



Tulane University School of Medicine
COVID-19 Guidelines Update
December 29, 2021

SoM Community:

The Centers for Disease Control and Prevention (CDC) has updated their COVID-19 guidelines for *isolation* (which occurs after a confirmed personal infection) and *quarantine* (which occurs following exposure to the virus, but without a confirmed infection) period for both healthcare workers and the general population.

Effective immediately, the School of Medicine is implementing these updated CDC policies, as explained below:

1. HEALTH CARE PROVIDERS/WORKERS (HCP)

• **High-Risk Exposure**

- A high-risk exposure is defined as contact with an individual known to be COVID positive for greater than 15 minutes, within six feet of the individual, and during which time either the positive individual or the employee were not both wearing medical masks (also known as surgical masks or medical facemasks) or N-95 respirators. The individual known to be COVID-positive could be a patient, another health-care provider, or an acquaintance outside of work. In a clinical setting, if the employee performed an aerosolizing procedure without wearing all recommended PPE (gown, gloves, N-95 respirator, and eye protection), any duration should be considered a high-risk exposure.
- HCPs who have received all recommended COVID-19 vaccine doses, including a booster, do not need to quarantine at home following high-risk exposures.
- Best practice also includes taking a SARS-CoV-2 test (rapid antigen or PCR) 5 days after exposure.

• **Return to Work from COVID-19 Infection**

- HCPs with COVID-19 who are asymptomatic or mildly symptomatic can return to work after 5 days with a negative test and
 - At least 5 days have passed since symptoms first appeared (day 0), 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.

- While either an antigen test or nucleic acid amplification test (NAAT (PCR test)) can be used, antigen testing is preferred for symptomatic HCPs and also for asymptomatic HCPs who have recovered from a SARS-CoV-2 infection in the prior 90 days.
- After returning to work, HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

2. GENERAL SCHOOL OF MEDICINE POPULATION

- **Testing and Isolation after infection**
 - Individuals who test positive should isolate for 5 days, and if asymptomatic at that time they may leave isolation as long as they can continue to mask for an additional 5 days (to minimize the risk of infecting others).
- **Quarantine period following high-risk exposure to COVID-19 (see definition of high-risk exposure under Health Care Providers)**
 - *For people who are unvaccinated or are more than six months out from their second mRNA dose (or more than 2 months after the J&J vaccine) and not yet boosted, CDC recommends quarantine for 5 days followed by strict mask use for an additional 5 days. If a 5-day quarantine is not feasible, the exposed person should wear a well-fitting mask at all times when around others for 10 days after exposure. (Feasibility is defined as “a significant negative impact to the individual’s or department’s work”.) Department leadership should request an exception to the 5-day quarantine from Patrick Delafontaine or Lee Hamm.*
 - *Individuals who have received their booster shot do not need to quarantine following an exposure, but should wear a mask for 10 days after the exposure.*
 - Following a high-risk exposure, individuals should get tested for SARS-CoV-2 5 days after exposure.

For employee COVID-19 testing before January 5th, please [review the Holiday Hours COVID-19 Testing Information.](#)

NOTE: Residents and Fellows have access to rapid antigen tests distributed last week to their Program Directors/Coordinators.

The detailed updated guidelines from the CDC for healthcare workers and the general population can be found at:

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV, Updated Dec. 23, 2021

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population,
Updated Dec. 23, 2021

<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>

Strategies to Mitigate Healthcare Personnel Staffing Shortages, *Updated Dec. 23, 2021*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

When staffing shortages occur, healthcare facilities and employers may implement crisis capacity strategies to continue to provide patient care. These crisis strategies are not being implemented as of this date.

Thank you once again for all each and every one of you have done in 2021, and we hope you all stay safe and healthy as the New Year approaches.

L. Lee Hamm, Sr. VP and Dean

Patrick Delafontaine, Executive Dean