



Interim Guidance for **Persons Isolated at Home, including Healthcare Personnel, with Confirmed or Probable Coronavirus Disease 2019 (COVID-19)**

This guidance is designed to give you information about in-home isolation, preventing the spread of COVID-19 while you are sick, and when you can return to work or other normal activities.

IN-HOME ISOLATION

What is isolation and what directions should I follow?

Isolation means the separation of a person or group of people known or believed to be infected with a contagious disease. Isolation helps prevent other persons from becoming ill with this disease.

While you are being isolated at home, follow the prevention steps listed below until you meet criteria to discontinue isolation. At that point, you can return to your normal activities. Your local health department may ask you to contact them prior to discontinuing home isolation.

Why am I being asked to isolate at home?

It is very important for you to stay isolated at home to prevent spreading COVID-19 to other people, particularly those persons who are most vulnerable to severe illness or death from this disease. People who are considered at higher risk for serious illness from COVID-19 include: older adults and people with medical issues such as heart disease, diabetes, lung disease, or a weakened immune system.

How should I monitor my health during this time?

Symptoms of COVID-19 may include subjective or measured fever, cough, difficulty breathing, muscle aches, fatigue, sore throat, headache, runny nose, chills, abdominal pain/discomfort, nausea, vomiting, diarrhea, or loss of taste or smell.

You should monitor your symptoms closely and follow your healthcare provider's instructions to stay in communication with them. The following steps should be taken if you notice new or worsening symptoms:



- **Seek medical attention:** Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing).
- **Call your doctor:** Before seeking care, call your healthcare provider and tell them that you have COVID-19. If you are instructed to present to the facility for care, request that a mask be made available if you don't already have one.
- **Wear a facemask when sick:** Request a facemask upon arrival at the facility and put on the facemask before you enter the facility. If no facemasks are available, then wear a cloth face covering. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the dispatch personnel that you have COVID-19. If possible, put on a facemask or cloth face covering before emergency medical services arrive. If you don't have a facemask, request one from emergency medical services when they arrive.

DISCONTINUING IN-HOME ISOLATION

When should I discontinue in-home isolation?

If you had symptoms, take the following steps before you discontinue in-home isolation:

- **Symptoms have resolved. Home isolation may be discontinued** when:
 - At least 3 days (72 hours) have passed since recovery, which is defined as:
 - No longer having a fever (measured when you are not taking fever-reducing medicine like Advil™, Tylenol™, or aspirin) AND
 - Significant improvement of your other symptoms AND
 - At least 10 days have passed since symptoms first appeared
- If your healthcare provider recommends it, you can also use the test-based strategy to determine when you can discontinue in-home isolation. In this strategy, you can discontinue home isolation when you:
 - No longer have a fever (measured when you are not taking fever-reducing medicine like Advil™, Tylenol™, or aspirin) AND
 - Have improvement in respiratory symptoms (e.g., cough, shortness of breath), AND



- Receive negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).
- Currently, antibody testing is not sufficient to meet discontinuation from in-home isolation criteria.
- Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture. Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

If you have not had any symptoms, take the following steps:

- Home isolation may be discontinued when at least ten days have passed since your first positive test result AND you have had no illness since receiving that test result.
- If your healthcare provider recommends it, you can also use the test-based strategy to determine when you can discontinue in-home isolation. In this strategy, you can discontinue in-home isolation when have negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Currently, antibody testing is not sufficient to meet discontinuation of in-home isolation criteria.

Some people, like those who have conditions that might weaken their immune system, may need a longer time after recovery to minimize the chance of spreading the virus. If you have such a condition, you should talk to your healthcare provider about how and when to discontinue isolation.

For healthcare personnel (HCP): See the next page for more information on returning to work. There may be additional requirements for you to be cleared to return to work at your healthcare facility. Discontinuation of in-home isolation does NOT mean you are cleared to return to work.



CRITERIA FOR HEALTHCARE PERSONNEL RETURNING TO WORK

When can I go back to work in my healthcare facility?

