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MEMORANDUM
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RETURNING TO WORK DURING THE COVID-19 PANDEMIC

Until recently the mitigation measures to prevent and slow the spread of COVID-19 relied solely upon non-pharmaceutical interventions. These interventions include social distancing, wearing face masks/face coverings, hand hygiene, and environmental cleaning and disinfecting. The State of Nevada, Department of Administration has instituted large scale telecommuting among all employees that are able to continue their work remotely in an effort to keep employees safe and to help slow the spread of COVID-19 within Nevada.

In December 2020, the COVID-19 vaccine became available for distribution within Nevada. This is a vital mitigation measure in the fight against COVID-19. Vaccines have proven throughout the course of history to be the key mitigation tool in reducing the burden of disease. Although the addition of COVID-19 vaccine as a mitigation measure is an important tool to slow the spread of disease, state agencies need to continue telecommute practices and ensure that unnecessary travel is avoided at this time.

This memorandum is designed to outline current return to work policies during the COVID-19 pandemic now that vaccine is available.

Return to work for those that test positive for COVID-19:

According to Centers for Disease Control and Prevention (CDC) guidance, persons with COVID-19 who have symptoms and were directed to convalesce at home may discontinue isolation under the following conditions:

- At least ten (10) days have passed since symptoms first appeared; **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medicine; **and**
- Other symptoms have improved.

Please note that the above criteria pertain to mild or moderate COVID illness¹ More severe or hospitalized cases may require isolation up to 20 days after symptom onset.

Persons with a positive COVID-19 test who are asymptomatic may discontinue isolation ten (10) days after the date of their first positive test.

The CDC does not recommend that employers use a negative test as a requirement for employees to return to the workplace unless a health care provider deems it clinically necessary. The CDC has found that recovered patients can have the virus detected in upper respiratory specimens for up to 12 weeks after infection. So, to require a negative test to return to work might unnecessarily extend an employee's isolation if they receive a positive test result despite no longer being infectious.

Finally, the Department of Administration understands that testing has been used in various agencies to rule out infection in cases of exposure. The CDC recommends 10 days of quarantine after exposure as long as no symptoms are present. If an employee is able to obtain on day 5 or after a COVID PCR test and it is negative, that quarantine can be shortened to seven (7) days, as long as no symptoms are present. Previous CDC guidance was 14 days of quarantine after exposure.

Antibody response after completion of the COVID-19 vaccination series:

The Food and Drug Administration (FDA) issued Emergency Use Authorizations (EUA) for two mRNA COVID-19 vaccines, which consist of a two-dose series administered intramuscularly:

1. Pfizer-BioNTech: administered three weeks (21 days) apart
2. Moderna: administered one month (28 days) apart

Current data suggests that the full antibody response to the vaccine occurs within two (2) weeks from administration of the final dose within the vaccination series. These vaccines have demonstrated high efficacy at preventing severe and symptomatic COVID-19 illness. However, there is currently limited data on how much the vaccines might reduce transmission of COVID-19, and for how long protection lasts. In addition, the efficacy of the vaccines against newly emerging variant strains is still undetermined. It is important that all vaccinated persons continue to follow current mitigation measures to protect themselves and others, including wearing a facemask, social distancing, avoiding crowds, avoiding poorly ventilated spaces, properly covering coughs and sneezes, washing hands often, following the Centers for Disease Control and Prevention (CDC) travel guidance, and adhering to any workplace or school guidance.

Quarantine guidance for those exposed to COVID-19:

CDC updated the quarantine guidance for those that have been fully vaccinated. Persons who have been fully vaccinated and subsequently exposed to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

1

Mild illness is defined as having any of the various signs and symptoms of COVID-19 (fever, cough, sore throat, malaise, loss of smell or taste, headache, body aches, muscle pain) without shortness of breath or abnormal chest imaging. Moderate illness means individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and oxygen saturation (SpO₂) greater than or equal to 94% on room air at sea level.

Persons who do not meet all three of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. The current quarantine guidance can be found here: <http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Resources/TechBull-Updated-CDC-Quarantine-12-02-2020.pdf>

Fully vaccinated persons who do not quarantine should still monitor themselves for symptoms of COVID-19 for 14 days following their last exposure to someone with suspected or confirmed COVID-19. If symptoms develop, they should be clinically evaluated and tested for COVID-19 if indicated.

As the CDC learns more about the behavior of the virus, the guidance may change. The Department of Administration remains committed to sharing best practices with agencies so that they may adjust their human resources policies and procedures accordingly.