Return to Work Guidance After COVID-19 Illness or Exposure for Persons Who Are Not Healthcare Personnel

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The following guidance should be used to make decisions about “return to work” for persons who are not Healthcare Personnel:

- with laboratory-confirmed COVID-19;
- who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, shortness of breath, fever] but did not get tested for COVID-19 and have been exposed to a person with COVID-19 or live in an area with local or widespread transmission;
- who have been exposed to COVID-19 without appropriate personal protective equipment (PPE).

Return to Work Strategy

DPH recommends a time-based return to work strategy that is determined based on a person’s health status. Decisions about “return to work” for persons with confirmed or suspected COVID-19 who are not healthcare personnel should be made in the context of local circumstances (community transmission, resource needs, etc.).

- **Symptomatic persons who are not healthcare personnel with confirmed COVID-19 or suspected COVID-19 can return to work after:**
  - 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

- **Asymptomatic persons who are not healthcare personnel with confirmed COVID-19 can return to work after:**
  - At least 10 days have passed since the positive laboratory test and the person remains asymptomatic.
  - Note, asymptomatic persons who test positive and later develop symptoms should follow the guidance for symptomatic persons above

- **Asymptomatic persons who are not healthcare personnel, and who do not work in critical infrastructure who have a known exposure to a person with COVID-19 without appropriate PPE can return to work after:**
  - After they have completed all requirements in the DPH guidance for persons exposed to COVID-19 found at [https://dph.georgia.gov/contact](https://dph.georgia.gov/contact)
  - Of note, if this person is tested for COVID-19 during the 14 day quarantine period, a negative test result would not change or decrease the time a person is monitored.
• Asymptomatic persons who are not healthcare personnel, but who do work in critical infrastructure who have a known exposure to a person with COVID-19 can follow the CDC guidance for return to work:

DPH DOES NOT recommend using a test-based strategy for returning to work (2 negative tests at least 24 hours apart) after COVID-19 infection for non-healthcare personnel.* CDC has reported prolonged PCR positive test results without evidence of infectiousness. Although persons may have PCR-positive tests for up to 6 weeks, it remains unknown whether these PCR-positive results represent the presence of infectious virus. At this time, PCR positive specimens capable of producing disease have not been isolated more than 9 days after onset of illness.

More information about the science behind the symptom-based return to work can be found at: https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html

Return to Work Practices and Work Restrictions
Persons who are not healthcare personnel who complete the above conditions and can return to work should:
• Wear a face covering if social distancing cannot be maintained in the workplace, per current CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html. Note: A facemask, instead of a cloth face covering, should be used by healthcare providers only. Cloth face coverings are appropriate for persons who are not healthcare personnel and are recommended by CDC to help prevent asymptomatic spread of COVID-19 in settings where social distancing cannot be practiced.
• Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
• Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

CDC guidance for discontinuation of home isolation for persons with COVID-19 infection not in a healthcare setting can be used in conjunction with this guidance for returning to work and can be found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

* Completing a test-based strategy is contingent upon the availability of ample testing supplies, laboratory capacity, and convenient access to testing and requires two samples taken at least 24 hours apart. If an employer requires the test-based strategy for return (which is discouraged by DPH), this should be done by a private physician through a commercial lab. The test-based strategy is not fulfilled by a single test, nor should it be used for screening of all persons returning to work.