

COVID-19 Return-to-Work (RTW) Guidance for Healthcare Providers (HCP)

* Required

At present, the CDC recommends (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>):

- Healthcare Providers (HCPs) who are asymptomatic or with mild/moderate illness and who are not immunosuppressed can return-to-work (RTW) if at least 7 days have elapsed since symptoms developed (or since positive test), they are afebrile for at least 24 hours without use of antipyretics, symptoms have improved, and they have a negative test (either a NAAT or 2 antigen tests at 5d and 48 hours later) or after 10 days if RTW testing is not performed.
- HCPs who are more severely ill and who not immunosuppressed can RTW if 10-20 days have elapsed since symptoms developed, they are afebrile for at least 24 hours without use of antipyretics and symptoms have improved. Alternatively, they can RTW if they have negative tests from at least two consecutive respiratory specimens collected 48 hours apart using an antigen test or NAAT.
- HCPs who are moderately or severely immunosuppressed require test-based strategy and can RTW if they have negative tests from at least two consecutive respiratory specimens collected 48 hours apart using an antigen test or NAAT.

HCPs can RTW earlier if the organization is experiencing a staffing shortage and is operating in a "Contingency Capacity." Other suggested steps to be taken include cancellation of non-essential procedures, shifting HCPs to support patient care activities, addressing social factors (transportation, housing, etc), and asking HCPs to postpone time off (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>).

We have experienced widespread disagreement on these recommendations from both individual HCPs and leaders. To help inform our way forward on this issue we would like to ascertain RTW practices at other academic medical centers.

1. Name & Institution (do not have to provide)

2. What is your current facility masking policy?

- Universal masking
- Masking only in select areas
- Masks optional
- Other

3. Is your facility currently operating under "contingency/crisis standards?"

- Yes
- No
- Unsure

4. Does your facility currently follow the above CDC recommendations for HCP RTW in non-contingency situation?

- Yes
- No
- I don't know

Go to [2. HCPs who are Asymptoma...](#)

Go to [End of the form](#)

5. What factors have been the primary influence in following CDC guidance [select all that apply]:

- Risk of transmission with early RTW policies
- Unable to provide additional resources (testing, etc.) required for early RTW
- Have observed transmission of SARS-CoV-2 from HCP who RTW early
- Facility has a regulatory or legal requirement to follow CDC guidance
- My facility has not considered RTW policies different than CDC guidance
- Other

6. If your facility currently follows CDC guidance, are you preparing to change practice?

- Yes
- No

7. Timing of proposed changes (in months) if changes are planned.

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HCPs who are Asymptomatic and Immunocompetent

8. In asymptomatic and immunocompetent HCPs who test positive for COVID-19 but remain asymptomatic during course of illness, how do you determine RTW?

- Since no symptoms, able to RTW immediately
- Return after specific period of isolation.

Go to [3. HCPs with mild/moderate i...](#)

9. How many days of isolation are required after positive test?

10. Is a negative test required prior to RTW? *

- Yes
- No

Go to [3. HCPs with mild/moderate i...](#)

11. What test is allowed for return to work?

- Nucleic Acid Amplification test (NAAT)
- Rapid Antigen
- Either NAAT or Rapid Antigen

12. For any of the tests listed above, what day is the test recommended?

13. Is Cycle Threshold evaluated if NAAT positive?

Yes

No

14. If rapid antigen test or home test is used, is verification required? (e.g. photo of test result)

Yes

No

15. How many tests required before RTW?

1

2

Other

Go to [Next](#)



HCPs with mild/moderate illness and who are not immuno-suppressed

16. In HCPs with mild/moderate illness AND who are not immunosuppressed, how do you determine RTW?

- RTW when symptoms resolve or substantial improvement.
- RTW when symptoms resolve/improve AND a specific time period
- RTW when symptoms resolve/improve and negative test Go to [19. What test is allowed?](#)
- Other

17. What is the time frame for return?

- 24 hours after resolution/improvement Go to [4. HCPs who are severely ill a...](#)
- Resolution/improvement and past at least 5 days of illness Go to [4. HCPs who are severely ill a...](#)
- Other

18. If using this strategy, how many days after positive test or onset of symptoms is required?

Go to [4. HCPs who are severely ill an...](#) ▼

19. What test is allowed?

- Nucleic Acid Amplification test (NAAT)
- Rapid Antigen
- Either NAAT or Rapid Antigen

