be available to employees who are unable to work due to a need for leave because:

1. They are subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. They have been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. They are experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. They are caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19 or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
5. They are caring for a son or daughter whose school or place of care has been closed, or the son or daughter's child care provider is unavailable, due to COVID-19 precautions.

6. They are experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

c. Emergency Responders

Employees who are emergency responders are eligible for the use of Emergency Paid Sick Leave for conditions one through three as listed above. On a case by case basis, such employees may be approved for use of Emergency Paid Sick Leave for conditions four, five, or six. Approval for exceptions must be granted by the employee's department director or supervising elected/appointed official in consultation with the Director of Human Resources.

d. Amount of Leave

The amount of Emergency Paid Sick Leave available is different for full-time employees and part-time employees.

1. Full-time Employees

Full-time employees are entitled to 80 hours of Emergency Paid Sick Leave.

2. Part-time Employees

Part-time employees are entitled to the greater of:

a. The number of hours which they are regularly scheduled over a two-week period; or

b. The number of hours which they would work in a two-week period based on an average amount of work scheduled per day over the prior six months.

e. Rate of Pay and Maximum Benefit

The rate of pay for Emergency Paid Sick Leave depends upon the condition under which the leave is used.

1. For leave used under conditions one through three, the rate of pay will be the employee's regular rate, not to exceed \$511 per day and \$5,110 in aggregate.

2. For leave used under conditions four through six, the rate of pay will be equal to two-thirds the employee's regular rate, not to exceed \$200 per day and \$2,000 in aggregate.

f. Eligibility Period

In accordance with the Families First Coronavirus Response Act, this leave shall be available to eligible employees until December 31, 2020, or the leave balance is exhausted, whichever is earlier.

g. Procedures for Reporting Emergency Paid Sick Leave

Employees using Emergency Paid Sick Leave should report time by using the following codes as described:

1. **“cviso”** (Coronavirus Isolation Leave) for leave under conditions one through three.
2. **“cvdep”** (Coronavirus Dependent Care Leave) for leave under conditions four through six.

D. Expansion of Family Medical Leave Provisions

The purpose of this section is to provide for leave as required by the *Emergency Family and Medical Leave Expansion Act*. ACCGov will comply with all provisions of the *Family and Medical Leave Act*, including the amendments made by the *Emergency Family and Medical Leave Expansion Act*. All other qualifying conditions under the *Family and Medical Leave Act* that are not addressed in this policy continue to apply and should be handled in accordance with existing ACCGov policy and procedures.

a. Covered Employees

All ACCGov employees who have been employed by ACCGov for at least 30 calendar days.

b. Conditions for Use

Expanded FMLA Leave provides coverage to employees who are unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency.

c. Amount of Leave

Expanded coverage under the FMLA allows for qualified employees to receive up to twelve weeks of leave, with up to ten weeks paid after an initial two-week period of unpaid leave. Limitations to the amount of FMLA leave available in a one-year period remain effective. Employees who have used FMLA leave in the twelve months prior to seeking coverage under the Expanded FMLA criteria will have fewer than twelve weeks available.

d. Rate of Pay and Maximum Benefit

Paid leave provided under the expanded FMLA provisions will be paid at a rate equal to two-thirds the employee's regular rate, not to exceed \$200 per day and \$10,000 in aggregate.

e. Procedure for Reporting Expanded FMLA Leave

Leave used under this section should be reported as “**cvfmla**”.

f. Other FMLA Conditions

All other qualifying conditions under *the Family and Medical Leave Act* that are not addressed in this policy continue to apply and should be handled in accordance with existing ACCGov policy and procedures.

