

HEALTH CARE WORKER (HCW) RETURN TO WORK GUIDANCE

HCW Diagnosed with Covid-19 (positive test result)

The North Dakota Department of Health (NDDoH) recommends following [CDC guidance](#) for return to work criteria for health care workers. Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCW to return to work.

Symptom-based Strategy:

HCW with [mild to moderate 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 have improved

HCW with [severe to critical illness](#) or who are severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms have improved

Time-based Strategy:

HCW who is asymptomatic:

HCW who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCW who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

A test-based strategy is no longer recommended (except in rare situations) because, in the majority of cases, it results in excluding from work HCW who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Test-based Strategy:

HCW 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 molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCW 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 molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

HCW With Symptoms but Never Tested for COVID-19

The HCW may return to work when the following criteria have been met:

- 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 have improved.

If a HCW has an alternative diagnosis (e.g., influenza, strep throat), criteria for return to work should be based on that diagnosis. HCW should refer to their facility's policy for returning to work for the specific diagnosis.

HCW With Symptoms and a Negative COVID-19 Test Result

The HCW may return to work when the following criteria have been met:

- At least 1 day (24 hours) have passed **and**
- Recovery defined as resolution of fever without the use of fever-reducing medications for 24 hours **and**
- Improvement in symptoms

If the HCW is someone currently being monitored and under a 14-day quarantine because they are a household or close contact to a confirmed case, then they need to remain quarantined for the entire 14-day period, regardless of the negative test result. They still could be incubating the virus so one negative earlier on in their quarantine does not absolve them from getting sick and testing positive later in their quarantine.

HCW is a Household or Close Contact to a COVID-19 Case Outside of a Healthcare Setting

The HCW may return to work when the following criteria have been met:

- Is asymptomatic (does not have any symptoms suggestive of COVID-19 infection) **and**
- It has been 14 days from their last known exposure to a confirmed COVID-19 case.

Household contacts to a COVID-19 case have ongoing exposure while they remain in the household. The 14-day quarantine period begins once the COVID-19 case is determined to be non-infectious.

After returning to work, HCW should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. Follow facility policy after baseline obtained.
- Self-monitor for symptoms and seek re-evaluation from occupational health if symptoms recur or worsen.

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%.

Severely Immunocompromised:

- Some conditions, such as 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, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCW work restrictions.
- 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 occupational health actions to prevent disease transmission.
- Ultimately, the degree of immunocompromise for HCW is determined by the treating provider, and preventive actions are tailored to each individual and situation.

In some instances, a test-based strategy could be considered to allow HCW to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCW (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCW being infectious for more than 20 days.