



Return to Work Criteria for Healthcare Personnel

During the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) is providing guidance for officials assessing when it is safe for healthcare personnel (HCP) with COVID-19 [exposure to return to work](#). This AAPACN Return to Work for Healthcare Personnel tool is intended to assist the facility with documenting that the CDC's HCP return to work criteria related to the COVID-19 pandemic have been followed.

Return to Work Guidance from CDC for HCP with Confirmed or Suspected COVID-19

Preferred method - Symptom-based strategy for determining when HCP can return to work.

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

- ▶ 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

Note: HCP who are **not severely immunocompromised**¹ and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised¹:

- ▶ At least 20 days have passed since symptoms first appeared
- ▶ 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

Note: HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.

¹ See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

Used in rare situations - Test-based strategy for determining when hcp can return to work.

In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised¹) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

HCP who are symptomatic:

- ▶ Resolution of 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 ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCP who are not symptomatic:

- ▶ Results are negative from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#)

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- ▶ Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- ▶ Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Date the HCP Cleared: _____

Signature of Facility Representative: _____

HCP Name: _____

Source: [Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed SARS-CoV-2 Infection \(Interim Guidance\)](#)