Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 in Long-term Care Facilities and Assisted Living Facilities

April 30, 2020

Audience: The following guidance is for long-term care facilities (LTCF), assisted living facilities (ALF) and some residential facilities who have identified either symptomatic or asymptomatic healthcare personnel (HCP) who have tested positive for COVID-19.

Facility without Staff Shortages

Symptomatic HCP with suspected or confirmed COVID-19:

- **Symptom-based strategy.** Exclude from work until:
  - At least 3 days (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,
  - At least 10 days have passed since symptoms first appeared.

- **Test-based strategy.** Exclude from work until:
  - Resolution of fever without the use of fever-reducing medications and
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). 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.

HCP with laboratory-confirmed COVID-19 who have not had any symptoms:

- **Time-based strategy.** Exclude from work until:
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

- **Test-based strategy.** Exclude from work until:
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected.
≥24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Regardless of symptoms, all HCP with laboratory confirmed COVID-19 must follow universal source control guidance after returning to work, which includes the following:

- Wear a facemask (rather than a cloth face covering) for source control (i.e., to protect those around the wearer) at all times while in the healthcare facility;
  - Wear an N95 or higher-level respirator (and other recommended PPE) for aerosol-generating procedures when caring for patients with suspected or confirmed COVID-19.
  - Of note, N95 or other respirators with an exhaust valve might NOT provide source control.
- Do not care for severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset; and
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Staff must be able to wear full PPE (i.e., gown, gloves, face mask, and eye protection) when caring for an individual with confirmed or suspect COVID-19.

**Facilities with Critical Staff Shortages**

This guidance should only be considered when staffing resources have been exhausted and the above restrictions would result in staff shortages and potential for compromised resident care.

Guidance from the [CDC suggests crisis capacity strategies to mitigate staffing shortages may include](https://www.cdc.gov/coronavirus/2019-ncov/community/long-term-care/considerations.html) the following strategies that are relevant to LTCFs, ALFs and some residential settings:

1. Allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
2. Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19 and only in a cohort setting where there is no possibility for the HCP with confirmed COVID-19 to interact directly with other staff and patients who do NOT have COVID-19.

The following additional requirements must be met if implementing any of these practices to allow the HCP with confirmed COVID-19 to work in these settings with vulnerable patients:

1. Staff should feel well enough to work and tolerate wearing full PPE.
2. Assess HCP symptoms and fitness for work before each shift.
3. Remind the HCP that in addition to potentially exposing patients, they could also expose their co-workers. The HCP must pay strict attention not to enter areas without COVID-19 patients and cannot interact with other staff who are without COVID-19.
4. Facemasks must be worn at all times, even when they are in non-patient care areas such as breakrooms.
5. If they must remove their facemask (e.g., to eat or drink), they should separate themselves from others ideally in a room dedicated for only COVID-19 positive staff.

6. Use a separate entrance/exit and a dedicated route to get to and from the COVID-19 unit in order to avoid viral shedding in areas of the facility that are not COVID-19 contaminated.

7. Perform frequent hand hygiene with an alcohol-based hand sanitizer, or frequent hand washing.

8. Additional environmental disinfection should be used in areas that are dedicated to the HCP with confirmed COVID-19.

9. While allowed to work under the above restrictions, the HCP with confirmed COVID-19 must otherwise isolate at home until removed from isolation. They may not, for example, go out into other public settings like the grocery store.

10. The facility should be prepared for the HCP with confirmed COVID-19 to develop worsening symptoms that may prevent them from working, so should make contingency staffing plans.