

Return to Work Decision Tree for Health Care Personnel (HCP)

Symptomatic Positives

HCP tests positive for COVID-19 and/or exhibits symptoms of COVID-19

Mild to Moderate Illness

Severe Illness or Severely Immunocompromised

HCP can return to work when at least 10 days have passed since symptoms first appeared; at least 24 hours have passed since last fever without use of medication; and symptoms (i.e., cough, shortness of breath) have improved.

HCP can return to work when at least 10 and up to 20 days have passed since symptoms first appeared; at least 24 hours have passed since last fever without use of medication; and symptoms (i.e., cough, shortness of breath) have improved. Consider consultation with infection control experts as well.

Asymptomatic Positives

HCP tests positive for COVID-19 but does not exhibit symptoms of COVID-19

Not Severely Immunocompromised

Severely Immunocompromised

HCP can return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP can return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

Testing Previously Positive HCP

HCP who previously tested positive for COVID-19 should be placed back in a facility's routine testing rotation three (3) months following the date of symptom onset with the prior infection. This Return to Work Decision Tree should be read in light of that three (3) month timeframe should a HCP be exposed multiple times.

Exposure

HCP was exposed (cumulative of 15 minutes over a 24-hour period closer than 6 feet) to someone who tests positive for COVID-19 within 2 days of exposure

Fully Vaccinated HCP: HCP does not need to quarantine unless signs or symptoms develop.

Unvaccinated HCP: HCP should quarantine for 14 days unless LTCF is under contingency staffing; HCP may then utilize a 7 or 10-day timeframe.

Definitions

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (i.e., fever, cough, sore throat, 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) $\geq 94\%$ 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 $>50\%$.

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 $>20\text{mg/day}$ for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding Return to Work. Ultimately, the degree of immunocompromise for the patient is determined by the treating provider and preventive actions are tailored to each individual and situation.