

# Guidance on Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19



Decisions about return to work for healthcare personnel (HCP) with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy.

## Use one of the below strategies to determine when HCP may return to work in healthcare settings

1. *Non-test-based strategy.* Exclude from work until
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least 7 days have passed *since symptoms first appeared*
2. *Test-based strategy.* Exclude from work until
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens).

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

## After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek medical re-evaluation if respiratory symptoms recur or worsen

## Crisis Strategies to Mitigate Staffing Shortages

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

- HCP should be medically evaluated 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.