Return to Work Guidance for COVID-19 Infected Healthcare Personnel

Purpose:

To provide interim guidance on the decisions regarding when healthcare personnel (HCP) who have been infected with COVID-19 may return to work. This guidance is based on the current recommendations from the Centers for Disease Control and Prevention (CDC) based on the known information about COVID-19. ADH recommends a symptom-based strategy to determine when to allow an HCP to return to work.

Healthcare Workers with Confirmed/Suspected COVID-19:

HCP with mild to moderate illness who are not severely immunocompromised:

- At least 10 days have passed since symptoms first appeared and
- At least 24 hours have passed since last fever, i.e., 100.4°F or higher without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised:

- At least 20 days have passed since symptoms first appeared
- At least 24 hours have passed since last episode of fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.
SARS CoV-2 Illness Severity Criteria

**Mild Illness**: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness**: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) $\geq 94\%$ on room air at sea level.

**Severe Illness**: Individuals who have respiratory frequency $>30$ breaths per minute, SpO2 $<94\%$ on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of $>3\%$), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) $<300$ mmHg, or lung infiltrates $>50\%$.

**Critical Illness**: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

After returning to work, HCP should:

- Wear a facemask (surgical or procedure mask) for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. During this time period, while in the facility, a facemask (surgical or procedure mask) instead of a cloth face covering should be used by these HCP for source control. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.
  - A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen
- Considerations:
  - Reassign HCP who work with immunocompromised patients (transplant patients, malignancy) to work in different areas.

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. If the institution is in a critical shortage, they can allow asymptomatic HCP to return to work during their period of isolation after discussion with the ADH Hospital Acquired Infection (HAI) program (Email: ADH.HAI@arkansas.gov). Of note, any SYMPTOMATIC HCP is not allowed to return before the end of their isolation period.

If an asymptomatic HCP is allowed to return as an essential worker during their period of isolation all attempts should be made to accommodate them in nonpatient care activities. COVID-19 positive HCP are only allowed to work on designated COVID units. HCP thus designated must monitor their temperatures at least twice per shift as well as maintain PPE and social distancing precautions. Outside of work, all cases must remain in isolation.