E. Emergency Paid Excused Leave

The purpose of Emergency Paid Excused Leave is to provide for paid leave in limited circumstances where employee absences are:

1. Not due to conditions that would be eligible for coverage under sick leave policies, including Emergency Paid Sick Leave or Expanded FLSA Leave as defined in this policy; and
2. Determined to be primarily of benefit to the government, as determined by the Director of Human Resources, in consultation with the ACCGov Manager.

a. Procedure for Requesting Authorization to Provide Emergency Paid Excused Leave

Department heads must submit a written request to the Director of Human Resources for the use of Emergency Paid Excused Leave by employees in their department. The request must include sufficient justification so that the Director of Human Resources can determine, in consultation with the ACCGov Manager, whether the request is of primary benefit to the government. Once a determination has been made, departments will be notified in writing of approval or denial of authorization to use Emergency Paid Excused Leave.

b. Eligibility Period

This leave shall be available for use during the period beginning April 1, 2020 and shall continue until discontinued by the ACCGov Manager.

c. Procedures for Reporting Emergency Paid Excused Leave

Employees using Emergency Paid Excused Leave should report time by using the code “**cv**” (Coronavirus Excused Leave).

F. Other

Employees requesting leave not covered under the conditions described in this policy should follow the standard policies and procedures for leave use as defined in existing government and departmental policy.

#### G. Reporting of Work Time and Leave Usage

This section of the COVID-19 Response Policy is subject to change as the law changes and/or as conditions change at any time.

### III. Policy- Symptomatic or Exposed Employees and Travel Guidance

ACCGov prohibits employees from reporting to work who are symptomatic or who have been exposed to COVID-19 and directed by their healthcare provider and/or the Department of Public Health to self-quarantine. Violation of this policy may result in disciplinary action up to and including termination.

#### A. Symptomatic Employees

Pursuant to CDC recommendations, supervisors, in consultation with the appropriate Department Director or supervising Elected Official, must immediately send home to self-quarantine any employee showing any of the COVID-19 symptoms as most recently provided by the CDC. They include but are not limited to fever, cough, or shortness of breath, headache, body aches, sore throat, nausea, vomiting, diarrhea and loss of sense so taste or smell. Self-quarantining employees must be provided with a copy of this policy and any updates prior to the employee leaving the workplace.

If an employee calls from home to advise his or her supervisor of a COVID-19 self-quarantine, the supervisor should inform the employee of this policy and use best efforts to provide a copy of this policy and any updates to the employee in the most expedient manner possible. Additionally, the supervisor must inform the appropriate Department Director or supervising Elected Official of such situation who should notify the Human Resources Director. The Facilities Management Division of Central Services shall be notified immediately when a person likely or confirmed to have COVID-19 has been in an ACCGov Facility within the previous 48 hours.

Any symptomatic employee should immediately call his/her health care provider, the Piedmont Nurse Line for Coronavirus at 1-866-460-1119, or the Georgia Department of Public Health (DPH)'s COVID-19 hotline at 1-844-442-2681 to report their symptoms and seek guidance. Within five (5) business days or earlier as directed by their supervisor, any self-quarantining employee must report to their supervisor regarding their ability to return to work, pursuant to the guidance received by DPH and/or their health care provider.

If an employee is sent home to self-quarantine due to suspected or confirmed COVID-19 symptoms, the employee will remain out until conditions under the "Return to Work" section have been satisfied. Employees may be asked to provide supporting documentation of their condition. Violation may result in disciplinary action up to and including termination.

EOC guidance specifically states: "If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure."

As an employer, we may make a general statement that there has been confirmed positive COVID-19 case **without specifically identifying the employee.**

#### B. Exposed Employees

If an employee believes they have been exposed to COVID-19 without PPE, he or she should self-quarantine at home and notify their supervisor as soon as possible, but no later than their scheduled time to report to work or within the time limit established by their department. Immediately after such notification, the employee must call his/her health care provider, the Piedmont Nurse Line for Coronavirus at 1-866-460-1119, or the Georgia Department of Public Health (DPH)'s COVID-19 hotline at 1-844-442-2681 for guidance. The Human Resources Director should be notified of any exposed employees.

