Effective Date: October 26, 2020

COVID-19 Return to Work Guidelines for Navarro County Personnel

Purpose:

To assist employees, administration, and supervisors in making decisions about returning to work for employees with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection such as cough, sore throat, shortness of breath, or fever but did not get tested for COVID-19), or for employees who have been deemed a close contact of a COVID-19 positive person.

Policy:

Any employee who has tested positive for COVID-19, been notified by their physician that they most likely have COVID-19, or who have been notified that they are a close contact of a person who has tested positive for COVID-19 will need to meet the return to work criteria listed in this policy prior to being allowed to return to work. Although the employee may receive a release from their healthcare provider or by the Texas Department of State Health Services, the criteria outlined in this policy will have to be met before returning to work at Navarro County, Texas.

Procedure:

I.   **Criteria**
- For COVID-19 positive or suspected positive employees:
  - 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

  NOTE: Employees who are critically ill or severely immunocompromised should remain out for at least 20 days, and the Human Resources Coordinator may require a note for return to work from a healthcare provider.

- For employees who did not test positive but have been listed as a close contact of a COVID-19 positive person:
  - Must be quarantined for 14 days from the last day of close contact with the person.
  - If close contact with the person continues for duration of the illness (e.g., living in the same household and unable to isolate), the employee must be quarantined for 14 days from the date that the positive person is released from isolation.

- Utilize the "COVID-19 Employee Return to Work Form" to determine the date the employee will be able to return to work. Forward a copy of the form to the Human Resources Coordinator once it is completed.

II.   Return to Work Practices and Work Restrictions

After returning to work, the employee should:
- Wear a medical grade face mask for source control at all times while in Navarro County buildings until all symptoms are completely resolved or at baseline.
- Self-monitor for symptoms, and seek re-evaluation from a provider if respiratory symptoms recur or worsen.

Navarro County, Texas

COVID-19 Employee Return to Work Form

Employee Name _____ Department _____

Select One:

_____ Tested positive for COVID-19 (date of test collection: _____) Complete Section 1

_____ Suspected COVID-19 but did not test (reason: _____) Complete Section 1

_____ Close contact of a COVID-19 positive person (explain: _____) Complete Section 2

If employee had symptoms, please complete this section:

Symptom	Yes	No	Date of Onset	Date Resolved
Fever				
Cough				
Short of Breath				
Chills				
Muscle Pain				

Symptom	Yes	No	Date of Onset	Date Resolved
Headache				
Fatigue				
Sore Throat				
Taste/Smell Loss				
Other:				

Section 1

Select a Return to Work Strategy (Utilize the best strategy for available resources)

_____ Non-Test Based for Symptomatic Case (table 1)   _____ Non-Test Based for Asymptomatic Case (table 2)

Table 1: Non-Test Based for Symptomatic Case

Date of Onset (or test date if onset unclear)	10 days from onset (list date)	No fever + improved symptoms for >24 hours (list date)
	Return to work date is the later date of the above two boxes	

Table 2: Non-Test Based for Asymptomatic Case

Date of Positive Test (collection date)	Did symptoms ever develop (yes or no)?	10 days from positive test
		This is the return to work date

Section 2

Date of Last Contact with COVID-19 Person	14 days from last contact with positive case	or	If unable to isolate, list date close contact is released from quarantine + 14 days
	Return to work date is whichever date is listed in the above sections		

Comments: _____

_____

Department Director Signature/Date   Human Resources-Coordinator