GEORGIA DEPARTMENT OF PUBLIC HEALTH

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Healthcare Personnel Return to Work Guidance After COVID-19 Illness or Exposure
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The following guidance should be used to make decisions about "return to work" for healthcare personnel (HCP):

- 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).

Decisions about "return to work" for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances (community transmission, resource needs, etc.). Return to work recommendations are determined based on the status of the HCP (below).

Return to work for healthcare personnel after laboratory confirmed or suspected COVID-19

Symptomatic persons who are health care personnel with confirmed or suspected COVID-19 can return to work after:

- At least 10 days* have passed since *symptoms first appeared* and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved.

Asymptomatic persons who are health care 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, if you later develop symptoms, you should follow the guidance for symptomatic persons above.

Both CDC and DPH **DO NOT** recommend using a test-based strategy for returning to work (2 negative tests at least 24 hours apart) after COVID-19 infection[†]. CDC has reported prolonged PCR positive test results without evidence of infectiousness. In one study, individuals were reported to have positive COVID-19 tests for up to 12 weeks post initial positive.

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

Return to work for healthcare personnel after exposure to a person with COVID-19

Asymptomatic unvaccinated HCP exposed to a person with COVID-19 without appropriate PPE should not return to work until 14 days have passed since their exposure.

- CDC and DPH recommend that unvaccinated HCP not return to the workplace/healthcare setting until 14 days have passed since their exposure due to the extensive and close contact with patients required of these individuals. More information can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.
- Even if unvaccinated HCP choose to follow the shortened duration of quarantine guidance, these recommendations pertain to daily activities outside of the workplace/healthcare setting only (https://dph.georgia.gov/contact).
- Asymptomatic unvaccinated HCP who are within three months of their initial infection might continue to work with ongoing monitoring for COVID-19 symptoms and strict adherence to infection control practices, including source control. If symptoms occur, HCP should immediately be restricted from work and tested. If a facility is uncertain of a HCP's prior infection or the durability of person's immune system, HCP should be restricted from work regardless of previous infection status.
- Fully vaccinated HCP with higher risk exposures generally do not need to quarantine after an exposure if asymptomatic. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure. Higher-risk exposures generally involve exposure of the eyes, nose, or mouth of the HCP to material potentially containing SARS-CoV-2, particularly while in the room for an aerosol-generating procedure (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).
- When staffing shortages are anticipated, the facility may consider implementing contingency staffing strategies (see **Crisis strategies to mitigate staffing shortages** below).

Crisis strategies to mitigate staffing shortages

Healthcare systems, healthcare facilities, and health authorities might determine that the above recommended guidance cannot be followed due to the facility meeting the staffing crisis level. The crisis standard is met when a facility no longer has enough staff to provide **safe patient care**. Implementation of crisis staffing strategies should be conducted in coordination with facility occupational health staff, and all HCP should be evaluated by the facility occupational health staff to determine appropriateness of early return to work. For more information, see CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages.

The following HCP return to work strategies are listed in order of increasing risk:

- **Asymptomatic** HCP who are fully vaccinated or who are within three months of their initial infection and have had an exposure to a COVID-19 patient may continue to work.
- **Asymptomatic** HCP who have had an exposure to a COVID-19 patient may return to work following a shortened quarantine duration (https://dph.georgia.gov/contact).
- **Asymptomatic** HCP who have had an exposure to a COVID-19 patient may work throughout their 14-day quarantine period.
- As a last resort, an **asymptomatic** HCP who tests positive for COVID-19 may return to work earlier than stated in the above guidance.

HCP who follow any of these strategies should:

- Report temperature and absence of symptoms each day prior to starting work.
    - If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities, and leave work (after notifying their supervisor or occupational health services).
- Use of facemasks/respirators and eye protection should strictly adhere to CDC PPE guidance.
    - Facilities should have HCP appropriately wear a respirator/facemask while at work for the 14 days after the exposure event or 10 days after positive test collection.
- Restrict job duties to minimize potential exposures to others. Preference should be given to such HCP to perform duties in the following order: telemedicine, direct patient care for confirmed SARS-CoV-2 patients, and direct care for suspect SARS-CoV-2 patients. Only as a last, extreme resort, should these HCP be allowed to provide direct care for patients without suspected or confirmed SARS-CoV-2 infection.

Return to work practices and work restrictions

Once criteria above are met (either conventional or crisis strategies), HCP returning to work should follow current CDC recommendations on practices and work restrictions: https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html.

**A limited number of persons with severe illness (you were admitted to a hospital and needed oxygen) or persons with a weakened immune system (immunocompromised) due to a health condition or medication may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with your medical provider and infection control experts.*

*†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 a facility 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.*