20. For any of the tests listed above, what day is the test recommended?

21. Is Cycle Threshold evaluated if positive?

- Yes
- No

22. If Rapid Antigen or Home test test is used, is verification required? (e.g. Photo of positive results)

- Yes
- No

23. If using testing strategy, how many tests are required before RTW?

- 1
- 2
- Other

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HCPs who are severely ill and who are not immunosuppressed

24. In HCPs who are severely ill AND who are not immunosuppressed, how do you determine RTW?

- RTW when symptoms resolve or substantially improve
- RTW when symptoms resolve/improve AND a specific time period
- RTW when symptoms resolve/improve AND negative test
- Other

Go to [27. What test is allowed?](#)

25. What is the time frame for return?

- 24 hours after resolution/improvement Go to [5. HCPs who are moderately ...](#)
- Resolution/improvement and past at least 5 days of illness Go to [5. HCPs who are moderately ...](#)
- Other Go to [26. If using this strategy, how...](#)

26. If using this strategy, how many days after positive test or onset of symptoms is required?

Go to [5. HCPs who are moderately o...](#) ∨

27. What test is allowed?

- Nucleic Acid Amplification test (NAAT)
- Rapid Antigen
- Either NAAT or Rapid Antigen

28. For any of the tests listed above, what day is the test recommended?

29. Is the cycle threshold evaluated if positive?

Yes

No

30. If Rapid Antigen or Home test test is used, is verification required? (e.g. Photo of positive results)

Yes

No

31. If using testing strategy, how many tests are required before RTW?

1

2

Other

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HCPs who are moderately or severely immunosuppressed

32. In HCPs who are moderately or severely immunosuppressed, how do you determine RTW?

- RTW when symptoms resolve or substantially improve
- RTW when symptoms resolve/improve AND a specific time period
- RTW when symptoms resolve/improve AND negative test Go to [35. What test is allowed?](#)
- Other

33. What is the time frame for return?

- 24 hours after resolution/improvement Go to [6. HCP's RTW](#)
- Resolution/improvement and past at least 5 days of illness Go to [6. HCP's RTW](#)
- Other Go to [34. If using this strategy, how...](#)

34. If using this strategy, how many days after positive test or onset of symptoms is required?

Go to [6. HCP's RTW](#) ▼

35. What test is allowed?

- Nucleic Acid Amplification test (NAAT)
- Rapid Antigen
- NAAT or Rapid Antigen

36. For any of the tests listed above, what day is the test recommended?

37. Is cycle Threshold evaluated if positive?

Yes

No

38. If Rapid Antigen or Home test test is used, is verification required? (e.g. Photo of positive results)

Yes

No

39. If using testing strategy, how many tests are required before RTW?

1

2

Other

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HCP's RTW

40. After HCPs RTW, are any restrictions placed on work or changes to PPE requirements?

- Yes
- No
- Only if RTW before 10 days
- Until test negative

Go to [7. Other Considerations](#)

41. For how many days are the restrictions in place?

42. If PPE is modified, please select as many that apply

- HCP is required to wear mask in all settings
- HCP is required to wear N95 respirator
- HCP is required to avoid clinical practice. They are allowed on campus but must remain in administrative duties, office work, or non-patient contact (eg. laboratory).
- Other

43. If practice is modified, is HCP is required to avoid higher risk patients?

- Yes
- No
- Other

Go to [7. Other Considerations](#)

44. If HCPs are restricted from caring for elderly patients, what is the age cut off? If no age restriction, please note "N/A".

45. Are HCPs instructed to avoid immunosuppressed patients?

Yes

No

46. Are your immunosuppressed patients located in a specific floor or unit?

Yes

No

47. Are HCP's instructed to avoid pregnant patients or those recently pregnant?

Yes

No

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Other Considerations

48. Does your facility take into account COVID-19 up-to-date vaccination status in HCP RTW?

Yes

No

49. Does your facility take into account anti-SARS CoV-2 therapy (e.g. paxlovid) in HCP RTW?

Yes

No

50. Do you monitor for nosocomial transmission of SARS-CoV-2?

Yes

No

Go to [52. Please tell us about any p...](#)

51. Have you noted any nosocomial transmission of SARS-CoV-2 associated with HCP RTW?

Yes

No

52. Please tell us about any parts of your return to work which we did not capture in the survey.