Within five (5) business days or immediately after the employee receives guidance from DPH or their health care provider, whichever is earlier, any self-quarantining employee must report to their supervisor with regard to their ability to return. Employees may be asked to provide supporting documentation regarding their exposure.

Employees potentially exposed to coronavirus in the course of their duties, when using PPE, should fill out an exposure report and send to Safety and Risk. The guidance provided above does not pertain to employees exposed while wearing PPE.

#### C. Return to Work

Please contact Safety & Risk: For non-emergency employees or those that are not working in critical infrastructure positions, Department Directors and supervising Appointed/elected Officials should follow current Department of Public Health (DPH)'s [Return to Work Guidance for Persons Not Working in Healthcare Settings](#). See replication in Attachment #1 of this policy or visit the link above for the actual guidance document.

Department Directors and Appointed/Elected Officials who supervise designated Emergency Employees for the purposes of the COVID-19 emergency should further follow the CDC's April 20, 2020, [Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#), See replication in Attachment #2 of this Policy or visit the CDC's website as linked above for the actual guidance document.

#### D. Travel Guidance

All work-related travel must be approved by the Manager. Staff should work through their Department Directors to gain travel approval from the Manager.

Employees are strongly encouraged to consider any personal travel plans and follow public health official guidance in protecting themselves and their families.

An ACCGov employee shall not report to the workplace after returning from a geographic or confined area identified by a recognized health organization as having a high degree of contagion health risk. Employees who have traveled to an area in which CDC has issued a Level 3 travel advisory are prohibited from returning to work until the recommended isolation time has lapsed.

Employees impacted by this travel guidance should notify their supervisor as soon as possible. While in isolation, employees are approved to telework at their Department Directors/Elected Officials direction.

#### IV. **General Policy Guidance for Social Distancing in the Workplace**

- A. Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness.
- B. Implement social distancing measures:
  - a. Increasing physical space between workers at the worksite
  - b. Staggering work schedules
  - c. Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.)
- C. Limit large work-related gatherings (e.g., staff meetings, after-work functions).
- D. Limit non-essential work travel.
- E. Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible).
- F. Employees should remain aware of symptoms associated with the COVID-19 and shall not report to work when sick. Symptoms include, but are not limited to:

- a. Fever
- b. Cough
- c. Shortness of Breath

G. ACCGov further recommends employees monitor their temperature, and check it before reporting to work.

#### **V. In-Person Meetings / Use of Technology**

Please limit the use of in-person meetings. If in-person meetings are required, please maintain 6-foot distance between each member of the meeting and refrain from having more than 10 attendees.

Instead of in-person meetings, please utilize technology, Webex / Jabber, VOIP phones, which are all supported by IT.

#### **VI. General Guidance for Personal Hygiene in the Workplace**

- A. Wash your hands often with soap and water at least 20 seconds especially after you have been in public places, or blowing your nose, coughing, or sneezing.
- B. If soap and water are not readily available, use hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub together until they feel dry.
- C. Avoid touching your eyes, nose, and mouth with unwashed hands.
- D. Avoid close contact with people who are sick.
- E. Put distance between yourself and other people.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

#### **VII. Policy- Enhanced Cleaning Practices to Reduce the Transmission of Pathogens**

##### **A. Purpose:**

This policy establishes a uniform policy on employee-supported building and vehicle sanitation practices to reduce pathogen transmission during the COVID-19 pandemic response.

##### **B. Applicability:**

This policy applies to all ACCGov buildings and vehicles used regularly by ACCGov staff or constitutional officers (referred to as “staff” in this policy). The recommendations of this policy are applied in addition to any regularly scheduled building sanitation processes completed by ACCGov building service workers or contract cleaning services.

### C. Approved Disinfection Agents

- a. Commercial cleaning agents [registered with the EPA for use on Emerging Viral Pathogens](#);
- b. Products containing alcohol solutions of 70% or greater; or,
- c. A prepared bleach solution consisting of:
  - i. 1/3 cup of bleach per gallon of water; or,
  - ii. 4 teaspoons of bleach per quart of water.

