

HEALTH CARE WORKER (HCW) RETURN TO WORK GUIDANCE

HCW Diagnosed with Covid-19 (positive test result)

The North Dakota Department of Health (NDDoH) recommends following [CDC guidance](#) for return-to-work criteria for health care workers.

HCW 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 have improved.

HCW with **severe to critical illness** and are **not moderate to severely immunocompromised**:

- At least 10 days and up to 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.
- The test-based strategy as described for moderately to severely immunocompromised HCP below can be used to inform the duration of isolation.

HCW who were **asymptomatic** throughout their infection and are **not moderately to severely immunocompromised** may return to work when 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.

HCW who are **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, local, or state health department is recommended to determine when these HCP may return to work.

A test-based strategy is not recommended (except in rare situations) because, in the majority of cases, it results in excluding from work HCW who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Test-based Strategy:

HCW 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. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCW 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.

HCW With Symptoms but Never Tested for COVID-19

The HCW may return to work when the following criteria have been met:

- 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 have improved.

If a HCW has an alternative diagnosis (e.g., influenza, strep throat), criteria for return to work should be based on that diagnosis. HCW should refer to their facility's policy for returning to work for the specific diagnosis.

HCW With Symptoms and a Negative COVID-19 Test Result (PCR or Antigen)

If the HCW has symptoms and received a negative antigen test, it is recommended to collect another specimen for confirmatory RT-PCR (reverse-transcriptase polymerase chain reaction) testing. The HCW should remain isolated while awaiting test results. Please see CDC's [Antigen Test Algorithm for Congregate Settings](#).

For HCWs who were suspected of having COVID-19 and had it ruled out (negative test or clinical decision with testing not indicated), then return to work decisions should be based on their suspected or confirmed diagnoses (i.e., [influenza](#)).

If the HCW has no other diagnosis, follow general return to work guidelines according to your facility policy. Generally, the HCW may return to work when the following criteria have been met:

- At least 1 day (24 hours) have passed **and**
- Recovery defined as resolution of fever without the use of fever-reducing medications for 24 hours **and**
- Improvement in symptoms.

HCW is a Household or Close Contact to a COVID-19 Case

The following recommendations are considered the conventional and recommended return to work strategy for healthcare settings.

HCWs are considered "**Not Up to Date**" if they have NOT received all COVID-19 vaccines, including any booster dose(s) when eligible, as recommended by CDC.

HCW's not up to date may return to work when the following criteria have been met:

- Have remained asymptomatic since the current COVID-19 exposure
- It has been 10 days from their last known exposure to a confirmed COVID-19 case **OR** 7 days with negative test.

Household contacts to a COVID-19 case have ongoing exposure while they remain in the household. The 10-day quarantine period begins once the COVID-19 case is determined to be non-infectious. **In general, HCP who have had prolonged close contact with someone with SARS-CoV-2 in the community (e.g., household contacts) should be managed as described in the chart [Work Restrictions for HCP with SARS-CoV-2 Infection and Exposures](#).**

HCPs are considered **"Up to Date"** if they have received all recommended COVID-19 vaccines, including any booster dose(s) when eligible, as recommended by CDC. Up to date persons with an exposure to someone with COVID-19 are not required to quarantine if they meet all the following criteria:

- Have remained asymptomatic since the current COVID-19 exposure.
- Do not develop symptoms or test positive for SARS-CoV-2.

Work restrictions for the following **up to date** HCW populations with **higher-risk exposures** should still be considered for:

- HCPs who have underlying immunocompromising conditions which might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.
 - Examples of such immunocompromising conditions likely include, but might not be limited to, receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days.)
- HCPs who have traveled should continue to follow CDC [travel recommendations and requirements](#), including restriction from work, when recommended for any traveler.

Return to Work Practices

If healthcare settings are experiencing on-going staffing issues and have **explored all alternative options** to obtain staff (e.g., Department Operations Center, travel agencies) facilities may consider contingency and crisis capacity strategies for work restrictions for HCP with SARS-CoV-2 Infection and Exposures. See chart below and [CDC's Interim Guidance for managing HCWs with SARS-CoV-2 Infection or Exposure](#).

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in [Stay Up to Date with Your Vaccines | CDC](#)

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) (conventional standards) and [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test [†] , if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1 [†] and 5-7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test [†]	No work restriction with negative tests on days 1 [†] , 2, 3, & 5-7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



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CDC's mitigation strategies offer a continuum of options for addressing staffing shortages. Contingency, followed by crisis capacity, strategies augment conventional strategies and are **meant to be considered and implemented sequentially** (i.e., implementing contingency strategies before crisis strategies) and **should be discussed with the NDDoH HAI/COVID 19 team prior to implementation.**

- Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and for safe patient care.
- Maximizing interventions to protect HCP, patients, and visitors are critical at all times, including when considering strategies to address staffing shortages.

After returning to work, best practice recommends that HCWs should wear a N95 respirator for source control at all times in the facility until all symptoms are completely resolved or at baseline. Follow facility policy after baseline obtained. See the NDDoH [COVID-19 prevention recommendations](#) for exceptions to source control in certain situations. HCWs should self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

Definitions:

Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Fully vaccinated: refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

Healthcare settings: refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living

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facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

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) ≥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%.

Severely Immunocompromised:

- 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 >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCW 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 HCW is determined by the treating provider, and preventive actions are tailored to each individual and situation.

In some instances, a test-based strategy could be considered to allow HCW to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCW (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCW being infectious for more than 20 days.