Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19

The medical/technical team of the Unified Health Command, which is made up of representatives of Billings Clinic, St. Vincent Healthcare, and RiverStone Health, offers the following return to work guidance and criteria for healthcare personnel with confirmed or suspected COVID-19.

Who this is for: Healthcare organizations, occupational health programs and public health officials making decisions about healthcare personnel (HCP) returning to work who have been diagnosed with a confirmed case of COVID-19, or who have a suspected case of COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever]), but did not get tested or who are awaiting test results.

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Symptom-based strategy. Exclude from work until:

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

- At least 24 hours have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath and others); **and**
- At least 10 days have passed since symptoms first appeared.

Please Note:

- HCP with laboratory-confirmed COVID-19 who are **not severely immunocompromised** and have ***not had any symptoms*** should remain in isolation until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

- It is recommended that **all** HCP be tested for COVID-19 when exhibiting symptoms consistent with COVID-19. If HCP are not tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), it is still recommended to follow criteria outlined in this guidance due to the risk of co-infection.

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

- At least 24 hours have passed since recovery which is defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath); **and**
- At least 10 days have passed since symptoms first appeared.

Please Note:

- The Centers for Disease Control and Prevention (CDC) recommends that isolation can be discontinued after 10 days for most people. Some people with severe illness or severe immunosuppression may require extending duration of isolation up to 20 days after symptom onset, and infection control consultation is suggested.

  We recommend:

  - **Severely immunocompromised individuals** (chemotherapy for cancer, untreated HIV, high dose steroids) be isolated for 20 days
  - As the CDC does not define severe illness adequately, we suggest patients who require high flow oxygen or CPAP, or who are managed in the ICU, be isolated for up to 20 days after consultation with Infection Control.

- HCP who are **severely immunocompromised** but who have ***not had any symptoms*** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Definitions:

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 (SpO_2) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO_2 <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 (PaO_2/FiO_2) <300 mmHg, or lung infiltrates >50%.

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

Return to Work Practices and Work Restrictions

When returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. 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 COVID-19 infection.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Crisis Strategies to Mitigate Staffing Shortages

Please see the UHC guidance document "**Strategies to Mitigate Healthcare Personnel Staffing Shortages Due to COVID-19**".

Centers for Disease Control and Prevention (CDC) provides further recommendations at https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html

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