Guidelines for Colleagues Returning Post-COVID-19 Illness

Updated August 2, 2021

What's new: Updated to include Occupational Safety and Health Administration (OSHA) COVID-19 Emergency Temporary Standard (ETS) requirements. This guide also references relevant CDC recommendations. Title changed to reflect broader application to unprotected exposure of colleagues to a person with COVID-19.

IMPORTANT: Use this guide in combination with Colleague Exposure Assessment Tool PDF for initial and ongoing instructions for the colleague(s) involved.

This guidance is intended to help supervisors and colleagues make decisions about return to work for colleagues with confirmed COVID-19, or who have suspected COVID-19 but did not get tested for COVID-19.

For questions about at-home testing and results see Testing for SARS-CoV-2

OSHA COVID-19 ETS Requirements:

- Apply System Colleague Exposure Assessment Tool, Colleague Exposure Assessment Tool PDF to determine when and for whom this RTW Guide needs to be applied.
  - The OSHA ETS outlines the requirement for the colleague to notify the ministry if any of the following apply:
    - Is COVID–19 positive (i.e., confirmed positive test for, or has been diagnosed by a licensed health care provider with, COVID–19); or
    - Has been told by a licensed health care provider that they are suspected to have COVID–19; or
    - Is experiencing recent loss of taste and/or smell with no other explanation; or
    - Is experiencing any other symptoms of COVID–19; or
    - Is experiencing both fever (≥100.4 °F) and new unexplained cough associated with shortness of breath.

- The colleague with any of the above must immediately be removed from their work assignment until they meet return to work (RTW) criteria below.

RETURN TO WORK (RTW) CRITERIA FOR COLLEAGUES WITH SUSPECTED OR CONFIRMED COVID-19

At-a-Glance Summary of Management of Colleagues by Scenario from Colleague Exposure Assessment Tool*:

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Action(s)</th>
<th>Criteria for RTW</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario 1: Colleague</td>
<td>Remove from work</td>
<td>10 days have passed</td>
<td>If COVID-19 is severe</td>
</tr>
<tr>
<td>Scenario 2: Colleague has any symptoms of possible COVID-19</td>
<td>Remove from work. Order test for SARS CoV-2</td>
<td>If colleague tests negative for SARS CoV-2, follow ministry HR policy based on their other suspected or confirmed diagnoses.</td>
<td>Extend to 20 days for severe disease and or if severely immunocompromised when test is positive for COVID-19.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Scenario 3: Close Contact**/no symptoms:</td>
<td>Not fully vaccinated or has not had COVID-19 and recovered within the prior 3 months</td>
<td>Remove from work Order initial test for SARS-CoV-2 Order second test at least 5 days after exposure</td>
<td>7 days after date of exposure if test is negative. If initial test is positive – remains off work until 10 days after date of exposure. If notice from colleague is received 5 days or more after exposure only the initial test is needed.</td>
</tr>
<tr>
<td>Fully vaccinated or has had COVID-19 and recovered within the prior 3 months</td>
<td>No work restrictions</td>
<td>Not applicable</td>
<td>If notice from colleague of exposure is received 5 days or more after exposure only the initial test is needed.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>● Order initial test for SARS-CoV-2</td>
<td>Order second test at least 5 days after exposure</td>
<td>Colleague can maintain regular work assignments but must wear a facemask or other respiratory protection for source control at all times during their shift except when eating or drinking - this is required even if the colleague works in a well-defined area.</td>
<td></td>
</tr>
</tbody>
</table>

**Definitions:**

- **Close Contact:** Within 6 feet of an infected person WITHOUT wearing a respirator and other elements of PPE in the PPE Guidebook for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset in the person with COVID-19 (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the person with infection is isolated.

- **COVID–19 positive and confirmed COVID–19:** refers to a person who has a confirmed positive test for, or who has been diagnosed by a licensed health care provider with, COVID–19.

- **COVID–19 symptoms:** mean the following: Fever or chills; cough; shortness of breath or difficulty breathing; fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; diarrhea.

