



Policy: Return to Work Criteria for Healthcare Personnel with COVID-19 Infection or Exposure to COVID-19

Infection Prevention Employee Health

Purpose: To guide facility leadership with making decisions about return to work for healthcare personnel (HCP) with confirmed SARS-CoV-2 (COVID-19) infection, or who have suspected SARS-CoV-2 infection but were never tested for SARS-CoV-2.

Policy: It is the policy of this facility to ensure that healthcare personnel with confirmed or suspected SARS-CoV-2 infection utilize the appropriate criteria for returning to work.

Procedure:

1. HCP with symptoms of COVID-19 should be prioritized for viral testing with approved nucleic acid or antigen detection assays. When testing a person with symptoms of COVID-19, negative results from at least one viral test indicate that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected.
 - a. If using NAAT (molecular), a single negative test is sufficient in most circumstances. If a higher level of suspicion for SAR-CoV-2 infection exists, consider maintaining work restrictions and confirming with a second negative NAAT.
 - b. If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test.
2. Symptomatic HCP, regardless of vaccination status, should be restricted from work pending evaluation of for SARS-CoV-2 infection.
3. For HCP who were initially suspected of having COVID-19 but following evaluation, another diagnosis is suspected or confirmed, return to work decisions should be based on their other suspected or confirmed diagnosis.
4. The following are criteria to determine when HCP with SARS-CoV-2 infection could return to work and are influenced by the severity of symptoms and presence of immunocompromising conditions.
 - a. HCP with **mild to moderate** illness who are **not moderately to severely immunocompromised**:
 - i. At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and
 - ii. AT least 24 hours have passed since last fever without the use of fever-reducing medications and
 - iii. Symptoms (e.g., cough, shortness of breath) have improved.

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test HCP should have a negative test obtained on day 5 and again 48 hours later.

- b. HCP who were **asymptomatic** throughout their infection and are **not moderately to severely immunocompromised**:
 - i. At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or it a positive test on day 5-7).

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test HCP should have a negative test obtained on day 5 and again 48 hours later.

 - c. HCP with **severe to critical illness** and are **not moderately to severely immunocompromised**:
 - i. At least 10 days and up to 20 days have passed since symptoms first appeared **and**
 - ii. At least 24 hours have passed since last fever without the use of fever-reducing medications, **and**
 - iii. Symptoms (e.g., cough, shortness of breath) have improved.
 - iv. The test-based strategy as described for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.
5. HCP who are **moderately to severely immunocompromised** may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection the date of their first positive viral test. Use of a test-based strategy and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.
6. The criteria for the test-based strategy are:
- a. HCP who are symptomatic:
 - i. Resolution of fever without the use of fever-reducing medications and
 - ii. Improvement of symptoms (e.g., cough, shortness of breath) and
 - iii. Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using antigen test or NAAT.
 - b. HCP who are not symptomatic:
 - i. Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using antigen test or NAAT.
7. After returning from work, HCP should self-monitor for symptoms, and seek re-evaluation from the Infection Preventionist if symptoms recur or worsen.
8. Higher-risk exposures are classified as HCP who had prolonged close contact with a resident, visitor, HCP or other individual with confirmed SARS-CoV-2 infection and:
- a. HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)
 - b. HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask.

- c. HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure.
9. Following a higher-risk exposure, HCP should:
 - a. Have a series of three viral tests for SARS-CoV-2 infection:
 - i. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and if negative, again 48 hours later after the second negative test. This will typically be day 1 (where the day of exposure is day 0), day 3 and day 5.
 - ii. Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 within the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended.
10. HCP should follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
11. Any HCP who develops fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their infection preventionist to arrange for medical evaluation and testing.
12. Work restriction is not necessary for most asymptomatic HCP following a higher-risk exposure, regardless of vaccination status. Examples of when work restriction may be considered include:
 - a. HCP is unable to be tested or wear source control as recommended for the 10 days following their exposure.
 - b. HCP is moderately to severely immunocompromised.
 - c. HCP cares for or works on a unit with residents who are moderately to severely immunocompromised.
 - d. HCP works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.
13. If work restriction is recommended, HCP could return to work after either of the following time periods:
 - a. HCP can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic HCP following a higher-risk exposure is negative.
 - b. If viral testing is not performed, HCP can return to work after day 10 after the exposure (day 0) if they do not develop symptoms.
14. HCP with travel or community exposures should consult their infection preventionist for guidance on need for work restrictions. In general, HCP who have had prolonged close contact with someone with SARS-CoV-2 in the community (i.e., household contacts) should be managed as described for higher-risk occupational exposures as noted above.

References:

Centers for Disease Control and Prevention. *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>. Accessed September 23, 2022.

Centers for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*. Located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Accessed May 8, 2023.

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