**WARNING:** Never mix bleach with products that contain ammonia. Bleach should be used with water only.

### D. Personal Protective Equipment & Hand Hygiene

- a. Before and after cleaning, staff shall wash hands in soap and water for a minimum of 20 seconds. If soap and water are not available, staff may use an alcohol-based hand sanitizer that contains 60-90% alcohol.
- b. At a minimum, while cleaning, staff shall wear disposable gloves and any other personal protective equipment listed on the labels of the commercial cleaning products used in the process.

### E. Process for Preventative Cleaning

- a. Each department director or facility supervisor is responsible for designating staff from all work shifts to coordinate preventive cleaning measures at each facility they occupy and across the vehicles they utilize. This department/facility lead will be responsible for procuring cleaning supplies, setting cleaning schedules, and submitting reports.
- b. The designated cleaning coordinators are responsible for procuring their own supplemental cleaning supplies for preventive cleaning. When needed, the Facilities Management Division can help to locate cleaning supplies that have become hard to source locally.
- c. ACCGov staff will clean their work spaces, frequently used common areas (restrooms, breakrooms, meeting rooms, etc.), and vehicles at the start and end of their shift.
  - i. Preventative cleaning should focus on high touch surfaces such as desks, tables, chairs, counters, sinks, toilets, door knobs, keyboards, remotes, control panels, light switches, phones, steering wheels, etc.
  - ii. Trash and recycling will be disposed of in the exterior receptacle(s) (dumpster or roll cart) at the end of each shift.

- d. Upon completion of facility cleaning, staff will document the cleaning using:
  - i. The online notification app

F. Cleaning Process After Persons with Probable or Confirmed to Have COVID-19 Have Been in the Facility

- a. The Facilities Management Division of Central Services shall be notified immediately when a person likely or confirmed to have COVID-19 has been in an ACCGov Facility within the previous seven (7) days. Depending on the severity of the possible facility exposure, the Central Services Department will work with the Administrative Branch Chief to determine if the site will be disinfected by the department, contract services, or both parties.
- b. When cleaning a space with likely COVID-19 contamination, individuals shall wear additional personal protective equipment, including:
  - i. A disposable gown;
  - ii. A face shield or safety goggles;
  - iii. Disposable shoe covers; and,
  - iv. An N95 (or better) respirator.
- c. Facility Deep Cleaning Protocol
  - i. The ill person(s) should be removed from the building, or isolated within the facility (when they cannot be removed from the building);
  - ii. Entryways to the areas used by the ill person(s) should be labeled to warn building occupants/visitors;
  - iii. Exterior doors and windows should be opened to increase circulation in the area so long as doing so does not expose the building to excess moisture or damaging weather events;
  - iv. If possible, the areas of the building used by the ill person(s) should be vacated for as long as possible, up to 24 hours;
  - v. Staff will thoroughly disinfect all areas used by the ill person(s), focusing especially on frequently touched surfaces and building common areas;
  - vi. Consumable items (such as pens, post it notes, paper products, etc.) that the ill person(s) may have used will be disposed of in a sealed trash bag and taken to the ACCGov landfill;

- vii. Durable fabric items (such as towels, clothing, linen(s) etc.) that the ill person(s) may have used should be bagged and laundered using hot water;
  - i. Do not shake out dirty laundry, as doing so may disperse pathogens in the air.
  - ii. If the facility does not have onsite laundry, loose fabric items will be bagged and disposed of in the ACCGov landfill.
- viii. The Facilities Management Division may replace HVAC air filters in areas occupied by the ill person(s) for more than 4 hours.

---

**Recommended By:** Central Services, Fire & Emergency Services, and Human Resources

---

**Approved By:**



---

Blaine Williams, Manager

Date: 7/31/2020

## **Return to Work Guidance After COVID-19 Illness or Exposure for Persons Who Are Not Healthcare Personnel**

July 22, 2020

The following guidance should be used to make decisions about “return to work” for persons who **are not Healthcare Personnel**:

- with laboratory-confirmed COVID-19;
- who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, shortness of breath, fever] but did not get tested for COVID-19 and have been exposed to a person with COVID-19 or live in an area with local or widespread transmission;
- who have been exposed to COVID-19 without appropriate personal protective equipment (PPE).

