

Workforce

- **What do we do for staff who do not pass screening?**

If staff do not pass the above screening criteria, they should not be permitted entry. They should be directed to return home and to call their supervisor, occupational health department or DON to discuss their symptoms. They should also seek evaluation through their primary care provider, beginning with a phone call to the office.

The CDC offers [recommendations](#) for people who may be ill with COVID-19.

- **When can a staff member who had COVID-19 be allowed to return to work?**

The CDC recommends the following for return to work for symptomatic healthcare personnel: **CDC interim guidance on Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19**

1. Test-based strategy. Exclude from work until

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).

2. Symptoms-based strategy. Exclude from 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 10 days have passed since symptoms first appeared

Healthcare personnel with laboratory-confirmed COVID-19 who have not had any symptoms can return to work:

1. Time-based strategy. Exclude 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. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2. Test-based strategy. Exclude from work until:

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

All staff returning to work healthcare personnel must wear a mask until symptoms are completely resolved, and follow their facility guidelines.

Considering the severe outcomes of COVID-19 if transmitted to vulnerable residents in the long-term care setting, we recommend a more conservative approach and waiting for 14 days instead of 10 days if a non-testing strategy is used to decide on the time to return to work.

- **Some of our staff members work at multiple buildings. What should we do?**

Staff that provides direct resident care on a daily basis should be advised to only work at one building. Staff working at multiple buildings was part of how the outbreak spread in King County, Washington. Keep a log of staff that works at multiple buildings. If those personnel insist on working in more than one setting, they should work with their supervisors to arrange a schedule to minimize their transitions. Scheduling in blocks (e.g., a week in one building, a week in another building) is one option.

- **What about our medical providers? They work at multiple nursing homes and have outpatient practices.**

Encourage and support the use of telehealth so clinicians can avoid bringing COVID-19 into buildings or exposing themselves. If clinicians are providing outpatient care in addition to nursing home rounding, we recommend asking clinicians to visit the building first thing in the morning rather than at the end of the day. Also, if staffing permits, have clinicians limit their visits to one building. If this is not possible, then ask clinicians to only visit one building each day. They are starting to feel ill and can self-quarantine if needed.

Clinicians should also practice universal masking and gloving while seeing residents. Clinicians should clean their stethoscopes between use. They should wear gowns (not lab coats) when seeing patients.