

This document has been significantly updated to align with current public health guidance.

Work restrictions for healthcare personnel (HCP) with SARS-CoV-2 infection

Facilities are expected to operate at the highest level possible and maintain adequate staffing levels. Refer to the CDC *Strategies to Mitigate HCP Staffing Shortages* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html> to explore measures to reduce anticipated staffing shortages. For example, in the event a shortage of testing supplies will not allow a facility to maintain adequate staffing levels, then they may operate under *contingency* or even *crisis* strategies. Healthcare facilities should incorporate their occupational health program, if applicable, in the assessment and management of risk for implementing *contingency* and *crisis* staffing strategies. **Facilities should return to *conventional* staffing strategies as soon as resources permit, including adequate testing.**

Work restrictions for HCP with SARS-CoV-2 infection [^]			
Vaccination status	<i>Conventional</i>	<i>Contingency</i>	<i>Crisis</i>
Up to date and Not up to date	10 days OR 7 days with a negative test, ^{^^} if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restrictions, with prioritization considerations (e.g., types of patients they care for)

For calculating day of test for those with infection consider day of symptom onset (or first positive test is asymptomatic) as day 0.
[^]HCP who are moderately to severely immunocompromised may produce replication-competent virus beyond 20 days. Use of a test-based strategy and consultation with an infectious disease specialist or other expert and an occupational health specialist is recommended to determine when these HCP may return to work.
^{^^}Negative test result within 48 hours before returning to work

Conventional return to work criteria for HCP with SARS-CoV-2 Infection

Refer to CDC *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2* for illness severity and immunocompromised definitions. *

SYMPTOM-BASED STRATEGY



HCP who are not moderately to severely immunocompromised with mild to moderate illness should remain in isolation until **10 DAYS** have passed since symptoms first appeared (for severe to critical illness, a minimum of 10 days, up to 20) OR 7 days with a negative viral test obtained within 48 hours prior to returning to work **AND** at least 24 hours have passed since the resolution of fever without the use of fever-reducing medication **AND** improvement in symptoms.

TIME-BASED STRATEGY



Asymptomatic HCP who are not moderately to severely immunocompromised should remain on isolation until **10 DAYS** have passed since the date of first positive SARS-CoV-2 viral diagnostic test OR 7 DAYS with a negative viral test obtained within 48 hours prior to returning to work **AND** have **remained asymptomatic** (if symptoms appear during this time refer to above).

TEST-BASED STRATEGY



Use of a test-based strategy and consultation with an infectious disease specialist or other expert and an occupational health specialist is **recommended to determine when moderately to severely immunocompromised HCP may return to work.** This approach may also be used for HCP with severe to critical illness. Results from at least two consecutive specimens collected ≥ 24 hours apart using a viral test. When symptoms are present, there should be resolution of fever and improvement of symptoms as described above.

Work restrictions for asymptomatic HCP with SARS-CoV-2 exposure(s)

As resources permit, healthcare facilities should continue utilizing formal HCP risk assessments for exposure to SARS-CoV-2 using the updated *NJDOH HCP Exposure to a Confirmed COVID-19 Case CONVENTIONAL Risk Algorithm* https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml. Updates include assessing HCP use of a respirator when the COVID-19 positive person is not using source control and whether the exposed HCP is considered up to date with all recommended COVID-19 vaccine doses or not. Because of their often extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and applying work restrictions is recommended to prevent transmission from potentially contagious HCP to patients/residents, other HCP, and visitors. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP. In general, **work restriction is not recommended** for an asymptomatic HCP who is up to date with all recommended COVID-19 vaccine doses or asymptomatic HCP who has recovered from SARS-CoV-2 infection in the prior 90 days unless they:

- Develop symptoms; or
- Test positive for SARS-CoV-2 infection; or
- Are moderately to severely immunocompromised; or
- Are otherwise directed to do so by the jurisdiction’s public health authority (e.g., based on epidemiological investigation)

If the HCP is not up to date with all recommended COVID-19 vaccine doses, work restrictions still apply; this does not include individuals who were positive for SARS-COV-2 within the prior 90 days. HCP who has traveled should continue to follow CDC work restriction guidance and refer to the *NJ COVID-19 Information Hub* <https://covid19.nj.gov/faqs/nj-information/travel-and-transportation/are-there-travel-restrictions-to-or-from-new-jersey>. In general, HCP 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.

