

HEALTH CARE WORKER (HCW) RETURN TO WORK GUIDANCE

HCW Diagnosed with Covid-19 (positive test result)

The North Dakota Department of Health (NDDoH) recommends following [CDC guidance](#) for return-to-work criteria for health care workers.

HCW with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed since symptoms first appeared if a negative viral test* 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), **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.

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCW should have a negative test obtained on day 5 and again 48 hours later.

HCW who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:

- At least 7 days have passed since symptoms first appeared if a negative viral test*
- 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)

*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCW should have a negative test obtained on day 5 and again 48 hours later.

HCW with severe to critical illness and are not moderate to severely immunocompromised could return to work after the following criteria have been met:

- 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.
- The test-based strategy as described for moderately to severely immunocompromised HCW below can be used to inform the duration of isolation.

The exact criteria that determine which HCW will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered

when determining the appropriate duration for specific HCW. For a summary of the literature, refer to [Ending Isolation and Precautions for People with COVID-19: Interim Guidance \(cdc.gov\)](#)

HCW 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 (as described below) and consultation with an infectious disease specialist or other expert and occupational health specialist is recommended to determine when these HCW may return to work.

Test-based Strategy:

HCW who are symptomatic could return to work after the following criteria are met:

- At least 24 hours have passed since last 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 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

HCW who are not symptomatic could return to work after the following criteria are met:

- Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

HCW With Symptoms but Never Tested for COVID-19

The HCW may return to work when the following criteria have been met:

- 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 have improved.

If a HCW has an alternative diagnosis (e.g., influenza, strep throat), criteria for return to work should be based on that diagnosis. HCW should refer to their facility's policy for returning to work for the specific diagnosis.

HCW with Symptoms and a Negative COVID-19 Test Result

HCW with even mild symptoms of COVID-19 should be prioritized for viral testing with NAAT or antigen test. When testing a person with symptoms of COVID-19, negative results from at least one viral test indicate that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected.

- If using NAAT (molecular), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining work restrictions and confirming with a second negative NAAT.
- If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test.

If the HCW has no other diagnosis, follow general return to work guidelines according to your facility policy. Generally, the HCW may return to work when the following criteria have been met:

- At least 1 day (24 hours) have passed **and**
- Recovery defined as resolution of fever without the use of fever-reducing medications for 24 hours **and**
- Improvement in symptoms.

Return to Work Criteria for HCW Who Were Exposed to Individuals with Confirmed SARS-CoV-2 Infection

Exposures that might require testing and/or restriction from work can occur both while at work and in the community. Higher-risk exposures generally involve exposure of HCW's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCW were present in the room for an [aerosol-generating procedure](#).

Other exposures not classified as higher-risk, including having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCW then touch their eyes, nose, or mouth. When classifying potential exposures, specific factors associated with these exposures (e.g., quality of ventilation, use of PPE and source control) should be evaluated on a case-by-case basis. These factors might raise or lower the level of risk; interventions, including restriction from work, can be adjusted based on the estimated risk for transmission.

For the purposes of this guidance, higher-risk exposures are classified as HCW who had prolonged close contact with a patient, visitor, or HCW with confirmed SARS-CoV-2 infection and:

- HCW was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)
- HCW was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
- HCW was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure

Following a higher-risk exposure, HCW should:

- Have a series of three viral tests for SARS-CoV-2 infection.
 - Testing is recommended *immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test*. This will typically be at **day 1** (where day of exposure is day 0), **day 3**, and **day 5**.
 - Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

- Follow all [recommended infection prevention and control practices](#), including wearing well-fitting source control, monitoring themselves for fever or [symptoms consistent with COVID-19](#), and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- Any HCW who develop fever or [symptoms consistent with COVID-19](#) should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

Work restriction is not necessary for most asymptomatic HCW following a higher-risk exposure, regardless of vaccination status. Examples of when work restriction may be considered include:

- HCW is unable to be tested or wear source control as recommended for the 10 days following their exposure;
- HCW is moderately to severely immunocompromised;
- HCW cares for or works on a unit with patients who are moderately to severely immunocompromised;
- HCW works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions;

If work restriction is recommended, HCW could return to work after either of the following time periods:

- HCW can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and all viral testing as described for asymptomatic HCW following a higher-risk exposure is negative.
- If viral testing is not performed, HCW can return to work after day 10 following the exposure (day 0) if they do not develop symptoms.

In addition to above:

- HCW should follow all [recommended infection prevention and control practices](#), including wearing well-fitting source control, monitoring themselves for fever or [symptoms consistent with COVID-19](#), and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
- Any HCW who develop fever or [symptoms consistent with COVID-19](#) should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

HCW with travel or community exposures should consult their occupational health program for guidance on need for work restrictions. In general, HCW who have had prolonged close contact with someone with SARS-CoV-2 in the community (e.g., household contacts) should be managed as described for higher-risk occupational exposures above.

Staff Shortages

CDC's mitigation strategies offer a continuum of options for addressing staffing shortages. Contingency strategies followed by crisis strategies are provided to augment conventional strategies and are meant to be

considered and implemented sequentially (i.e., implementing conventional strategies followed by contingency strategies followed by crisis strategies) and **should be discussed with the ND DHHS HAI/COVID-19 team prior to implementation.**

If healthcare settings are experiencing on-going staffing issues and have **explored all alternative options** to obtain staff (e.g., Department Operations Center, travel agencies) facilities may consider contingency and crisis capacity strategies to assist with these shortages. CDC guidance can be found here: [Strategies to Mitigate Healthcare Personnel Staffing Shortages | CDC](#)

Definitions:

Healthcare Worker (HCW): HCW refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCW include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCW does not include clinical laboratory personnel.

NAAT or Nucleic Acid Amplification Test is a type of viral diagnostic test for SARS-CoV-2, the virus that causes COVID-19. These tests identify the RNA (ribonucleic acid) that is the genetic material of the virus.

RT-PCR test or Reverse transcription polymerase chain reaction is one type of NAAT to amplify nucleic acids and detect the virus SARS-CoV-2.

Antigen tests are immunoassays that detect the presence of a specific viral antigen, which implies current viral infection. Antigen tests for SARS-CoV-2 are generally less sensitive than molecular tests like real-time reverse transcription polymerase chain reaction (RT-PCR) and other nucleic acid amplification tests ([NAATs](#)).

Healthcare settings refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.

Mild Illness is defined as individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness is defined as 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 is defined as 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 is defined as Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Immunocompromised: For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the [Interim Clinical Considerations for Use of COVID-19 Vaccines](#).

- Other factors, such as end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about need for work restriction if the HCW had close contact with someone with SARS-CoV-2 infection. However, people in this category should still consider continuing to practice physical distancing and use of source control while in a healthcare facility, even if they have received all COVID-19 vaccine doses, including booster dose, as recommended by [CDC](#).
- Ultimately, the degree of immunocompromise for the HCW is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Who Is Moderately or Severely Immunocompromised?

People are considered to be moderately or severely immunocompromised (have a weakened immune system) due to several types of conditions and treatments. Examples include:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received chimeric antigen receptor (CAR)-T-cell therapy (a treatment to help your immune system attach to and kill cancer cells) or received a stem cell transplant (within the last 2 years)
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response
- 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 decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

A person with any of the medical conditions listed above is more likely to get very sick with COVID-19, to see the full list of conditions see [Medical Conditions](#) and [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19](#).