

# COVID-19 Screening and Monitoring (Residents, Staff and Visitors)

## Staff Return to Work

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## Staff Return to Work Criteria Policy and Procedure

### Definitions

**Boosted** means healthcare personnel “have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.”<sup>1</sup>

**Vaccinated or Unvaccinated** means healthcare personnel have not received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC”<sup>1</sup>

### Policy

It is the policy of this facility to follow all federal, state, and local recommendations for staff members to return to work following COVID-19 illness.

### Procedure

1. Asymptomatic healthcare employees who have had a higher-risk exposure do not require work restriction if they have received all COVID-19 vaccine doses including booster dose if they do not develop symptoms or test positive for SARS-CoV-2.
2. All healthcare employees with even mild symptoms of COVID-19 will be tested
  - a. A second test for COVID-19 may be performed if infection with SARS-CoV-2 is suspected.
    - i. The Infection Preventionist may consult with local public health
3. Return to work for healthcare employees **with SARS-CoV-2 Infection:**
  - a. “For healthcare employees with mild to moderate illness who are not moderately to severely immunocompromised:
    - i. **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.
    - ii. **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 severe to critical illness and 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.
  - The test-based strategy as described for moderately to severely immunocompromised HCP below can be used to inform the duration of isolation.
- iii. **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  $\geq 24$  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  $\geq 24$  hours apart (total of two negative specimens) tested using an antigen test or NAAT.”<sup>1</sup>

4. Return to work criteria for healthcare employees who were **exposed to individuals with confirmed SARS-CoV-2 Infection:**

- a. **Higher Risk:** Prolonged close contact with a resident, visitor or healthcare employee with confirmed SARS-CoV-2 infection including prolonged close contact with someone with SARS-CoV-2 in the household or community:
- i. Healthcare employees who have received all COVID-19 vaccine and booster doses:
    1. No work restrictions



2. Perform SARS-CoV-2 testing immediately but not earlier than 24 hrs. following the exposure and if negative, again 5-7 days following exposure
  3. Follow all recommended infection prevention and control practices and Personal Protective Equipment (PPE) use
  4. Self-monitor for fever and symptoms of COVID-19
    - a. Do not report to work if ill or testing positive for COVID-19
    - b. If symptoms of COVID-19 develop, self-isolate and contact the facility Infection Preventionist or Occupational Health to arrange for medical evaluation and testing
- ii. For healthcare employees who have **not received all COVID-19 vaccine and booster doses**, there are two options:
1. **Option one:** Exclude from work. Healthcare employee can work after 7 days if a viral test for COVID-19 is negative, and no symptoms of COVID-19 develop
    - a. Collect and test specimen within 48 hours of return to work
  2. **Option two:** Exclude from work for 10 days if no symptoms develop.
    - a. Consider testing for COVID-19 within 48 hours of planned return
  3. For all employees who have not received all COVID-19 vaccines and booster doses:
    - a. Follow all recommended infection prevention and control practices and Personal Protective Equipment (PPE) use
    - b. Self-monitor for fever and symptoms of COVID-19
      - i. Do not report to work if ill or testing positive for COVID-19
      - ii. If symptoms of COVID-19 develop, self-isolate and contact the facility Infection Preventionist or Occupational Health to arrange for medical evaluation and testing
  4. Consult with Occupational Health or Infection Preventionist with any exposure concerns for further direction
5. Upon return to work, employees should self-monitor for symptoms of COVID-19 and notify occupational health for re-evaluation if symptoms recur or worsen
6. **For Strategies to Mitigate Healthcare Personnel Staffing Shortages** the Director of Nursing and Infection Preventionist or designee may implement Conventional,

Contingency and Crisis standards as published by the Centers for Disease Control and Prevention:

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

HCP are considered “boosted” if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered “vaccinated” or “unvaccinated” if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, 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
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test <sup>†</sup> , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

#### Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 <sup>‡</sup> and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 <sup>‡</sup> , 2, 3, & 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.gov/coronavirus

Centers for Disease Control and Prevention  
Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures  
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[https://www.cdc.gov/coronavirus/2019-ncov/images/hcp/WorkRestrictionsHCP.jpg?\\_=99432?noicon](https://www.cdc.gov/coronavirus/2019-ncov/images/hcp/WorkRestrictionsHCP.jpg?_=99432?noicon)

7. For facilities implementing decisions for contingency and crisis staffing in relation to work restrictions for employees with SARS-CoV-2 infection or for work restrictions for asymptomatic employees with exposures, documentation must include:
  - a. What lead to decision on determining staffing shortages for contingency or crisis standards
  - b. Date when work restrictions will take effect
  - c. Process for ongoing review includes:
    - i. Daily review of employee schedule
    - ii. Collaboration between the Director of Nursing and Infection Preventionist or designee
    - iii. If staffing improves, documentation will include update on work restrictions in alignment with CDC guidance



## References and Resources for Staff Return to Work Criteria

<sup>1</sup>Centers for Disease Control and Prevention. Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, Updated Dec. 23, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>