

TO: Vermont Health Care Providers and Health Care Facilities
FROM: Jennifer S. Read, MD, Medical Epidemiologist

Criteria for Health Care Workers with Confirmed or Suspected COVID-19 to Return to Work

BACKGROUND

Based on experience elsewhere, it is likely that in the course of the COVID-19 pandemic some Vermont health care workers (HCWs) will become infected with SARS-CoV-2, will be excluded from work and/or too sick to work, and will then recover. It is important for such workers to be able to return to work when their health status allows, as the demand for health care services will likely remain very high; and at the same time to not put patients or other staff at risk.

This technical guidance is for Vermont occupational health programs and public health officials making decisions about return to work for HCWs who have had **confirmed COVID-19**, or have had **suspected COVID-19** (for example, developed symptoms of a respiratory infection, such as cough, sore throat, shortness of breath, and fever, but did not get tested for COVID-19).

This guidance is largely based on [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#) from the Centers for Disease Control and Prevention (CDC).

REQUESTED ACTIONS

Decisions about return to work for HCWs with confirmed or suspected COVID-19 should be made in the context of local circumstances.

Use one of the below strategies to determine when HCWs with confirmed or suspected COVID-19 may return to work in health care settings:

1. Test-based strategy – Exclude from work until:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)^[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

2. Non-test-based strategy – Exclude from work until:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*

At this time, there is no guidance from CDC regarding return to work **if the HCW has tested positive for SARS-CoV-2 but has been asymptomatic**. A reasonable approach to this situation would be to exclude the HCW from work until seven days after their test date and have him/her wear a mask for the following seven days. If, during this time period, symptoms develop, then one of the strategies above for symptomatic HCWs would be followed.

Implement the following return to work practices and work restrictions:

After returning to work, HCWs should:

- Wear a surgical facemask at all times while in the health care facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Implement crisis strategies to mitigate staffing shortages.

Health care systems, healthcare facilities, and the Vermont Department of Health might determine that the recommended approaches cannot be followed due to the need to mitigate HCW staffing shortages. In such scenarios:

- HCWs should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above.
- If HCWs return to work **earlier than recommended above**, they should still adhere to the Return to Work Practices and Work Restrictions recommendations above. For more information, see [CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#).

Footnotes

¹ In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab) specimens.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov

HAN Message Type Definitions

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.