

Staff Return to Work

Symptomatic



Staff with **mild to moderate illness** who **are not** severely immunocompromised

Staff with **severe to critical illness** or who **are** severely immunocompromised

- 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

- At least 10 days and up to 20 days have passed **since symptoms first appeared**
- 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
- Consider consultation with infection control experts

Asymptomatic



Staff who **are not** severely immunocompromised and were **asymptomatic** throughout their infection

Staff who **are** severely immunocompromised but who 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

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.

After 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.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen.

NOTE: 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.

Staff with symptoms of COVID-19:

- Should have viral testing with approved nucleic acid or antigen detection assays
- Negative results indicate most likely no active infection at time of sample
- A 2nd test may be performed if there is a higher level of clinical suspicion for SARS-CoV-2 infection
- If suspected and ruled out, work decisions are based on other suspected/confirmed diagnoses.

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.

For the purposes of this guidance, CDC used the following definition for “**severely immunocompromised**” that was created to more generally address HCP occupational exposures.

- Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200 , combined primary immunodeficiency disorder, and receipt of prednisone $>20\text{mg/day}$ for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission.
- Ultimately, the degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Staff Return to Work

Could be considered for some staff (e.g., those who are severely immunocompromised¹) in consultation with local infectious diseases experts if concerns exist for **the HCP being infectious for more than 20 days**

Staff Who Are Symptomatic



- Resolution of fever without the use of fever-reducing medications and
- Improvement in symptoms (e.g., cough, shortness of breath), and
- Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.*

Staff Who Are Asymptomatic



Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.*

*See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).