

Return to Work Criteria for HCP with Suspected Infectious Diagnosis

Use the below strategy to determine when HCP may return to work in healthcare settings

Common symptoms defined as: fever, > to 100.4F, without the use of fever-reducing medication; fatigue, shortness of breath, cough, headache, chills, myalgia/arthralgia, loss of taste/smell, nausea, vomiting, or diarrhea. Most will have two or more of the above.

Employee has Suspected Infectious Diagnosis

Employee with Suspected, Pending, or Positive COVID-19 test

At least 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**

Asymptomatic or mild illness excludes from work until:

At least five days have passed since the above symptoms first appeared **or** since the date of their first positive COVID-19 test.

HCP will wear disposable mask for five additional days after RTW at NOHS.

Moderate illness excludes from work until:

Antigen test on day 7 or within 48 hours prior.

If a negative antigen test is obtained and seven days have passed since the above symptoms first appeared.

OR

If a positive antigen test is obtained or a test is not done, and 10 days have passed since the above symptoms first appeared.

If an asymptomatic employee starts with symptoms, then the appropriate *illness* approach should be used instead, see the above.

Employee with Negative COVID-19 Test or Alternative Infectious Diagnosis

Exclude from work until:

If antivirals given (Xofluza, Tamiflu, etc) then it has been at least 72 hours since initiation of antiviral.

AND

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

-Any history of respiratory symptoms HCP will wear disposable mask for five additional days after RTW at NOHS.

***Any repeat testing should be done only after discussion with Employee Wellness.**

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Pregnant Healthcare Personnel (HCP):

-Should follow the same risk assessment and infection control guidelines for HCP with suspected or confirmed COVID-19. Limit exposure of pregnant HCP to patients with confirmed or suspected COVID-19 during high-risk procedures (aerosol-generating procedures) and consider reassignment of those pregnant HCP to another location if possible.

- Pregnant HCP working with patients with confirmed or suspected COVID-19 and are seven days away from delivery date should not work and self-isolate.

Any of the above may be subject to changes to ensure safety of the HCP and of all employees in specific clinical situations under the direction by employee wellness, infectious diseases, & collaborating physician.