UPDATE: Hospital Staffing Disruption COVID-19

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03/24/2020

With the continued spread of COVID-19 and the increased burden on our healthcare system, the Centers for Disease Control (CDC) has again issued new guidance. After the CDC issued its return-to-work guidance for healthcare personnel (HCP) with *potential exposure* to a COVID-19 patient, it issued return-to-work guidance for HCP who were not only exposed to a patient with COVID-19, but who have *confirmed* or *suspected* COVID-19.

The guidance is for occupational health programs and public health officials and applies to HCP with confirmed or suspected COVID-19. Confirmed COVID-19 means that the HCP has been tested and the test is positive. Suspected COVID-19 means that the HCP has developed symptoms of a respiratory infection—such as cough, sore throat, shortness of breath, and fever—but who has not been tested.

If HCP have either confirmed or suspected COVID-19, CDC recommends using either a test-based strategy or a non-test based strategy to determine when the HCP may return to work:

1. **Test-based strategy** – HCP with confirmed or suspected COVID-19 should be excluded from work until (1) resolution of fever without the use of fever-reducing medications; (2) improvement in respiratory symptoms; ***and*** (3) at least two negative tests.
2. **Non-test based strategy** – HCP with confirmed or suspected COVID-19 should be excluded from work until (1) at least three days (72 hours) have passed since resolution of fever without the use of fever-reducing medications; (2) at least three days (72 hours) have passed since improvement in respiratory symptoms; ***and*** (3) at least seven days have passed since symptoms first appeared. There is one exception: If HCP were not tested for COVID-19 but have an alternative diagnosis, like a positive test for influenza, then the criteria for return to work depends on that diagnosis. Further, 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.

Regardless of which test is used to determine when HCP may return to work, the CDC recommends that upon returning HCP should:

- Wear a facemask at all times while at work until all symptoms are completely resolved, rather than merely improved, or until 14 days after illness onset, whichever is longer.
- Restrict contact with severely immunocompromised patients, like transplant patients, until 14 days after illness onset.
- Follow CDC's interim infection control guidance, like hand-washing and covering nose and mouth when coughing.

- Self-monitor for symptoms and speak out if symptoms recur or worsen.

Just as with HCP exposed to a COVID-19 patient, the CDC emphasizes that decisions about return to work for HCP with confirmed or suspected COVID-19 should take into account local circumstances, explicitly states that CDC guidance may be adapted by state and local health departments, and acknowledges that staffing shortages may preclude adherence to the recommended approaches. The CDC provides two "crisis strategies to mitigate staffing shortages:"

1. HCP should be evaluated by occupational health to determine appropriateness of earlier return to work rather than what CDC recommends.
2. If HCP return to work earlier than what CDC recommends, they should still adhere to the CDC's recommended return to work practices. The CDC refers to its guidance for those HCP exposed to a COVID-19 patient for more information about return to work practices.

Ultimately, occupational health programs must use their clinical judgment in conjunction with the CDC's guidelines and ongoing dialogue with state or local public health officials to determine when HCP with confirmed or suspected COVID-19 should return to work.