

## Healthcare Personnel Return to Work Guidance After COVID-19 Illness or Exposure

November 6, 2020

The following guidance should be used to make decisions about “return to work” for healthcare personnel (HCP):

- with laboratory-confirmed COVID-19;
- who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, shortness of breath, fever] but did not get tested for COVID-19 and have been exposed to a person with COVID-19 or live in an area with local or widespread transmission;
- who have been exposed to COVID-19 without appropriate personal protective equipment (PPE).

Decisions about “return to work” for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances (community transmission, resource needs, etc.). Return to work recommendations are determined based on the status of the HCP (below).

**Symptomatic** persons who are health care personnel with confirmed or suspected COVID-19 can return to work after:

- At least 10 days\* have passed since *symptoms first appeared* 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

**Asymptomatic** persons who are health care personnel with confirmed COVID-19 can return to work after:

- At least 10 days\* have passed since the positive laboratory test and the person remains asymptomatic
- Note, if you later develop symptoms, you should follow the guidance for symptomatic persons above.

*\*A limited number of persons with severe illness (you were admitted to a hospital and needed oxygen) or persons with a weakened immune system (immunocompromised) due to a health condition or medication may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with your medical provider and infection control experts.*

Asymptomatic HCPs who were exposed to a person with COVID-19 without appropriate PPE can return to work after:

- After they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at <https://dph.georgia.gov/contact>

- Of note, if this person is tested for COVID-19 during the 14 day quarantine period, a negative test result would not change or decrease the time a person is monitored, but a positive test would move the person into one of the above categories, based on whether they are still asymptomatic or have developed symptoms.
- Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after all options to improve staffing have been exhausted and in consultation with their occupational health program. These HCP should still report temperature and absence of symptoms each day prior to starting work. Facilities should have the exposed HCP wear a facemask while at work for the 14 days after the exposure event. If HCP develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing) and leave work (after notifying their supervisor or occupational health services).

Both CDC and DPH **DO NOT** recommend using a test-based strategy for returning to work (2 negative tests at least 24 hours apart) after COVID-19 infection.\*\* CDC has reported prolonged PCR positive test results without evidence of infectiousness. In one study, individuals were reported to have positive COVID-19 tests for up to 12 weeks post initial positive.

More information about the science behind the symptom-based strategy for discontinuing isolation and return to work can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

#### Return to Work Practices and Work Restrictions

Once criteria above are met, HCPs returning to work should follow current CDC recommendations on practices and work restrictions: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

#### Crisis Strategies to Mitigate Staffing Shortages

Healthcare systems, healthcare facilities, and health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:

- HCP should be evaluated by the facilities' occupational health staff to determine appropriateness of earlier return to work than recommended above
- If HCP return to work earlier than recommended above, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see [CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).

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*\*\* Completing a test-based strategy is contingent upon the availability of ample testing supplies, laboratory capacity, and convenient access to testing and requires two samples taken at least 24 hours apart. If a facility requires the test-based strategy for return (**which is discouraged by DPH**), this should be done by a private physician through a commercial lab. The test-based strategy is not fulfilled by a single test, nor should it be used for screening of all persons returning to work.*