## Definitions

Mild Illness: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

## Policy

To establish a symptom-based strategy for determining when health care professionals (HCP) can return to work following the Center for Disease Control (CDC) current published guidance.

# **Procedure – Return to work for HCP with SARS-CoV-2 Infection**

1. HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met:
2. At least 7 days have passed since symptoms first appeared (or date of first positive test if asymptomatic) if a viral test (Either a PCR or antigen test may be used. If using a antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later) is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7) and
3. At least 24 hours have passed since last fever without the use of fever-reducing medications, and
4. Symptoms (e.g., cough, shortness of breath) have improved
5. Rebound symptoms should prompt work restriction
6. HCP with severe to critical illness who are not moderatrely to severly immunocomprimised could return to work after the following critieria have been met.

a. At least 10 days and up to 20 days have passed since symptoms appeared

b. At least 24 hours have passed since last fever without the use of fever-reducing

 medications, and

c. Symptoms (e.g., cough, shortness of breath) have improved

d. Test based strategy – 2 negative test either PCR or Antigen at least 48 hours apart

1. HCP who are [**moderately to severely immunocompromised**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#Immunocompromised)may produce replication-competent virus beyond 20 days after symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.
2. Use of a test-based strategy (as described below) 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.
3. Test-based strategy
4. HCP who are symptomatic could return to work after the following criteria are met:
* 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 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.
1. HCP who are not symptomatic could return to work after the following criteria are met:
* Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.

**Procedure – Return to work Criteria for HCP who were exposed to SARS-CoV-2 Infection**

1. High-Risk-Exposure are classified as HCP who had prolong close contact with someone

 with SARS-CoV-2 and:

1. HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-

 CoV-2 infection was not wearing a mask)

1. HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not

 wearing a mask.

1. HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection,

 respirator) while present in the room during an aerosol-generating procedure.

1. Following a high-risk exposure, HCP should:
2. Have a series of three (3) viral test for SARS-CoV-2 infection
* Testing is recommended immediately (but not earlier than 24 hours after

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.

* Testing is 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.
* Wear well-fitting source control, monitoring themselves for fever or symptoms consistant with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection.
* Any HCP who develop fever or symptoms consistant with COVID-19 should immediately self-isolateand contact their established point of contact to arrange testing.
1. Work restriction is not necessary for most asymptomatic HCP following a high-risk

 exposure , regardless of vaccination status.

1. Example when work restriction may be considered include:
* HCP is unable to be tested or wear source control as recommended for the 10 days following their exposure.
* HCP is moderately to severly immunocompromised;
* HCP cares for or works on a unit with patients who are moderately to severly immunocompromised;
* HCP work on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions;
1. If work restriction is recommended, HCP could return to work after either of the

following time periods:

* HCP can return to work after day 7 following the exposure (day0) if they do

 not develop systemsand all viral testing is negative.

* If viral testing is not performed , HCP can return to work after day 10

 following (day 0) if they do not develop sysmptoms.