

Last Updated: July 21, 2020
Last Updated By: Matthew Goetz, MD

Return to Work Policy for Healthcare Personnel (HCP) Infected by SARS-CoV-2

Audience: All Employees

Background:

VA Greater Los Angeles Healthcare System will follow [VHA](#) and [CDC](#) guidance for return to work of employees infected by SARS-CoV-2 (persons with COVID-19). Both VHA and CDC guidance allow for the use of a *time-based and symptom-based* strategy to determine when healthcare personnel can return to work. A test-based strategy is no longer recommended for routine use by the CDC.

Policy

Return to work for persons with mild to moderate illness who are not severely immunocompromised

- A. At least 24 hours have passed *since* resolution of fever, if any (without the use of antipyretics) **and**
- B. There has been improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- C. **10 days** have passed since the onset of symptoms or time of diagnosis (whichever period is longer)

All criteria must be satisfied prior to return to work.

Return to work for persons with severe to critical illness or who are severely immunocompromised

- A. At least 24 hours have passed *since* resolution of fever, if any (without the use of antipyretics) **and**
- B. There has been improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- C. **20 days** have passed since the onset of symptoms or time of diagnosis (whichever period is longer)

All criteria must be satisfied prior to return to work.

Notes:

- A. After returning to work, persons with direct patient care responsibilities should always wear a facemask for source control while in the healthcare facility until all symptoms are completely resolved or at baseline. *A facemask instead of a cloth face covering should be used by these*

Responsible Section/Service: Infectious Disease

Authorized to Update: Matthew.Goetz@va.gov OR [As delegated by Incident Management Team](#)

Last Updated: July 21, 2020

Last Updated By: Matthew Goetz, MD

HCP for source control during this time period while in the facility.

- B. The Infectious Diseases Service should be consulted for management of unusual circumstances.
- C. Repeat testing should not be routinely done once a diagnosis of COVID-19 is established by a molecular viral assay to detect SARS-CoV-2 RNA

Definitions

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%.

Immunocompromise: For the purposes of this guidance, CDC used the following definitions.

- Being on chemotherapy for cancer
- Untreated HIV infection with CD4 T lymphocyte count < 200
- Combined primary immunodeficiency disorder
- Receipt of prednisone >20mg/day for more than 14 days.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.

References

1. Memorandum from Assistant Under Secretary for Health for Operations (10N). Subject. COVID-19: Updated Guidance for Return-to-Work Recommendations for Healthcare Personnel after Exposure to Infection or with Confirmed or Suspected Infection from Novel Coronavirus 2019 (COVID-19). May 29, 2020
2. Centers for Disease Control and Prevention. Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance).
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>. July 17, 2020.

Responsible Section/Service: Infectious Disease

Authorized to Update: Matthew.Goetz@va.gov OR [As delegated by Incident Management Team](#)