

Return to Work Criteria for Employees with Suspected or Confirmed COVID-19

Return to Work Criteria:

Return to work criteria are different depending on whether the employee was *exposed* or has *tested positive* for COVID-19

For employees *who have been exposed*:

Employees are considered exposed if:

- They had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection (defined as a cumulative exposure of 15 minutes or more during a 24-hour period)

AND

- They were **not** wearing a facemask.
- They were not wearing full PPE (including n95 respirator, gloves and gown) while performing aerosol-generating procedures.

Note: If the potentially exposed employee was wearing a mask, they are not considered to have been exposed.

Employees who meet the above criteria for exposure should be:

- Excluded from work and quarantined for **14 days** after last exposure.
- Advised to monitor themselves for fever or other symptoms consistent with COVID-19

Employees who remain asymptomatic are not required to quarantine if:

- They have recovered from COVID-19 infection within the last 3 months, or
- Fully vaccinated employees (e.g., at least two weeks have passed since their last dose of vaccine)

For employees with *confirmed positive COVID-19 Test*:

Decisions about return to work should take into account local circumstances (e.g., rate of new infections in the community), and whether the employee is at high risk, living with or caring for vulnerable persons at high-risk for illness and death if infected.

A test-based strategy is not recommended in determining when to return to work because in most cases, this results in excluding workers who are no longer infectious. In general, a symptom-based strategy should be used as described below. The time period used depends on the HCP's severity of illness and if they are severely immunocompromised.

The guidance for return to work falls into one of four categories:

1. Employees with **no symptoms** and who are **not seriously immunocompromised**
2. Employees who experienced **mild to moderate symptoms** and who are **not severely immunocompromised**
3. Employees who experienced **severe or critical illness/symptoms**, or who are **severely immunocompromised**
4. Employees who have **not experienced any symptoms** but who are **severely immunocompromised**

Return to work guidance for each of these scenarios is outlined below. Per the CDC, "Severely

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immunocompromised” includes:

- Receiving chemotherapy for cancer, untreated HIV infection, combined primary immunodeficiency disorder, and conditions treated with Prednisone (in doses greater than 20mg) for more than 14 days
- Note: factors such as advanced age, diabetes mellitus, or end-stage renal disease may pose a lower degree of immunocompromise
- Ultimately, if there is a question, the employees’ treating health care provider will determine whether the employee is immunocompromised

Determination of whether symptoms are “Mild, Moderate, Severe or Critical” is based on the severity of symptoms experienced. This may also be determined by the employees’ healthcare provider. Your Director, Clinical Practice can help determine whether there is a need to contact the employee’s health care provider

1. Employees with no symptoms and who are not seriously immunocompromised may return to work when:
 - At least 10 days have passed since the date of their first positive test
2. Employees with mild to moderate symptoms and who are not severely immunocompromised may return to work when:
 - At least 10 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
3. Employees with severe or critical illness or symptoms, or who are severely immunocompromised may return to work
 - At least 10 days and up to 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
 - Consider consultation with infection control experts

Return to Work Practices: Upon return to work per the above, employees will:

- Wear a surgical facemask for source control at all times while at work until all symptoms are completely resolved
- ☑ A facemask for source control does not replace the need to wear an N95 mask when caring for clients and patients with suspected or confirmed COVID-19 infection
- Self-monitor for symptoms, and notify their manager if symptoms reoccur or worsen

Please contact your Director, Clinical Practice or the Outbreak Committee with questions. Please also see [COVID-19 Quarantine vs Isolation](#) for definitions of isolation and quarantine.