A member recently asked for guidance on allowing employees who have recovered from COVID-19 to return to work, and what safeguards should be put in place following the return to work or for staff who have tested positive but are asymptomatic.

In our response, we note that employers are struggling to maintain an adequate workforce during the COVID-19 pandemic. Employers need to protect staff so they can perform to their full potential when caring for vulnerable patients and residents. Close coordination with local health departments will be essential in ensuring appropriate care for staff who have tested positive for COVID-19.

### Conditions for Return-to-Work

The [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov) recommends two strategies for allowing employees to return to work after a COVID-19 illness: a test-based strategy and a nontest-based strategy.

The test-based strategy is preferred for healthcare workers. This strategy is based on the individual’s fever being resolved without use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). In addition, at least two consecutive nasopharyngeal swab specimens collected more than 24 hours apart should test negative via a U.S. Food and Drug Administration (FDA)-authorized molecular assay for COVID-19. As of this writing, these tests are available through FDA’s Emergency Use Authorization.

If tests are not available, the nontest-based strategy can be used. This strategy requires healthcare personnel to wait at least 72 hours after recovery, defined as resolution of fever without the use of fever-reducing medications; improvement in respiratory symptoms; and passage of at least seven days since symptoms first appeared.

CDC also recommends that healthcare personnel with laboratory-confirmed COVID-19 who have not had any symptoms be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

Employers are reminded that not all respiratory illnesses are related to COVID-19. If COVID-19 has been ruled out and an alternate diagnosis (e.g., influenza) made, criteria for return to work should be based on that diagnosis.

### Ensuring Safety after Return-to-Work

After returning to work, staff should wear a facemask instead of a cloth face covering for source control at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. After this time period, these individuals should revert to their facility policy regarding [universal source control](https://www.cdc.gov) during the pandemic. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended...
PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.

Organizations should consider implementing universal source control policies requiring everyone entering the facility to wear a cloth face covering while in the building, regardless of symptoms or past illness. Healthcare personnel should wear a facemask at all times while they are in the facility.

Per the CDC guideline, screening procedures should include assessing staff for fever (see the ECRI Position Statement Temperature Screening to Prevent COVID-19 Transmission: Creating False Security) and respiratory symptoms of COVID-19 before every shift. In addition to symptom screening, staff should be asked if they have been exposed to an individual with COVID-19 (including exposure in the 48 hours prior to symptom onset) or suspected of COVID-19, or traveled to an area with known COVID-19 cases.

If an employee if sick upon arrival to work, answers affirmatively to the screening questions, or becomes sick during the day, they should be separated from other employees and sent home immediately.

Results of the screening should be documented. One sample form is available from the American Association of Post-Acute Care Nursing; note that any sample form should be evaluated for consistency with current CDC and local health department guidelines, which change rapidly as the pandemic persists. Organizations should also work with local departments to understand their obligations for tracking known or suspected COVID-19 cases; for example, the Los Angeles County has published a form to document contacts of healthcare personnel with confirmed or suspected COVID-19.

Organizations should ensure that their sick leave policies encourage and enable staff to stay at home if they are sick. For more details on managing employees who may have been exposed to COVID-19 but are not themselves sick, see Ask ECRI: Staff Isolation or Quarantine after COVID-19 Exposure.


To learn how to become a member, contact us: clientservices@ecri.org

The recommendations contained in Ask ECRI do not constitute legal advice. Facilities should consult legal counsel for specific guidance and develop clinical guidance in consultation with their clinical staff.

About ECRI

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