SAN MATEO COUNTY HEALTH
PUBLIC HEALTH,
POLICY & PLANNING

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Criteria for Return to Work for Staff with Confirmed or Suspected COVID-19 in Healthcare Settings

This guidance applies to all employees including medical providers, environmental and ancillary services employees, contractors, and external providers working in healthcare settings.

CDC now recommends that persons with COVID-19 infection be **isolated for at least 10 days *after illness onset* and at least 3 days (72 hours) *after recovery***, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath).

This guidance is based on data indicating that while individuals who have recovered from COVID-19 may repeatedly test PCR positive over a prolonged period of time, they are likely shedding fragments of viral RNA that is not infectious (CDC unpublished data, Young 2020). At 10 days after illness onset, recovery of replication-competent virus in culture (as a proxy of the presence of infectious virus) is decreased and approaches zero (CDC unpublished data, Wölfel 2020, Arons 2020). **As a consequence, the San Mateo County Communicable Disease Control Program (CD Control) recommends using a <u>symptom-based strategy</u> instead of a test-based strategy to determine when individuals with COVID-19 illness may be released from isolation.**

While this strategy applies to most persons with COVID-19, in alignment with CDC recommendations, San Mateo County CD Control is applying **a symptom-based strategy <u>with more stringent requirements</u> for recovered persons for whom there is low tolerance for post-recovery SARS-CoV-2 shedding and risk of transmitting infection** such as:

1. *Persons who are immunocompromised and may have prolonged viral shedding*
2. *Persons including health care personnel who could pose a risk of transmitting infection to vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection*
3. *Persons normally working in congregate settings (e.g. retirement communities, shelters, correctional/detention facilities) where there might be an increased risk of rapid spread and morbidity or mortality if spread were to occur*

CD Control is therefore applying more restrictive criteria to staff who work in healthcare settings serving primarily vulnerable populations including, but not limited to, Long-term Care Facilities (LTCF), Residential Care Facilities for the Elderly (RCFE), Adult Day Health (ADH) programs, dialysis centers, and other congregate settings, such as correctional facilities and shelters, due to an increased risk of transmitting the infection.

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Please note that we do not recommend serial testing or test-of-cure for people testing positive. Instead, we recommend the following Return to Work Criteria:

I. **Staff who work in high-risk settings where there is a low tolerance for post-recovery SARS-CoV-2 shedding and a high risk of transmitting the infection such as transplant units, hematology/oncology units, congregate settings such as LTCFs, RCFEs, ADHs, shelters and correctional facilities** should be excluded from work until:

- At least **7 days** 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 **14 days** have passed since symptoms* *first appeared*.
- If asymptomatic, at least **14 days** have passed *since the collection date of the first positive COVID-19 diagnostic test*. If symptoms* develop during the 14-day period, then exclude per the 7-day / 14-day criteria outlined above.

II. **Staff who work in somewhat lower-risk settings such as acute care settings, clinics, home health/home hospice agencies, or who work as first responders** should be excluded 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 **10 days** have passed since symptoms* *first appeared*.
- If asymptomatic, at least **10 days** have passed *since the collection date of the first positive COVID-19 diagnostic test*. If symptoms* develop during the 10-day period, then exclude per the 3-day / 10-day criteria outlined above.

III. **Return to Work Practices and Work Restrictions**

Once allowed to return to work:

- All staff should be screened at the beginning of their shift for symptoms* associated with COVID-19.
  - Staff should not work unless they have been screened at the start of every shift. They should undergo temperature checks and verify in writing that they remain free of symptoms* associated with COVID-19.
  - Staff who become symptomatic* while at work should immediately put on a surgical mask, notify their supervisor, leave the facility, and self-isolate at home.
- All staff should wear a face mask for source control at all times while at work.
- All staff should adhere to hand hygiene, respiratory hygiene, and cough etiquette as per the CDC's Interim Infection Control Guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- All staff should self-monitor and seek re-evaluation from Occupational Health if symptoms* of COVID-19 recur or worsen.

Facilities may choose to apply more restrictive criteria or implement additional requirements prior to allowing staff to return to work.

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IV. Critical Staffing Shortages - when there is not enough staff for the facility to continue operating:

- As a rule, the following groups should be excluded from work and isolated until they meet the CD Control Return to Work Criteria (see I and II above):
  - **Asymptomatic staff who tested positive for COVID-19**, and
  - **Symptomatic staff who tested positive for COVID-19 and have ongoing symptoms**, and
  - **Symptomatic staff with pending COVID-19 test results.**
- If shortages continue despite other mitigation strategies, consider implementing criteria to allow staff members with suspected or confirmed COVID-19 who are well enough to work but have not met all Return to Work Criteria to work.
  - If staff members are allowed to work before meeting all Return to Work Criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:
    - If not already done, allow staff members with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other staff members), such as in telemedicine services.
    - Allow staff members with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
    - Allow staff members with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
    - As a last resort, allow staff members with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19.
  - If staff members are permitted to return to work before meeting all Return to Work Criteria, they should still adhere to all Return to Work Practices and Work Restrictions recommendations described above. These include:
    - Wear a facemask for source control at all times while in the healthcare facility until they meet the full Return to Work Criteria and all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these staff members for source control during this time period while in the facility. After this time period, these staff members 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 higher-level respirator (or other PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
      - Of note, N95 or other respirators with an exhaust valve might not provide source control.
    - They should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
      - Facemasks should be worn even when they are in non-patient care areas such as breakrooms.
      - If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.

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        - Being restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.
        - Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.
    - If staff must return to work prior to meeting the Return to Work Criteria due to critical staffing shortages, staff should return in the following order until minimum staffing requirements are met:
        1. Asymptomatic staff who have tested positive for COVID-19.
        2. Symptomatic staff who have tested positive for COVID-19 and have ongoing symptoms and who have been cleared by Occupational Health.
        3. Symptomatic staff members with pending COVID-19 testing. These staff members should ideally <u>not return</u> until the test results are available in order to inform staff cohorting decisions.

Additional Resources:

1. CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)
2. CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages
3. CDC Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19 Decision Memo
4. CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

* <u>Symptoms associated with COVID-19</u>:

- Fever
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Sore throat
- Muscle pain
- Malaise or fatigue
- Abdominal pain
- Nausea
- Vomiting
- Diarrhea
- New loss of taste or smell
- Conjunctivitis or “pink eye”
- Rash
- Painful purple or red lesions on the feet or swelling of the toes