

CDC Guidance for Employers Concerned about Possible Coronavirus Exposure

Recommended strategies for employers to use now:

- **Actively encourage sick employees to stay home:**
 - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
 - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
 - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
 - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.
 - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- **Separate sick employees:**
 - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**
 - Place posters that encourage [staying home when sick](#), [cough and sneeze etiquette](#), and [hand hygiene](#) at the entrance to your workplace and in other workplace areas where they are likely to be seen.
 - Provide tissues and no-touch disposal receptacles for use by employees.
 - Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
 - Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
 - Visit the [coughing and sneezing etiquette](#) and [clean hands webpage](#) for more information.
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure. **(SEE BELOW)**

- **Perform routine environmental cleaning:**

- Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
- No additional disinfection beyond routine cleaning is recommended at this time.
- Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.

Definitions:

- **Close contact** is defined as
 - a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case
 - b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
- **Symptoms compatible with COVID-19**, for the purpose of these recommendations, include subjective or measured fever, cough, or difficulty breathing.
- **Self-monitoring** means people should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed. **Self-Monitoring would be done if someone has had close contact with a known/confirmed or symptom suspect case.**

Table 1. Risk Categories for Exposures

Risk Level	Exposures Identified through Contact Investigation
High	Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>without using recommended precautions</i> for home care and home isolation
Medium (assumes no exposures in the high-risk category)	<ul style="list-style-type: none"> • Close contact with a person with symptomatic laboratory-confirmed COVID-19 • Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection <i>while consistently using recommended precautions</i> for home care and home isolation
Low (assumes no exposures in the high-risk category)	Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact
No identifiable risk	Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

*In general, geographic exposure categories do not apply to travelers who only transit through an airport.

Table 2. Summary of CDC Recommendations for Management of Exposed Persons with by Risk Level and Presence of Symptoms

The public health actions recommended in the table below apply to people who have been determined to have at least some risk for COVID-19. People who are being managed as asymptomatic in a particular risk level who develop signs or symptoms compatible with COVID-19 should be moved immediately into the symptomatic category in the same risk level and be managed accordingly. The risk level does not change if symptoms develop.

Risk Level	Management if Asymptomatic	Management if Symptomatic ¹
High risk	<ul style="list-style-type: none"> • Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities. • No public activities. • Daily active monitoring, if possible based on local priorities • Controlled travel 	<ul style="list-style-type: none"> • Immediate isolation with consideration of public health orders • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC’s PUI definition • If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Medium risk	<p>Close contacts in this category:</p> <ul style="list-style-type: none"> • Recommendation to remain at home or in a comparable setting • Practice social distancing • Active monitoring as determined by local priorities • Recommendation to postpone long-distance travel on commercial conveyances 	<ul style="list-style-type: none"> • Self-isolation • Public health assessment to determine the need for medical evaluation; if medical evaluation warranted, diagnostic testing should be guided by CDC’s PUI definition • If medical evaluation is needed, it should ideally occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place. • Controlled travel: Air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Low risk	<ul style="list-style-type: none"> • No restriction on movement • Self-observation 	<ul style="list-style-type: none"> • Self-isolation, social distancing • Person should seek health advice to determine if medical evaluation is needed.

Risk Level	Management if Asymptomatic	Management if Symptomatic ¹
		<ul style="list-style-type: none"> • 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. • Travel on commercial conveyances should be postponed until no longer symptomatic.
No identifiable risk	None	<ul style="list-style-type: none"> • Self-isolation, social distancing • Person should 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. • Travel on commercial conveyances should be postponed until no longer symptomatic.

- **Asymptomatic individuals who have had close contact with a COVID-19 patient should stay home for 14 days AFTER symptoms end. This is based on the fact that an exposure might occur at any point while the person is sick and it can take 14 days for the symptoms to show.**
- **Exposure to a sick customer would appear to fall into the “LOW RISK” category for the employee**