



1. Definitions:
  - a. **Confirmed COVID-19:** Confirmed by laboratory testing
  - b. **Suspected:** MD acknowledges symptoms but declines to test and places on work restriction
2. An employee who has confirmed or suspected COVID-19 may return to work if one of the following criteria is met;
  - a. **Test-based strategy-** If the employee has access to repeat testing, exclude from work until:
    - i. Resolution of fever without the use of fever-reducing medications and
    - ii. Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
    - iii. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens).
    - iv. If unable to obtain 2 consecutive tests, 1 test is acceptable in addition to non-test-based strategy.
  - b. **Non-test-based strategy-** If the employee is not having repeat testing, exclude from work until:
    - i. 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,**
    - ii. At least 10 days have passed *since symptoms first appeared*
  - c. **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. In cases of severe staff shortage, there may be earlier return to work options. These will be handled on a case by case basis after conversations with the customer.
3. Upon returning to work the following practices must be adhered to;
  - a. Wear a facemask at all times
  - b. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
  - c. Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
  - d. Self-monitor for symptoms and seek re-evaluation from medical provider if respiratory symptoms recur or worsen. Even mild reoccurrence of symptoms HCP must cease resident care activities and notify supervisor immediately.