Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel

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 moderate to severely immunocompromised HCP may return to work**. This approach requires results from at least two consecutive specimens collected 48 hours apart using a viral test. When symtpoms are present, there should be resolution of fever and improvement of symptoms as described above.

**If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later, day 7. Day 0 is the point of symptom onset or positive viral test for asymptomatic infection.

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

Because of their extensive and close contact with vulnerable individuals in healthcare settings, a conservative approach to HCP monitoring and, in some instances, applying work restrictions is recommended to prevent transmission from potentially contagious HCP to patients/residents, other HCP, and visitors. 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. Occupational health programs should have a low threshold for evaluating symptoms and testing HCP.

In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2. However, **work restrictions *may* be considered when HCP are unable to be tested, unable to wear source control for 10 days following the exposure, are moderately to severely immunocompromised or care for patients/residents who are, or work on a unit experiencing ongoing transmission not controlled by initial interventions.**

Asymptomatic HCP with a higher-risk exposure should:

- Be tested for SARS-CoV-2 no 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.
- Follow all recommended infection prevention and control practices, including use of well-fitting source control for 10 days following their exposure, not reporting to work when ill, and monitoring themselves for fever or symptoms consistent with COVID-19. Healthcare facilities should continue utilizing formal HCP risk assessments for exposure to SARS-CoV-2 (See Appendix: NJDOH Healthcare Personnel Exposure to a Confirmed COVID-19 Case Risk Algorithm).

HCP with travel or community exposures should consult their occupational health program for guidance on the need for work restrictions. 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 above.

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**. Viral tests include antigen and Nucleic Acid Amplification Test (NAAT). Ensure the test is indicated for the intended use and is administered in accordance with the manufacturer's instructions for use. Refer to FDA *COVID-19 Test Basics* https://www.fda.gov/consumers/consumer-updates/covid-19-test-basics. 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.

The use of self-tests might be considered in some situations. Facilities could also consider having HCP present for a proctored test to ensure appropriate collection and interpretation. If self-tests are used, refer to the FDA *At-Home OTC COVID-19 Diagnostic Tests* https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests.

SARS-CoV-2 Viral Test Results

1. **SARS-CoV-2 Positive HCP: Remove from work.** Perform contact tracing. Implement the facility plan for how SARS-CoV-2 exposures in a healthcare facility will be investigated and managed. Identification of close contacts should begin at 48 hours prior to symptom onset or specimen collection for asymptomatic cases. For asymptomatic cases with an identifiable date of exposure, contact tracing should focus on investigating the **48 hours after that date of exposure** through the time they meet the discontinuation of isolation criteria.

   Symptomatic HCP tested negative: Symptomatic HCP with a higher-risk exposure should be excluded from work (see Appendix for guidance). 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**, 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 or a second negative antigen test taken 48 hours after the first negative test**.

