

## **Return to Work Criteria for Healthcare and Congregate Setting Staff with Confirmed COVID-19, Suspected COVID-19, or Recognized Exposure to COVID-19**

This guidance applies to all employees including medical providers, environmental and ancillary services employees, contractors, and external providers working in healthcare and congregate settings.

CDC recommends that persons with COVID-19 infection be **isolated per the “10/1 criteria” for at least 10 days after illness onset and at least 1 day (24 hours) after recovery**, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath).

This guidance is based on data indicating that while individuals who have recovered from COVID-19 may repeatedly test PCR positive over a prolonged period of time, they are likely shedding fragments of viral RNA that is not infectious (CDC unpublished data, Young 2020). At 10 days after illness onset, recovery of replication-competent virus in culture (as a proxy of the presence of infectious virus) is decreased and approaches zero (CDC unpublished data, Wölfel 2020, Arons 2020). **As a consequence, the San Mateo County Communicable Disease Control Program (CD Control) recommends using a time-based strategy instead of a test-based strategy to determine when individuals with COVID-19 illness may be released from isolation.** We do not recommend serial testing or test-of-cure for people with known COVID-19 infection. However, testing may be used to shorten the duration of **quarantine** during critical staffing shortages.

While the 10/1 time-based strategy applies to most persons with COVID-19, San Mateo County CD Control is applying **a time-based strategy with more stringent requirements for persons for whom there is low tolerance for post-recovery SARS-CoV-2 shedding and risk of transmitting infection** such as:

1. *Persons who are immunocompromised and may have prolonged viral shedding*
2. *Persons including health care personnel who could pose a risk of transmitting infection to vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection*
3. *Persons normally working in congregate settings (e.g. retirement communities, shelters, correctional/detention facilities) where there might be an increased risk of rapid spread and morbidity or mortality if spread were to occur*

CD Control usually applies more restrictive criteria to staff who work in healthcare settings serving primarily vulnerable populations including, but not limited to, Long-term Care Facilities (LTCF), Residential Care Facilities for the Elderly (RCFE), dialysis centers, and other congregate settings, such as correctional facilities and shelters.





- I. **COVID-19 positive staff who work in high-risk settings where there is a low tolerance for post-recovery SARS-CoV-2 shedding and a high risk of transmitting the infection such as transplant units, hematology/oncology units, congregate settings such as LTCFs, RCFEs, shelters and correctional facilities** should be excluded from work until:
  - **At least 14 days** have passed since symptoms\* *first appeared*; **and**,
  - **At least 7 days** have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath).
  - **If asymptomatic**, at least **14 days** have passed *since the collection date of the first positive COVID-19 diagnostic test*. If symptoms\* develop during the 14-day period, then exclude per the 14-day / 7-day criteria outlined above.
  
- II. **COVID-19 positive staff who work in somewhat lower-risk settings such as acute care settings, clinics, home health/home hospice agencies, or who work as first responders** should be excluded from work until:
  - **At least 10 days** have passed since symptoms\* *first appeared*; **and**,
  - **At least 1 day (24 hours)** have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath).
  - **If asymptomatic**, at least **10 days** have passed *since the collection date of the first positive COVID-19 diagnostic test*. If symptoms\* develop during the 10-day period, then exclude per the 10-day / 1-day criteria outlined above.
  
- III. **Return to Work Practices and Work Restrictions**  
Once allowed to return to work:
  - All staff should be screened at the beginning of their shift for symptoms\* associated with COVID-19.
    - Staff should not work unless they have been screened at the start of every shift. They should undergo temperature checks and verify in writing that they remain free of symptoms\* associated with COVID-19 except in absolutely critical staffing shortages as described below.
    - Staff who become symptomatic\* while at work should immediately put on a surgical mask if not already wearing one, notify their supervisor, leave the facility, and self-isolate at home.
  - All staff should wear a surgical face mask for source control at all times while at work.
    - A surgical face mask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
    - Masks with an exhaust valve should not be used.
  - Staff should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
    - Surgical face masks should be worn even in non-patient care areas such as breakrooms.





- If staff must remove their surgical face mask, for example, in order to eat or drink, they should separate themselves from others.
- All staff should adhere to hand hygiene, respiratory hygiene, and cough etiquette as per the [CDC's Interim Infection Control Guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- All staff should self-monitor and seek re-evaluation from Occupational Health if symptoms\* of COVID-19 recur or worsen.

Facilities may choose to apply more restrictive criteria or implement additional requirements prior to allowing staff to return to work.

**IV. Critical Staffing Shortages** – when there is not enough staff for the facility to continue operating:

1. Utilize staff hired through temporary staffing agencies.
2. Utilize temporarily deployed relief staff.
3. When the facility's own staff must return to work prior to meeting the Return to Work Criteria due to critical staffing shortages, staff should return in the following order until minimum staffing requirements are met. In general, staff who are closest to meeting the Return to Work Criteria should be the first to return for each category described below. Please note that this strategy does not apply to staff working with severely immunocompromised patients (e.g., transplant, hematology-oncology). Please note that fully vaccinated staff members with a non-high-risk exposure are allowed to continue to work with careful symptom monitoring. They do not need to be furloughed.
  - a. Allow staff members who are currently in quarantine and staff members with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other staff members), such as in telemedicine services.
  - b. Allow [fully vaccinated](#) staff members with a higher-risk exposure to continue working with careful symptom-monitoring.
  - c. Allow staff members with confirmed COVID-19 to provide direct care for patients with confirmed COVID-19.
  - d. Allow staff members with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
  - e. Allow exposed staff members to end their quarantine after day 10 as long as they test negative for COVID-19. They should only be tested via PCR testing and no sooner than day 8 of their quarantine.
  - f. Allow exposed staff members to end their quarantine after day 7 as long as they test negative for COVID-19. They should only be tested via PCR testing and no sooner than day 5 of their quarantine.
  - g. Allow staff members with suspected COVID-19 to provide direct care for patients with confirmed COVID-19. These staff members should not work with patients who are not known or suspected to have COVID-19.
  - h. As an absolute last resort, allow staff members with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19.



**Additional Resources:**

1. CDC [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#)
2. CDC [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)
3. CDC [Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19 Decision Memo](#)
4. CDC [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#)

\* Symptoms associated with COVID-19:

- Fever (100.4F/38C or higher) or feeling feverish
- Chills
- Repeated shaking with chills (rigors)
- Cough (new or change in baseline)
- Shortness of breath or difficulty breathing (new or change in baseline)
- Sore throat
- Hoarseness
- Runny nose or congestion
- Muscle pain (myalgias)
- Malaise or fatigue
- Abdominal pain
- Loss of appetite
- Nausea
- Vomiting
- Diarrhea
- Headache
- New loss of taste or smell
- Altered mental status (e.g. confusion)
- Conjunctivitis or “pink eye”
- Rash
- Painful purple or red lesions on the feet or swelling of the toes (“COVID toes”)
- Pneumonia