

Return to Work for Symptomatic HCP

Healthcare Facilities (HCF) should have a plan to evaluate Healthcare Providers (HCP) with symptoms of possible COVID-19 illness. It is recommended that symptomatic HCP be evaluated by a clinician. SARS-CoV-2 diagnostic viral testing is recommended for HCP with even mild symptoms of possible COVID-19 infection. Symptomatic HCP with compatible symptoms and no clear alternate diagnosis should be told to isolate at home pending clinical evaluation and testing.

- A single negative SARS-CoV-2 RT-PCR result is adequate to exclude COVID-19 in symptomatic staff with lower epidemiologic risk and/or lower clinical suspicion. A negative test result from a lower sensitivity assay (e.g. antigen tests and some [molecular tests](#)), however, should be considered presumptive and confirmation with RT-PCR is recommended.
- Two negative RT-PCR tests at least 24 hours apart are recommended to exclude COVID-19 in HCP with higher clinical suspicion and/or higher epidemiologic risk.

For HCP who had symptoms of possible COVID-19 and had it ruled out, either with negative PCR test(s) and/or with a clinical assessment that COVID-19 is not suspected (e.g. clear alternate diagnosis), then return to work decisions should be based on their other suspected or confirmed diagnoses.

See CDC Return to Work: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Return to Work Protocol for HCP with Confirmed COVID-19

HCP with mild to moderate illness who are not severely immunocompromised can return to work:

- At least 10 days after symptom onset **AND**
- At least 24 hours since last fever without fever-reducing medication **AND**
- Improvement in symptoms.

Asymptomatic HCP who are not severely immunocompromised should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms. If they develop symptoms, follow above guidance.

Symptomatic HCP with severe or critical illness or who are severely immunocompromised can return to work:

- At least 20 days after symptom onset **AND**
- At least 24 hours since last fever without fever-reducing medication **AND**
- Improvement in symptoms.

Note: Asymptomatic HCP who are severely immunocompromised, should wait to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

For current definitions of COVID-19 illness severity and severely immunocompromised see CDC [Return to Work for Healthcare Personnel with SARS-CoV-2 Infection](#)

Return to Work Practices and Work Restrictions

HCP with confirmed COVID-19 do not need medical or Ventura County Public Health clearance to return to work.

Testing of laboratory-confirmed cases is not recommended for return to work due to the prolonged detection of SARS-CoV-2 RNA without direct correlation to viral culture. Refer to the CDC Return to Work for Healthcare Personnel with SARS-CoV-2 Infection for more information on the limitations of using a test-based strategy :

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Facilities Experiencing Staffing Shortages

CDC currently recommends a quarantine period of 14 days. However, based on local circumstances and resources, the following [options to shorten quarantine are acceptable alternatives](#). These options may be applied to Long-Term Care Facilities (LTCF) going through outbreaks only with VCPH Communicable Disease LTCF Team approval, as part of Strategies to Mitigate Healthcare Personnel Staffing Shortages.

Employers must be prepared for staffing shortages and have plans and processes in place to mitigate them. Every effort should be made to limit exposure to both patients and facility HCP. Refer to the CDC [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) for protocols on contingency and crisis strategies for mitigating staffing shortages.

HCP in Quarantine for High Risk Workplace or Community Non-Household Exposure:

Healthcare facilities experiencing staffing shortages of essential HCP may allow the following HCP to continue to work during their quarantine period **as long as they remain asymptomatic**:

- Those with high-risk workplace exposures to SARS-CoV-2
- Those with close contact exposure to a non-household confirmed COVID-19 case

These HCP must observe strict infection control procedures including source control at all times (facemask or respirator required) while working. They must adhere to full home [quarantine](#) when not doing their essential work. They must continue regular daily symptom monitoring and if symptoms occur within 14 days of the exposure, they must be immediately excluded from work and told to isolate at home pending clinical evaluation and testing.

*HCP who are close contacts to a household confirmed case (i.e., the HCP lives with the infected person) should not work during their quarantine period. A shorter quarantine is acceptable during staffing shortages, see below.

HCP in Quarantine for Community Household Exposure:

HCP who are close contacts to a household confirmed case (i.e., the HCP lives with the infected person) may return to work (as long as ongoing exposure to close contact has stopped; meaning the close contact is able [to isolate](#) away from HCP):

- After day 7-- if no symptoms have been reported during daily monitoring AND after a negative PCR test collected after day 5 or later.

These HCP must observe strict infection control procedures including source control at all times (facemask or respirator required) while working. They must adhere to full home [quarantine](#) when not doing their essential work. They must continue regular daily symptom monitoring and if symptoms occur within 14 days of the exposure, they must be immediately excluded from work and told to isolate at home pending clinical evaluation and testing.

See CDC [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) for more information.

HCP with Confirmed COVID-19 Infection:

HCP who are infected with SARS-CoV-2 should be excluded from work until they meet all return to work criteria (as outlined above). If extreme shortages continue despite all other mitigation strategies, facilities may consider following CDC crisis capacity strategies to mitigate severe staffing shortages. See CDC [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)