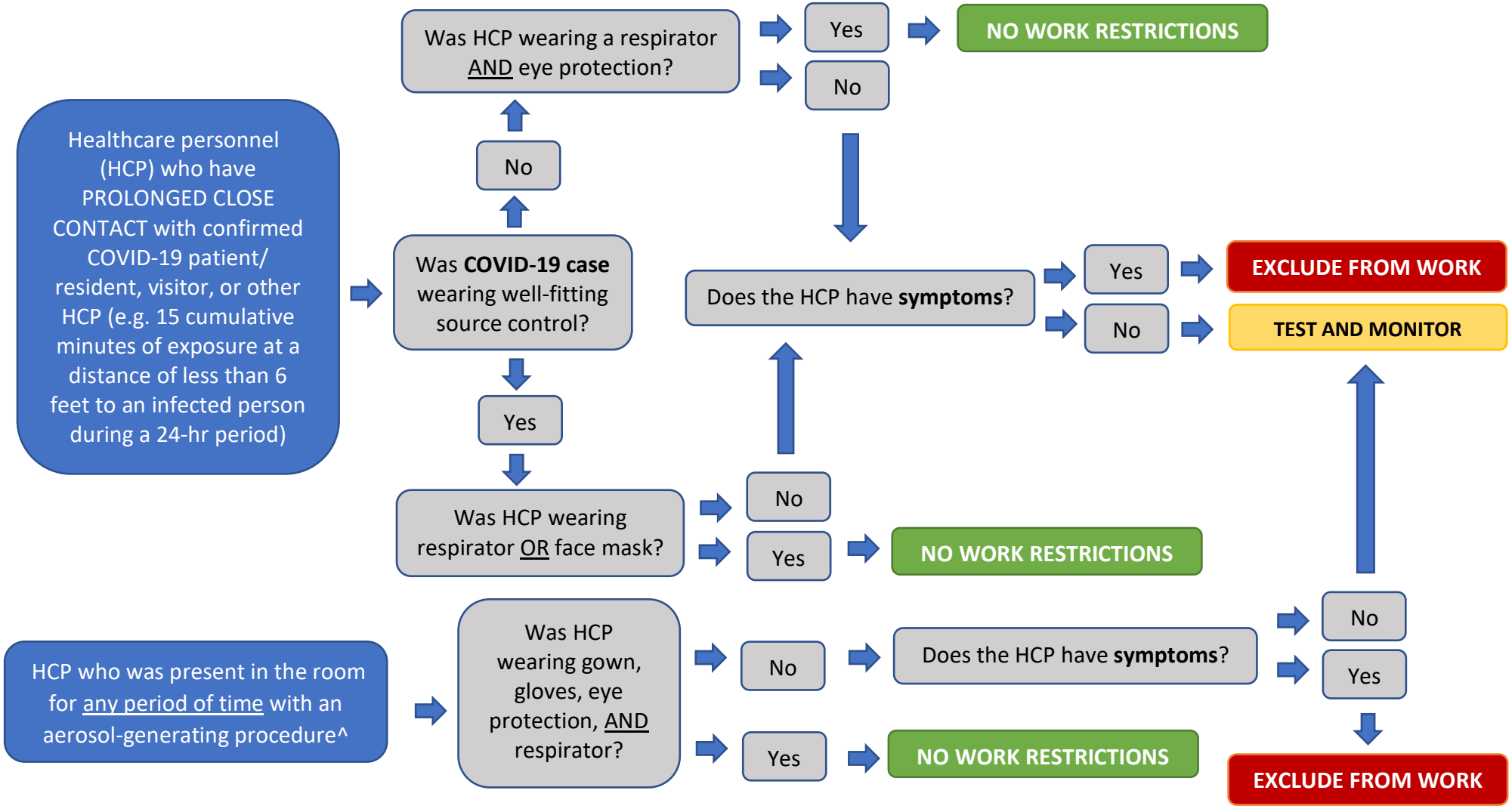
   Symptomatic HCP who test negative for COVID-19 may have another respiratory virus. Similar guidance on infection prevention and control should be followed in these circumstances (e.g., being isolated from others, practicing good hand hygiene, cleaning and disinfecting environmental surfaces). If the 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 using fever-reducing medications, if applicable.** Consult your facility's occupational health policy for return to work after illness criteria.

Resources

CDC *Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2*[*]
https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html

CDC *Strategies to Mitigate HCP Staffing Shortages*
https://www.cdc.gov/covid/hcp/infection-control/mitigating-staff-shortages.html

Appendix: NJDOH Healthcare Personnel Exposure to a Confirmed COVID-19 Case Risk Algorithm



See back for monitoring and additional recommendations

Work Restrictions*	Additional Recommendations
EXCLUDE FROM WORK	• **Perform SARS-CoV-2 testing no 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 if day 0), day 3, and day 5. HCP can return to work *after* day 7 following the exposure (day 0) if all viral testing is negative for SARS-CoV-2 and there is no alternate diagnosis that would restrict them from work.** • **If the HCP is never tested, the decision to return to work can be made based on time from symptom onset where HCP can return to work *after* a minimum of 10 days following symptom onset or higher-risk exposure, which ever was later.**
TEST AND MONITOR**	• **Perform SARS-CoV-2 testing no 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.** • **Follow the recommendations provided below.**
NO WORK RESTRICTIONS	• **Follow all recommended infection prevention and control practices, including use of well-fitting source control for 10 days following exposure, not reporting to work when ill, and monitoring for fever or symptoms consistent with COVID-19.** • **Any HCP who develops 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.**
NOTE: 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.	

^Procedures likely to generate aerosols or that might create uncontrolled respiratory secretions include but are not limited to cardiopulmonary resuscitation; endotracheal intubation and extubation; bronchoscopy; sputum induction; manual ventilation; open suctioning of airways; and non-invasive ventilation (e.g., BiPAP, CPAP). Refer to CDC *Clinical Safety: Occupationally-acquired Infections and Healthcare Workers* https://www.cdc.gov/infection-control/hcp/safety/index.html.

*In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction, regardless of vaccination status, if they do not develop symptoms or test positive for SARS-CoV-2.

**Work restrictions *may* be considered when HCP are unable to be tested, unable to wear source control for 10 days following the exposure, are moderately to severely immunocompromised or care for patients/residents who are, or work on a unit experiencing on-going transmission not controlled by initial interventions.