### Return to Work Strategy

DPH recommends a time-based return to work strategy that is determined based on a person’s health status. Decisions about “return to work” for persons with confirmed or suspected COVID-19 who are not healthcare personnel should be made in the context of local circumstances (community transmission, resource needs, etc.).

**Symptomatic** persons who are not healthcare personnel with confirmed COVID-19 or suspected COVID-19

- Who had *mild or moderate illness\* and are not severely immunocompromised<sup>f</sup>* can return to work after:
  - 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
- Who had *severe to critical illness (if they were hospitalized for shortness of breath, pneumonia, low oxygen levels, respiratory failure, septic shock, and/or multiple organ failure) \* or who are severely immunocompromised<sup>f</sup>* can return to work after:
  - At least 20 days have passed *since symptoms first appeared*
  - 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

**Asymptomatic** persons who are not healthcare personnel with confirmed COVID-19:

- Who are *not severely immunocompromised<sup>f</sup>* can return to work after:
  - At least 10 days have passed since the positive laboratory test and the person remains asymptomatic
- Who are *severely immunocompromised<sup>f</sup>* can return to work after:

- At least 20 days have passed since the positive laboratory test and the person remains asymptomatic
- Note, asymptomatic persons who test positive and later develop symptoms should follow the guidance for symptomatic persons above.

Asymptomatic persons who are not healthcare personnel, and who do not work in critical infrastructure who have a known exposure to a person with COVID-19 without appropriate PPE can return to work after:

- After they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at <https://dph.georgia.gov/contact>
- Of note, if this person is tested for COVID-19 during the 14-day quarantine period, a negative test result would not change or decrease the time a person is monitored.

Asymptomatic persons who are not healthcare personnel, but who do work in critical infrastructure who have a known exposure to a person with COVID-19 can follow the CDC guidance for return to work:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

Both CDC and DPH **DO NOT** recommend using a test-based strategy for returning to work (2 negative tests at least 24 hours apart) after COVID-19 infection for non-healthcare personnel. † CDC has reported prolonged PCR positive test results without evidence of infectiousness. In one study, individuals were reported to have positive COVID-19 tests for up to 12 weeks post initial positive.

More information about the science behind the symptom-based return to work can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

### Return to Work Practices and Work Restrictions

Persons who are not healthcare personnel who complete the above conditions and can return to work should:

- Wear a face covering if social distancing cannot be maintained in the workplace, per current CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>. Note: A facemask, instead of a cloth face covering, should be used by healthcare providers only. Cloth face coverings are appropriate for persons who are not healthcare personnel and are recommended by CDC to help prevent asymptomatic spread of COVID-19 in settings where social distancing cannot be practiced.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

CDC guidance for discontinuation of home isolation for persons with COVID-19 infection not in a healthcare setting can be used in conjunction with this guidance for returning to work and can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

---

*\* Note: The studies used to inform this guidance did not clearly define “severe” or “critical” illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about duration of Transmission-Based Precautions, the definitions in the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines](#) are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions.*

*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.*

*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.*

*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%.*

*Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.*

*In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.*

† *The studies used to inform this guidance did not clearly define “severely immunocompromised.” For the purposes of this guidance, CDC used the following definition:*

- *Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.*
- *Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.*
- *Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.*

‡ *Completing a test-based strategy is contingent upon the availability of ample testing supplies, laboratory capacity, and convenient access to testing and requires two samples taken at least 24 hours apart. If a facility requires the test-based strategy for return (**which is discouraged by DPH**), this should be done by a private physician through a commercial lab. The test-based strategy is not fulfilled by a single test, nor should it be used for screening of all persons returning to work.*