- **COVID–19 test:** means a test for SARS–CoV–2 that is: (i) Cleared or approved by the U.S. Food and Drug Administration (FDA) or is authorized by an Emergency Use Authorization (EUA) from the FDA to diagnose current infection with the SARS–CoV–2 virus; and (ii) Administered in accordance with the FDA clearance or approval or the FDA EUA as applicable.

- **Severity of illness with COVID-19**
  - **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.

- **Severely immunocompromised:**
  - Some conditions, such as being on chemotherapy for cancer, hematologic malignancies, 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 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), 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.

HCP who have notified the ministry that they meet one of the conditions listed above are eligible to return to work when:

- HCP had symptoms of COVID-19 and:
  - At least 10 days has passed since symptoms of COVID-19 first appeared AND
  - At least 24 hours with no fever without fever-reducing medication AND
  - Other symptoms of COVID-19 are improving (except for loss of taste or smell)
- HCP had asymptomatic infection and:
  - At least 10 days since a positive COVID-19 test
- HCP had severe COVID-19 or also has an underlying immunocompromised condition that weakens their immune system and:
  - At least 10 days but could need up to 20 days to 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
  ■ Note: consider consultation with and infectious disease specialist for colleagues to which this might apply

Test-based Strategy for Determining When Colleagues can RTW
In some instances, a test-based strategy, in consultation with Employee / Occupational health, can be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the CDC’s Interim Guidance on Ending Isolation and Precautions for Adults with COVID-19, many individuals will have prolonged viral shedding, limiting the utility of this approach.

- A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases specialist if concerns exist for the HCP being infectious for more than 20 days.
- The criteria for the test-based strategy are:
  For HCP who are symptomatic there must be:
  - Resolution of fever without the use of fever-reducing medications and
  - Improvement in symptoms (e.g., cough, shortness of breath), and
  - Negative results from at least one FDA Emergency Use Authorized COVID-19 laboratory-based nucleic acid amplification test (NAAT) for detection of SARS-CoV-2 RNA indicates that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected.
  HCP who are not symptomatic:
  - Negative results from at least one FDA Emergency Use Authorized COVID-19 laboratory-based nucleic acid amplification test (NAAT) for detection of
SARS-CoV-2 RNA indicates that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected.

- A second test for SARS-CoV-2 RNA may be performed at the discretion of the evaluating health care provider, particularly when a higher level of clinical suspicion for SARS-CoV-2 infection exists. If the second test is positive, consultation with an infectious diseases expert should be considered to resolve the discrepant results.

- Resolution of Conflict between Licensed Healthcare Professional (LHP) and CDC Recommendations
  - For conflicts involving timing of RTW between a colleague’s licensed health care professional (LHP) and CDC recommendations:
    - HR will decide on a case by case basis in consultation with EHS, IPC, and an infectious diseases specialist. Ministries will follow applicable CDC recommendations.
    - If applicable use the test-based criteria above to resolve the conflict – especially for cases where the LHP is recommending RTW prior to CDC’s symptom-based criteria.
  - This case by case process is also recommended for instances where the colleague’s LHP is requesting a prolonged absence that exceeds CDC RTW recommendations.

RETURN TO WORK PRACTICES AFTER RESUMING SCHEDULED WORK:
After returning to work, colleagues should follow requirements outlined in the PPE Guide Booklet and their ministry’s SARS-CoV-2 Preparedness, Notification, and Response Plan:

- Self-monitor for symptoms, and seek re-evaluation from their employee / occupational health if symptoms recur or worsen

FOR EXCEPTIONAL STAFFING SHORTAGES, REFER TO YOUR INCIDENT COMMAND FOR NEXT STEPS. See also Strategies to Mitigate Healthcare Personnel Staffing Shortages

References:
Return-to-Work Criteria for Healthcare Workers | CDC
COVID-19 Healthcare ETS | Occupational Safety and Health Administration (osha.gov)