Symptomatic HCP with Confirmed or Probable COVID-19:

- The *test-based* strategy may be used for determining when symptomatic HCP may return to work in healthcare settings. In this strategy, HCP are excluded from work until:
 - Resolution of fever without the use of fever-reducing medications AND
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), AND
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens).
 - Currently, antibody testing is not sufficient to meet return to work criteria for HCP.
 - Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture. Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.
- The *symptom-based* strategy may also be used for determining when symptomatic HCP may return to work in healthcare settings. In this strategy, HCP are excluded from work until:
 - At least 3 days (72 hours) have passed since recovery, which is defined as:
 - No longer having a fever (measured when you are not taking fever-reducing medicine like Advil™, Tylenol™, or aspirin) AND
 - Significant improvement of your other symptoms AND
 - At least 10 days have passed since symptoms first appeared.

Asymptomatic HCP with Confirmed or Probable COVID-19:

- HCP with confirmed or probable COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. However, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.



- HCP with confirmed or probable COVID-19 who have not had any symptoms may also use the test-based strategy. In this strategy, HCP are excluded from work until they have negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Currently, antibody testing is not sufficient to meet return to work criteria for HCP. Processes for returning to work should be discussed with your employer, and you may need additional clearance from isolation by your local health department.

If you had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

Upon returning to work, healthcare personnel will:

- Wear a facemask at all times while in the healthcare facility until all symptoms have completely resolved. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in the Centers for Disease Control and Prevention's (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 reevaluation from occupational health if respiratory symptoms recur or worsen.

Crisis Strategies to Mitigate Staffing Shortages

Healthcare systems, healthcare facilities, and the appropriate public health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:



- HCP should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above.
- If HCP return to work earlier than recommended above, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above.
- For more information, see the CDC webpage at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

PREVENTING THE SPREAD OF COVID-19

What steps should I follow to prevent the spread of COVID-19?

If you are sick with COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

STAY HOME EXCEPT TO GET MEDICAL CARE

- **Stay home:** People who are mildly ill with COVID-19 can isolate at home during their illness. You should restrict activities outside your home, except for getting testing or medical care. Avoid public areas.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

SEPARATE YOURSELF FROM OTHER PEOPLE AND ANIMALS IN YOUR HOME

- **Stay away from others:** As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.
- **Limit contact with pets & animals:** You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people, until more information is known about the virus and how it affects other animals.
- When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask or cloth face covering. See the Texas Department of State Health



Services (DSHS) COVID-19 webpage for more information at <https://www.dshs.state.tx.us/coronavirus/>.

- Information for household members and caregivers can be found on the DSHS COVID-19 webpage.

CALL AHEAD BEFORE VISITING YOUR DOCTOR

- **Call ahead:** If you have a medical appointment, call the healthcare provider and tell them that you have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

WEAR A FACEMASK IF YOU ARE SICK

- You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If a facemask is not available, then you should wear a cloth face covering.

COVER YOUR COUGHS AND SNEEZES

- **Cover:** Cover your mouth and nose with a tissue or the inside of your elbow when you cough or sneeze. Try not to cough or sneeze into your bare hands.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds or, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

CLEAN YOUR HANDS OFTEN

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.



- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.
- Handwashing tips can be found on the CDC website.

AVOID SHARING PERSONAL HOUSEHOLD ITEMS

- **Do not share:** You should not share dishes, drinking glasses, cups, eating utensils, toothbrushes, towels, or bedding with other people or pets in your home.
- **Wash thoroughly after use:** After using these items, they should be washed thoroughly with soap and water.

CLEAN ALL "HIGH-TOUCH" SURFACES EVERY DAY

- **Clean and disinfect:** Routinely clean high-touch surfaces in your room and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
 - If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.
- **High-touch surfaces include** phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.
 - Clean and disinfect areas that may have blood, stool, or body fluids on them.
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most Environmental Protection Agency (EPA)-registered household disinfectants should be effective. A full list of disinfectants can be found on the EPA website at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.



COPING WITH COVID-19

This outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people and communities. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children.

Everyone reacts differently to stressful situations. The emotional impact of an emergency on a person can depend on the person's characteristics and experiences, the social and economic circumstances of the person and their community, and the availability of local resources. People can become more distressed if they see repeated images or hear repeated reports about the outbreak in the media.

People who may respond more strongly to the stress of a crisis include:

- People who have preexisting mental health conditions, including problems with substance use
- Children
- People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders

Coping with these feelings and getting help when you need it will help you, your family, and your community recover from a disaster. Take care of yourself and others in your community and know when and how to seek help. More information on mental health and coping with COVID-19 is available on the CDC website.

Call your healthcare provider if stress reactions interfere with your daily activities for several days in a row.