HealthCap
RISK MANAGEMENT SERVICES

**Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)**

On December 23, 2021, the Centers for Disease Prevention and Control (CDC) issued new guidance that provides a shortened return to work criteria for both infections and exposure that incorporates a testing strategy in some circumstances.

## Summary of Recent Changes

Updates as of December 23, 2021
Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, this guidance is being updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. These updates will be refined as additional information becomes available to inform recommended actions.

- Ensure that SARS-CoV-2 testing is performed with a test that is capable of detecting SARS-CoV-2, even with currently circulating variants in the United States.
- Updated recommendations regarding when HCP with SARS-CoV-2 infection could return to work.
- The definition of higher-risk exposure was updated to include use of a facemask (instead of a respirator) by HCP if the infected patient is not also wearing a facemask or cloth mask.
- Added options that would allow asymptomatic HCP with a higher-risk exposure who have not received all COVID-19 vaccine doses, including booster dose, as recommended by CDC to return to work prior to the previously recommended 14-day post-exposure period of work restriction, assuming they do not develop symptoms or test positive for SARS-CoV-2.

## Key Points

- In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have received all COVID-19 vaccine doses, including booster dose, as recommended by CDC and do not develop symptoms or test positive for SARS-CoV-2. The duration of protection offered by booster doses of vaccine and their effect on emerging variants are not clear; additional updates will be provided as more information becomes available.

## Return to Work After COVID-19 Infection

The CDC now indicates that health care workers who have tested positive for COVID-19 can return to work depending on the severity of their COVID-19 infection but should monitor for symptoms after returning to work and seek testing, should symptoms develop.

Antigen testing is preferred for symptomatic health care personnel (HCP) and for asymptomatic HCP who have recovered from COVID-19 infection in the prior 90 days.

The following are criteria to determine when HCP with SARS-CoV-2 infection could return to work. After returning to work, HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

Either an antigen test or nucleic acid amplification test (NAAT) can be used. Some people may be beyond the period of expected infectiousness but remain NAAT positive for an extended period. Antigen tests typically have a more rapid turnaround time but are often less sensitive than NAAT. Antigen testing is preferred for symptomatic HCP and for asymptomatic HCP who have recovered from SARS-CoV-2 infection in the prior 90 days.

HCP who were **asymptomatic** throughout their infection **and are not moderately to severely immunocompromised:**

- At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or a positive test at day 5-7) have passed since the date of their first positive viral test.

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

- At least 7 days if a negative antigen or NAAT is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) 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.

HCP with **severe to critical illness** who **are not moderately to severely immunocompromised:**

- In general, when 20 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.

HCP who are **moderately to severely immunocompromised** may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.

- Use of a test-based strategy and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.

The criteria for the test-based strategy are:

**HCP 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 antigen test or NAAT.

**HCP who are not symptomatic:**

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

After returning to work, HCP should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

**Return to Work After Higher-Risk Exposure**

- HCP who have received all COVID-19 vaccine doses, including booster dose, as recommended by CDC; do not require work restriction unless they develop symptoms and test positive:
    - They must test as soon as possible after 24 hours from exposure and 5-7 days after exposure.
    - Continue to use source control masks and PPE as recommended by CDC (no change)
- HCP who are either fully vaccinated but without a booster or are unvaccinated, should exclude from work for 7 days following the higher-risk exposure:
    - With a negative test 48 hours before returning to work; and
    - HCP did not develop symptoms

**Return to Work After a Low-Risk Exposure**

- No work restrictions regardless of vaccination status
    - Must continue to use source control masks and PPE per CDC recommendations. (no change)

**Low or High-Risk Exposure Definition**

- Exposure is defined as:

  a) Being within 6 feet of a person with confirmed COVID-19 infection; OR
  b) Having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19 infection.

- High-risk exposure is defined as:
  - a) Exposure of HCP's eyes, nose, or mouth to material potentially containing COVID-19, particularly if these HCP were present in the room for an aerosol-generating procedure
  - b) Prolonged contact >15 min with a person infected with COVID-19 (resident, visitor, or co-worker), especially if they were not using a source control mask or if the HCP was not using appropriate PPE during the encounter.
- Low-risk exposure is defined as:
  - Having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCP then touch their eyes, nose, or mouth.

**Mitigating HCP staffing shortages**

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above.

Refer to the Strategies to Mitigate Healthcare Personnel Staffing Shortages document for information https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html.



https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
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