

(Captured by Internet Archive: Wayback Machine)

CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

April 11, 2020 (day of SRN survey launch)

INTERNET ARCHIVE
Wayback Machine

292 captures
4 Apr 2020 - 31 May 2020

Go MAR APR 11 MAY
2019 2020 2021

People Who Need Extra Precautions +

Frequently Asked Questions

Travel +

Cases & Surveillance +

Schools, Workplaces & Community Locations +

Healthcare Professionals +

Health Departments +

Laboratories +

Communication Resources +

Get Email Updates

To receive email updates about COVID-19, enter your email address:

Who this is for: Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy).

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use one of the below strategies to determine when HCP may return to work in healthcare settings

- 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)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).
- 2. Non-test-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 7 days have passed *since symptoms first appeared*

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

On This Page

- [Return to Work Criteria for HCP with Confirmed or Suspected COVID-19](#)
- [Return to Work Practices and Work Restrictions](#)
- [Crisis Strategies to Mitigate Staffing Shortages](#)

April 15, 2020 (after April 13, 2020 CDC update)

INTERNET ARCHIVE Wayback Machine <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html> Go 292 captures 4 Apr 2020 - 21 May 2020

MAR 15 APR 15 MAY 2020 2021

- Coronavirus Disease 2019 (COVID-19)
 - Symptoms & Testing +
 - Prevent Getting Sick +
 - Daily Life & Coping +
 - If You Are Sick +
 - People Who Need Extra Precautions +
 - Frequently Asked Questions
 - Travel +
 - Cases & Surveillance +
 - Schools, Workplaces & Community Locations +
 - Healthcare Professionals +
 - Health Departments +
 - Laboratories +
 - Communication Resources +

Get Email Updates

To receive email updates about COVID-19, enter your email address:

[What's this?](#)

Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)

Summary of Recent Changes as of April 13, 2020

- Indicates a preference for use of the Test-based strategy to determine when HCP may return to work in healthcare settings
- Adds return to work criteria for HCP with laboratory-confirmed COVID-19 who have not had any symptoms
- Aligns with recommendations for [universal source control](#) for everyone in a healthcare facility during the pandemic.

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Who this is for: Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy).

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use the **Test-based strategy** as the preferred method for determining when HCP may return to work in healthcare settings:

- 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)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

If the **Test-based strategy** cannot be used, the **Non-test-based strategy** may be used for determining when HCP may return to work in healthcare settings:

- Non-test-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 7 days have passed *since symptoms first appeared*

HCP with **laboratory-confirmed COVID-19 who have not had any symptoms** should 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.

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

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**,

On This Page

- [Return to Work Criteria for HCP with Confirmed or Suspected COVID-19](#)
- [Return to Work Practices and Work Restrictions](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

CDC Symptoms of Coronavirus

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

April 14, 2020

The screenshot shows the CDC website's "Symptoms of Coronavirus" page. At the top, there is a search bar with "Coronavirus" entered and a date navigation bar showing "14" for April 2020. The page title is "Symptoms of Coronavirus" with a sub-header "Other Languages". A prominent yellow warning box states: "Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness." Below this, a "Watch for symptoms" section notes that reported illnesses range from mild to severe and lists symptoms: Fever, Cough, and Shortness of breath. A "Self-Checker" box is also visible, described as a guide to help with decisions and seeking medical care. A left-hand navigation menu includes categories like "Symptoms & Testing", "Prevent Getting Sick", and "Daily Life & Coping".

April 17, 2020 (list updated, remains same through survey close)

This screenshot shows the same CDC page but with an updated symptom list. The date navigation bar now shows "17" for April 2020. The "Watch for symptoms" section has been updated to state: "These symptoms may appear 2-14 days after exposure to the virus:". The symptom list is now expanded to include: Fever, Cough, Shortness of breath or difficulty breathing, Chills, Repeated shaking with chills, Muscle pain, Headache, Sore throat, and New loss of taste or smell. The "Self-Checker" box and the left-hand navigation menu remain the same as in the previous screenshot.

CDC Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

April 15, 2020 (no change during survey duration, April 11-23, 2020)

Internet Archive Wayback Machine
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
1,887 snapshots
18 Jan 2020 - 15 Jun 2020

Do MAR APR 15 MAY
2019 2020 2021
Get email updates
COVID-19: enter your email address.

Email Address
What's this? Submit

Healthcare providers should immediately notify their local or state health department in the event of the identification of a PUI for COVID-19. When working with your local or state health department check their website for updates.


Criteria to Guide Evaluation and Laboratory Testing for COVID-19

Clinicians considering testing of persons with possible COVID-19 should continue to work with their local and state health departments to coordinate testing through public health laboratories, or use COVID-19 diagnostic testing, authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA) through clinical laboratories. Increasing testing capacity will allow clinicians to consider COVID-19 testing for a wider group of symptomatic patients.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing include:

Other considerations that may guide testing are epidemiologic factors such as the occurrence of local community transmission of COVID-19 infections in a jurisdiction. Clinicians are strongly encouraged to test for other causes of respiratory illness.

Priorities for testing patients with suspected COVID-19 infection



The thumbnail shows a document with three numbered sections: 1. Ensure optimal care options for all hospitalized patients... 2. Ensure that those who are at highest risk of complication... 3. As resources allow, test individuals in the surrounding community...

[PDF - 202 KB]

<p>PRIORITY 1 Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system</p> <ul style="list-style-type: none">• Hospitalized patients• Symptomatic healthcare workers
<p>PRIORITY 2 Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged</p> <ul style="list-style-type: none">• Patients in long-term care facilities with symptoms• Patients 65 years of age and older with symptoms• Patients with underlying conditions with symptoms• First responders with symptoms
<p>PRIORITY 3 As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers</p> <ul style="list-style-type: none">• Critical infrastructure workers with symptoms• Individuals who do not meet any of the above categories with symptoms• Health care workers and first responders• Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations
<p>NON-PRIORITY</p> <ul style="list-style-type: none">• Individuals without symptoms