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EMPLOYEE EXPOSURE GUIDANCE

Note: This document offers guidance in addition to the document entitled "EMPLOYEE AND SUPERVISOR GUIDANCE: What Steps To Take For A Possible Or Confirmed Covid-19 Illness In A Non-clinical, Non-housing University Building" published on coronavirus.utah.edu.

As COVID-19 continues to spread across the nation and Utah, there is an increased likelihood you will come in contact with someone in the workplace who either has confirmed they have the virus, or who you suspect may have it.

In instances like this, there are protocols in place to help you determine the best course of action. First, you need to determine if you have been in close contact with the person who has or is suspected of having COVID-19 (the person under investigation or PUI).

"Close contact" is being about six feet (approximately two meters) from an infected person for a prolonged period while not wearing recommended personal protective equipment (PPE). Close contact also includes instances where there was direct contact with infectious secretions (like being coughed on), or if you touched a surface or object that may have been contaminated with the virus (shared door handles or tables for instance) without proper PPE.

Close contact generally does not include brief interactions, such as walking past a person.

If you have had close contact with someone, or if you are a member of the same household or residence as someone, who is confirmed positive for COVID-19, then you must do the following:

If you are asymptomatic you must:

- Self-isolate at home, beginning on the date that the person tested positive.
- You should monitor your health for fever, cough and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19.

If you are symptomatic (coughing, fever, respiratory distress, flu or cold symptoms) you must:

- Self-isolate at home, beginning on the date that the person tested positive or you become symptomatic (whichever is sooner).
- Contact your health care provider for advice.
- Obtain a test for COVID-19.

For people diagnosed with COVID-19 or sick contacts of COVID-19 patients, current CDC guidance is that you can discontinue home isolation under the following conditions:

1. **If your Health Care Provider has stated that you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:

   a. You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
      AND
   b. other symptoms have improved (for example, when your cough or shortness of breath have improved)
      AND
   c. at least 10 days have passed since your symptoms first appeared
2. **If your Health Care Provider has stated that you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
   a. You no longer have a fever (without the use medicine that reduces fevers)
      AND
   b. other symptoms have improved (for example, when your cough or shortness of breath have improved)
      AND
   c. you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

If you are have received a COVID-19 test, complete the University of Utah COVID-19 reporting form (https://coronavirus.utah.edu/#general-information) as soon as possible.

If you have had close contact with someone who is a person under investigation (PUI), then you must do the following:

If you are asymptomatic you should:

- Monitor your health for fever, cough and shortness of breath during the 14 days after the last day you were in close contact with the person.
- Self-isolate and practice physical (social) distancing, if possible.

If you are symptomatic you must:

- Self-isolate and practice physical (social) distancing.
- Seek health advice to determine if medical evaluation is needed.
- If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for COVID-19 should be guided by CDC's PUI definition.
- Postpone travel on commercial conveyances until no longer symptomatic.

Response from facilities and custodians

Since initial reports of COVID-19 on campus custodians have been doing enhanced sanitation in all buildings. When reports of confirmed cases of COVID-19 come in facilities will post a warning sign preventing entry to the space and wait for at least 24 hours from the last entry of the affected person and then perform a deep sanitation of hard surfaces. This will include door handles, elevator buttons, handrails, etc.

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Breakrooms

After 24 hours, breakrooms will be sanitized by custodians. However, they will not touch personal items (cups, plates, silverware, etc.), as well as food or drink. Cups, utensils, etc., could be washed with soap and water by staff, as long as they wear gloves while they are doing it, and then removed from the room. Alternatively, they can be discarded. Non-porous food containers could be surface decontaminated, again by staff wearing gloves, and removed. Open or porous containers must be discarded.

Office areas

Office areas, as well as desks that students and post docs use, for example adjacent to (but separate from) lab areas, the custodians will only clean the hard surfaces. They will not move papers, clean computers, staplers, pens, etc. Therefore, areas will be cordoned off to prevent access. Enclosed offices, such as those used by faculty, will be closed. Areas that are closed will remain closed for seven days from the last date of entry of the affected individual. The CDC has stated that after seven days areas are safe to re-enter with routine cleaning and disinfection.

Laboratories and areas containing equipment, computers, etc.:

These areas will not be sanitized, but shut for seven days, for the following reasons;

- Custodians only routinely clean/sanitize floors, sinks, door handles, etc.
- Custodians do not touch lab benches or shelves housing chemicals because of the risks that these chemical pose to them.
- The use of chemical disinfectants could result in adverse chemical reactions if containers are not appropriately sealed and stored and if the disinfectant residue is not removed prior to the container being opened again.
- Equipment could be harmed through the inappropriate exposure to disinfectants.
- The sheer area of surfaces in labs (benches, shelves, bottles, equipment, boxes, etc.) would make complete disinfection challenging.

Once areas are cleared for re-opening/reoccupation, custodians will go in and perform general sanitation prior to re-opening of the area to staff or students.

What should staff do upon re-entry?

Once custodians have completed their sanitation procedures, staff will sanitize benches and equipment while wearing gloves (nitrile or latex). This will include all touch points not sanitized by custodians, such as freezer doors and handles, external surfaces of biosafety cabinets, keyboards, control panels, etc.

Always review the Operating Manual for recommendations on cleaning and sanitation. A freshly prepared 1:10 dilution of bleach is an excellent multi-purpose disinfectant. In general, 70% ethanol solutions can be used to sanitize delicate surfaces, such as computer keyboards. QUAT-based disinfectants are an alternative for hard surfaces. Confirm that they are listed on the EPA list N for registered disinfectants or confirm that they have efficacy against hard to kill viruses, such as parvovirus or adenovirus.

Wash hands with soap and water for at least 20 seconds after removing gloves.