Return to Work Guidance for COVID-19 Infected/Exposed Healthcare Personnel

Purpose:
To provide interim guidance on the decisions regarding when healthcare personnel (HCP), who have potential exposure to patients with COVID-19 in the healthcare setting, 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.

Healthcare Workers with Confirmed/Suspected COVID-19:
- HCP may return to work when ALL the following criteria are met:
  - At least 72 hours (3 days) have passed since resolution of fever, without use of antipyretics, AND improvement in respiratory symptoms (cough, shortness of breath).
  - At least 7 days have passed since symptoms onset.
- HCP may return to work with the following work practices/restrictions*:
  - Adhere to respiratory and hand hygiene, as well as cough etiquette.
  - Wear a facemask at ALL times, if supplies allow, until ALL symptoms have completed resolved, or until 14 days after last potential exposure, whichever period is longer.
- Considerations:
  - Reassign HCP who work with immunocompromised patients (transplant patients, malignancy) to work in different areas.
  - Some HCP may experience a prolonged cough due to possible co-infection with other seasonal viruses even after isolation has ended. These HCP should wear a mask until their cough has resolved or have returned to their baseline health status.

Asymptomatic HCP with High- or Medium-Risk Exposures* to a known case of COVID-19:
- These HCP should be excluded from work and quarantine at home for 14 days from last exposure to case.
- Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program.
  - These HCP should actively self-monitor for symptoms consistent with COVID-19 infection, but may return provided that they:
    - Adhere to cough etiquette and hand hygiene.
They should wear a facemask (surgical or cloth) at ALL times while in the healthcare facility until 14 days after the date of exposure.

- HCP should immediately cease patient care activities, don a facemask, and self-isolate if they develop:
  - Fever (100.4°F or greater) OR
  - Mild respiratory symptoms consistent with COVID-19 (cough, shortness of breath, sore throat)

- The supervisor or Infection Control Team should be notified immediately so that further guidance can be provided.

- Testing for COVID-19 of symptomatic HCP should be performed if tests are available. If testing is not available, following the guidance for Infected HCP.
  - If test is POSITIVE, refer to the guidance for infected HCP.
  - If NEGATIVE, they may return to work under the following conditions:
    - Symptoms have resolved.
    - It has been at least 24 hours since resolution of fever without use of antipyretics.
  - If there is a sufficient supply of facemasks, they should wear a facemask at ALL times while in the healthcare facility until 14 days after the date of exposure.
    - If new symptoms arise during the 14 day monitoring period, then retesting is indicated as above.

*High-Risk Exposure*: “HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while the HCP’s nose and mouth were exposed to material potentially infectious with the virus causing COVID-19”.

*Medium-Risk Exposure*: “HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while the HCP’s nose and mouth were exposed to material potentially infectious with the virus causing COVID-19”.
Healthcare Workers with Confirmed/Suspected COVID-19

When Can HCP return to work?

Has it been at least 72 hours since recovery*?

Yes  No

Have at least 7 days passed since the onset of symptoms?

Yes  No

HCP can return to work with certain practices and restrictions¹.

Do NOT return to work. Continue recommended monitoring.

Do NOT return to work. Continue recommended monitoring.

*Recovery = resolution of fever without antipyretics and resolution of respiratory symptoms (cough, shortness of breath).

1. Wear facemask at all times, if supplies allow, until ALL symptoms are gone or 14 days after symptom onset, whichever is longer. Do not care for immunocompromised patients. Self-monitor for return of symptoms.

References:

Centers for Disease Control and Prevention (CDC).


Washington State Department of Health.