

STATE OF CONNECTICUT

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Infectious Diseases Section

Return-to-Work Guidance for Healthcare Workers and First Responders during the COVID-19 Pandemic (Updated 4-24-2020)

This guidance applies to healthcare workers in all settings (e.g. hospitals, nursing homes) and first responders (EMS, fire, police). This document has been updated to reflect the latest CDC guidance on use of facemasks and return to work guidance for healthcare workers and essential workers.

Symptomatic Healthcare Workers and First Responders with Suspected or Confirmed COVID-19

Healthcare workers (HCWs) and first responders (FRs) with suspected or confirmed COVID-19 should not return to 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 7 days have passed since symptoms first appeared

HCWs and FRs meeting these criteria can return to work provided they:

- Adhere to respiratory hygiene, hand hygiene, and cough etiquette
- Wear a facemask at all times while in the healthcare facility (or at work for first responders)
- Employers should consider reassigning HCWs who work with severely immunocompromised patients, such as bone marrow transplant patients, to work in other areas.



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Although it is not encouraged to routinely test an asymptomatic HCW or FR, if an asymptomatic individual is tested and is subsequently positive for COVID-19, they should be excluded from work for 10 days after the date of their positive test, assuming they don't develop symptoms.

Asymptomatic Healthcare Workers and First Responders With Unprotected Exposure To A Suspected Or Known Case Of COVID-19 At Work Or Home/Community

Although the CDC's guidance for critical infrastructure workers does not formally include HCWs and FRs we have adopted this guidance for use in both of these groups. The following can be utilized for asymptomatic HCWs or FRs with unprotected exposure to a suspected or known case of COVID-19 at work, home or in the community.

The recommendations below expand on the CDC guidance.

Asymptomatic HCWs or FRs with unprotected exposures to COVID-19 can be allowed to work instead of being asked to stay home and monitor their symptoms. In these instances, HCWs and FRs can be allowed to return to work provided they do the following:

- Actively monitor for signs (temperature > 100.4) and symptoms (e.g. cough, muscle aches, loss of taste/smell, others) consistent with COVID-19 infection; temperatures should be taken at least twice daily; AND
- Adhere to cough etiquette and hand hygiene; AND
- Wear a facemask at all times while in the healthcare facility or at work. Employers should consider reassigning HCWs who work with severely immunocompromised patients, such as bone marrow transplant patients, to work in other areas.
- The monitoring period for HCWs and FRs exposed to ill household members could be longer dependent on the length of illness of the household member and how well recommended precautions can be implemented in the home. If another household member becomes ill, the monitoring period would have to be extended.
- Decisions should be made on a case-by-case basis in consultation with the facility or organization's occupational health or infection control professional.

Adherence to the above criteria should be monitored by an occupational health or infection control professional.

If HCWs and FRs develop fever (measured temperature > 100.4° or subjective fever) or respiratory symptoms consistent with COVID-19 during the monitoring period, the following should occur:

- The HCW or FR should cease patient care activities, immediately self-isolate (separate themselves from others), and notify their supervisor or occupational health services promptly so they can coordinate consultation and referral to a healthcare provider for further evaluation.
- Testing for COVID-19 should be performed, if available. (If testing not available, follow guidance above for infected HCWs or FRs.)
- If the HCW or FR tests positive, refer to guidance above for infected HCWs and FRs.

- If testing is negative, they can return to work under the following conditions: Symptoms have resolved; It has been at least 24 hours since the fever has resolved without use of fever-reducing medications (for persons who develop fever); They should wear a facemask at all times while in the healthcare facility. (If new symptoms arise during a 14-day monitoring period, retesting is indicated as above.)

References

CDC. Return to work for healthcare personnel with suspected or confirmed COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

CDC. Implementing safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19: [https://www.cdc.gov/coronavirus/2019-](https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html)

[ncov/community/critical-workers/implementing-safety-practices.html](https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html).