



RETURN TO WORK & HEALTH MONITORING FOR HEALTH CARE EMPLOYEES

Michigan.gov/Coronavirus

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The Michigan Department of Health and Human Services (MDHHS) provides this guidance to support the development of occupational health programs, policies, and priorities for health care facilities.

Health care workers who have a fever (subjective or temperature of $\geq 100.0^{\circ}\text{F}$ or 37.8°C) or any symptoms of COVID-19, must stay home and notify their supervisor.

When seeking medical attention:

- If it is not an emergency, contact the health care provider before seeking care and let them know you are a health care worker who may have been exposed to a person with COVID-19. Inform facility staff of your potential exposure when you arrive and wear a mask and take a private vehicle to your health care provider, if possible
- If it is an emergency and you call 911, alert the operator of your potential exposure.

Return To Work After Illness

Symptom-based strategy (recommended)

Symptomatic health care workers must stay home until:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours with no fever without the use of fever-reducing medications, and
- Symptoms have improved.

Asymptomatic health care workers may return to work after 10 days since their positive test result.

Health care workers who are severely immunocompromised or who were severely or critically ill with COVID-19 should stay home until 20 days have passed and all other criteria is met (if symptomatic) or until 20 days have passed since the first positive test result (if asymptomatic).

Test-based strategy (not recommended)

Prolonged viral shedding diminishes the utility of the test-based strategy to expedite return to work. Review the [Decision Memo](#) for further information.

Exception: A test-based strategy could be considered for some health care workers (such as those who are severely immunocompromised and may be infectious beyond 20 days) in consultation with infectious disease experts.

If a test-based strategy is selected, the symptomatic health care worker may return to work after:

- Receiving two negative test results in a row at least 24 hours apart, and
- Resolution of fever without the use of fever-reducing medications, and
- Symptoms have improved.

Asymptomatic health care workers may return to work after receiving two negative test results in a row at least 24 hours apart.

Health Monitoring Of Health Care Workers After Exposure

For Fully Vaccinated Health Care Workers

[Exemption from quarantine](#) could be applied when considering work restrictions for fully vaccinated healthcare personnel with [higher-risk exposures](#), as a strategy to alleviate staffing shortages. Of note, exposed healthcare personnel would not be required to quarantine outside of work. See CDC's [Post Vaccine Considerations for Health Care Personnel](#) for detailed guidelines.

For Health Care Workers Who Are Not Fully Vaccinated

For low risk exposures, health care workers may continue to work; however, CDC recommends screening for symptoms prior to starting work each day and using source control measures as described in [CDC's infection control recommendations](#).

Health monitoring at minimum includes self-monitoring for symptoms at least twice daily.

- Checks should be 8 hours apart.
- One check should be immediately prior to each health care shift.
- If any symptoms develop, including subjective fever or temperature >100.0 degrees Fahrenheit, the health care worker should be excluded from work and tested for COVID-19.

For certain exposures believed to pose a higher risk for transmission, CDC recommends that exposed HCP be excluded from work for 14 days following the exposure.

High-risk exposures include:

1. An unmasked provider having prolonged close contact with an unmasked patient with COVID-19.
 - a. Close contact is defined as less than six feet distance for 15 minutes.
 - b. This includes brief encounters totaling 15 minutes in a 24 hour period.
2. A provider present for an aerosol generating procedure without wearing appropriate PPE.
 - a. Aerosol generating procedures to include: cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, and sputum induction.

A facemask for source control does not replace the need to wear an N95 or higher level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19. Of note, N95 respirators with an exhaust valve are not considered suitable for source control.

Mental Wellness Support For Health Care Workers

It is normal for health care workers to experience increased distress, anxiety or fear while caring for COVID-19 patients or after a high-risk exposure. Encourage employees to take care of their mental health.

- Ensure employees are aware of mental health services available through their insurance or employer.
- Strengthen resilience by drawing on skills that helped them manage difficult situations in the past.
- Stay in touch with loved ones by phone, email or other social media.
- Refer to the Disaster Distress Helpline at 800-985-5990.
- Additional resources are available at Michigan.gov/StayWell and in the Supporting Emotional Health of the Health Care Workforce Guide from MDHHS.