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| **Infection Control and Prevention Policy and Procedure**  | **Subject: Covid-19 Return to Work Criteria** |
| **Approved by:**  |  |
| **Effective:** 8/12/2020 | **Revised:**  |

**POLICY**

The facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of COVID-19. The facility will follow and implement recommendations and guidelines in accordance with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS), and the New York State Department of Health (NYSDOH), to include identification and isolation of any suspected and confirmed cases, and the criteria for healthcare personnel to return to work after travel, exposure, and Covid-19 infection.

**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.

**Severely Immunocompromised**:

• Being on chemotherapy for cancer,

• Being within one year out from receiving a hematopoietic stem cell or solid organ transplant,

• Untreated HIV infection with CD4 T-lymphocyte count < 200,

• Combined primary immunodeficiency disorder, or

• Receipt of prednisone >20 mg/day for > 14 days.

**PROCEDURE**

**Return to Work Criteria After Confirmed Covid-19 Infection**

1. Staff who test positive for Covid-19 will be furloughed for a minimum of 10 days
2. The facility will utilize CDC’s return to work criteria to determine when an employee may return to work after a Covid-19 infection; the symptom-based strategy is preferred
	* **Symptom-based strategy**
* **HCP with**[**mild to moderate**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#Severity)**illness who are not severely immunocompromised:**
	+ 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
* **HCP who were asymptomatic throughout their infection and are not severely immunocompromised:**
	+ At least 10 days have passed since the date of their first positive viral diagnostic test.
* **HCP with**[**severe to critical illness**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html#Severity)**or who are severely immunocompromised*:***
	+ At least 10 days and up to 20 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
	+ Consider consultation with infection control experts
* A negative Covid-19 test is not required to return to work
* HCP should not be retested within 90 days of a confirmed Covid-19 infection
1. The test-based strategy (not recommended) may be used, in consultation with occupational health, to allow HCP to return to work earlier than if the symptom-based strategy were used. The test-based strategy may also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.
* **Test-based strategy**
* HCP who are symptomatic:
	+ 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 ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT to detect SARS-CoV-2 RNA.
* **HCP who are not symptomatic:**
	+ Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized laboratory-based NAAT to detect SARS-CoV-2 RNA.

**Return to Work Criteria for HCP Exposed to Covid-19 Infection**

1. Staff who are fully vaccinated or have recovered from a confirmed Covid-19 infection within 90 days do not require furlough from work.
	* Staff will be provided with education to monitor for signs and symptoms consistent with Covid-19 and report same to immediate supervisor, RN Supervisor, or Infection Preventionist/Designee
2. Staff who are unvaccinated/partially vaccinated will be furloughed x 14 days and will require a negative Covid-19 test to return to work

**Return to Work Criteria after Domestic and International Travel**

1. Staff who are fully vaccinated or have recovered from a confirmed Covid-19 infection within 90 days do not require furlough from work after domestic or international travel
	* Staff will be provided with education to monitor for signs and symptoms consistent with Covid-19 and report same to immediate supervisor, RN Supervisor, or Infection Preventionist/Designee
2. Asymptomatic employees (regardless of Covid-19 vaccination status) who travel to other U.S. States and Territories (domestic travel) are not required to test and will not be furloughed from work
	* Per facility’s protocol, staff will be screened at the beginning of each shift for S/S consistent with Covid-19 and will be provided with education to report any symptoms
3. Asymptomatic, unvaccinated/partially vaccinated HCPs who travel internationally will be furlough from work x14 days upon return to NYS.
	* HCP will be provided with education to avoid large gatherings and those who are at high risk for contracting Covid-19 upon return to NYS

**REFERENCES**

NYSDOH (4/1/2021). Updated Interim Guidance for Travelers Arriving in New York State.

CMS (Rev 4/27/2021). Ref QSO-20-38-CLIA, NH. Interim Final Rule (IFC), CMS-3401-IFC, Updating Requirements for Reporting of SARS-CoV-2 Test Results by Clinical Laboratory Improvement Amendments of 1988 (CLIA) Laboratories, and Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency. Retrieved from <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

# CDC (Updated 6/2/2021). Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

NYSDOH (8/6/2021) Revised Advisory Nursing Home Cohorting FAQs <https://commerce.health.state.ny.us/hpn/ctrldocs/alrtview/postings/DOH_COVID19_NursingHomeCohortingFAQs_080621_1628284901536_0.pdf>