Work restrictions for asymptomatic HCP with SARS-CoV-2 exposure(s)			
Vaccination status	Conventional**	Contingency	Crisis
Up to date	No work restrictions, with negative test^^ on days 1 and 5-7	No work restriction	No work restriction
Not up to date	10 days OR 7 days with a negative test^^	No work restriction with negative tests on day 1, 2, 3, & 5-7 (if shortage of tests prioritize day 1 to 2 and 5-7)	No work restrictions (test if possible)

For calculating day of test for those with exposure consider day of exposure as day 0.
 ^^Negative test result within 48 hours before returning to work
 **Refer to the *NJDOH HCP Exposure to a Confirmed COVID-19 Case CONVENTIONAL Risk Algorithm* https://www.nj.gov/health/cd/topics/covid2019_healthcare.shtml

HCP testing results guidance (viral testing only, not serology)

HCP with even mild symptoms of COVID-19 should be prioritized for viral testing, **regardless of vaccination status**. Ensure that SARS-CoV-2 testing is performed with a test capable of detecting SARS-CoV-2, specifically with currently circulating variants in the United States. Refer to the FDA SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests at <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-viral-mutations-impact-covid-19-tests>. Using laboratory-based or point-of-care tests are generally preferred in these situations; these tests help ensure the test was administered correctly by a trained provider and allow for official results to be shared with occupational health services. Use of self-tests might be considered in some situations. However, such an approach:

- May inappropriately transfer the cost of testing to HCP,
- Requires trust that HCP self-administered and interpreted the test results correctly, and
- Requires that HCP report their own results to occupational health services.

If self-tests are used, consideration should be given to performing a second test at least 24 hours following an initial negative test; if negative, this increases the confidence the HCP are not infectious. Facilities could also consider having HCP present for a proctored test to assist with ensuring appropriate collection and interpretation. Refer to CDC *Self-Testing* <https://www.cdc.gov/coronavirus/2019-ncov/testing/self-testing.html>.

SARS-CoV-2 Viral Test Results

- 1. SARS-CoV-2 Positive HCP:** When testing is indicated, negative results from at least one FDA Emergency Use Authorized SARS-CoV-2 viral test indicates that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected. A second test for SARS-CoV-2 RNA may be performed at the discretion of the evaluating clinician, particularly when a higher level of clinical suspicion for SARS-CoV-2 infection exists. Refer to CDC *Overview of Testing for SARS-CoV-2, the virus that causes COVID-19* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>. Consultation with an infectious disease expert should be considered to resolve any discrepant results and for HCP who are moderately to severely immunocompromised. **Upon meeting the return-to-work criteria, all HCP who have tested positive or have been diagnosed with COVID-19 should adhere to core infection prevention and control principles, continue to monitor for symptoms, and seek re-evaluation from occupational health if symptoms of COVID-19 (re)occur or worsen.**
- 2. Symptomatic HCP tested negative:** Symptomatic HCP who test negative for COVID-19 may have another respiratory virus. Similar guidance on infection prevention and control should be followed (e.g., isolated from others, practice good hand hygiene, clean and disinfect environmental surfaces). If HCP has an alternate diagnosis (e.g., tested positive for influenza), the criteria for returning to work should be based on that diagnosis. **At a minimum, HCP should be excluded from work for at least 24 hours after symptoms resolve including fever without the use of fever-reducing medications, if applicable.** Consult your facility's occupational health policy for return to work after illness criteria.

***NOTE:** This document is meant to be a supplement to the CDC *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. Guidance may be subject to change as new information becomes available. For additional information, please visit the New Jersey Department of Health COVID-19 website <https://www.nj.gov/health/cd/topics/ncov.shtml> and CDC *Healthcare Workers: Information on COVID-19* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

Resources

CDC *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CDC *Strategies to Mitigate HCP Staffing Shortages* <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>