These FAQs are designed to provide further information/support for the Guidance for Colleagues Returning to Work Post COVID-19.

1. **For how long should a colleague with confirmed COVID-19 or who may have suspected COVID-19, but hasn’t been tested, be excluded from work?**

   We are using a symptom-based strategy to determine how long colleagues must be excluded from work. The time period used for return to work depends on the colleague's severity of illness and if they are severely immunocompromised. The highest level of illness severity experienced by colleagues at any point in their clinical course is used when determining when they may return to work.

   - Colleagues with mild to moderate illness who are not severely immunocompromised, are excluded from work until:
     - At least 10 days have passed since symptoms first appeared, AND
     - At least 24 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications, AND
     - Symptoms have improved

   **Note:** Colleagues who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

   - Colleagues with severe to critical illness OR who are severely immunocompromised, are excluded from work until:
     - At least 20 days have passed since symptoms first appeared, AND
     - At least 24 hours have passed since last fever without the use of fever-reducing medications, AND
     - Symptoms have improved

   **Note:** Colleagues who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed.

2. **If a colleague tests positive for COVID-19, has been at home for 10 days, has been without a fever for 24 hours, and their symptoms have improved, does the colleague need to test negative before returning to work?**
No. Colleagues who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test. Colleagues who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.

3. Are there any situations where a colleague may be allowed to return to work sooner than described above?

In general, most colleagues who test positive do not return before 10 days have passed.

In recent studies, the majority of those severely or critically ill with COVID-19 no longer had transmissible virus 10 to 15 days after onset of symptoms. Facilities operating under critical staffing shortages may choose to allow colleagues to return to work after 10 to 15 days, instead of 20 days. Supervisors/managers should consider consulting with local ministry Occupational Health when making return to work decisions, especially for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

4. What measures are used to determine illness severity levels?

The definitions in the National Institutes of Health (NIH) COVID-19 Treatment Guidelines are used. In brief the illness categories are defined as:

- Mild Illness: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
- Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) ≥94 percent on room air at sea level.
- Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94 percent on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3 percent)
- Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
- Immunocompromised: Some conditions, such as being on chemotherapy for cancer or an untreated HIV infection may lengthen the duration of colleague work restrictions. Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise.

5. Can a test-based strategy be used to determine when a colleague may return to work?

Testing of colleagues is generally considered in these three situations:

1. Testing colleagues with signs or symptoms consistent with COVID-19
2. Testing asymptomatic colleagues with known or suspected exposure to SARS-CoV-2
3. Testing asymptomatic colleagues without known or suspected exposure to SARS-CoV-2 for early identification in special settings, such as nursing homes

The colleague with signs or symptoms consistent with COVID-19 (even those that are mild) should be prioritized for SARS-CoV-2 testing. However, it is possible that a colleague may test negative because they are very early in their infection when their sample is collected. In such situations, they could test positive later and transmit the virus to others; for this reason, repeat testing could be considered. If testing is not available or resulting the test would take an extended period of time (greater than 24 hours), follow a symptom-based strategy

In rare instances, a test-based strategy could be considered to allow colleagues to return to work earlier than if the symptom-based strategy were used. However, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some colleagues, as in the case of those who are severely immunocompromised, in consultation with infectious diseases providers, if concerns exist that the colleague may be infectious for more than 20 days.
6. How are return to work decisions made for colleagues suspected of having COVID-19 and COVID-19 was ruled out by either a negative clinical test or a clinical decision that COVID-19 is not suspected?

In these instances, return to work decisions are based on having met the symptom based-strategy.

7. What work practices/work restrictions should colleagues follow upon return to work?

After returning to work, colleagues should follow guidance in the COVID-19 PPE Guide Booklet.

8. What if a colleague refuses to be tested? How are those situations handled?

If a colleague does not get tested either because they refused or some other reason, and they are symptomatic, follow the return-to-work guidance described in the question #1 answer. The decision to discontinue Transmission-Based Precautions can be made using the symptom-based strategy. The colleague must be off work for 10 days.

9. Do colleagues have to use their PTO if they are not allowed to work due to being confirmed positive with COVID-19?

If Trinity Health determines that a colleague is exposed to COVID-19 while working, and determines the colleague must quarantine, the colleague is eligible for the COVID-19 14-day Paid Leave.

If a colleague travels to a COVID-19 “hot spot” or a location where an executive order is in place requiring quarantine, with or without COVID-19 symptoms, the colleague will need to use PTO or go without pay. They are not eligible for the 14-Day Paid Leave and will need to use PTO.

10. Do colleagues who test positive, but no longer have symptoms, have to wait the entire 10 days from the test date before returning to work?

Yes, colleagues must meet the symptom-based strategy for returning to work

11. When can colleagues who test negative, but are still having symptoms, return to work?

A colleague who tests negative but has still exhibited symptoms may have been tested too early. Follow the Returning-to-Work guidance [link].

12. Do colleagues who had a positive COVID-19 antibody test result still need to worry about COVID-19 exposure?

Yes. Colleagues should follow guidance regarding the use of PPE and transmission precautions.

See related: Serology (Antibody) Testing FAQs Understanding the Test

13. Does having a positive COVID-19 antibody test result affect a colleague’s work status in any way?

No. Current evidence does not predict protection from reinfection with COVID-19. Colleagues should continue to follow current precautions regardless of whether they have antibodies to COVID-19.

Antibody test results should not be used to diagnose someone with an active infection.

14. If a colleague just found out that someone in their household has COVID-19, when can the colleague come back to work?

If the colleague is asymptomatic:

- advise the colleague to distance themselves from the infected person (if possible) AND
- wear PPE following the PPE Guide Book for source control AND
• recommend COVID-19 testing (molecular preferred) on day 5-7 post exposure. (see question 5)

Should the colleague develop symptoms, he/she should self-isolate and contact their Occupational Health department for further guidance.

15. I’m a manager and I just found out that a patient tested positive for COVID-19 after being on a non-COVID unit for two days. What should I do regarding my staff who cared for the patient? Do I need to put my staff on leave? If so, for how long?

Follow the Colleague COVID-19 Exposure Assessment Tool, available on the COVID-19 Resources site.

As a manager, reinforcing Trinity Health PPE guidance and wearing eye protection and a mask when caring for all patients will help prevent colleague exposure.

16. When a colleague requests PTO and explains they are taking a personal-travel trip to a location that is considered a COVID-19 “hot spot,” what does the manager need to do before the colleague returns to work?

Colleagues should follow local, county and state executive orders about quarantine before returning to work after a trip. Unless a colleague is working remotely 100 percent of the time, they should include the needed quarantine days in their PTO request so that the manager can properly plan to ensure there is enough staffing to care for patients and residents.

If a colleague informs a manager that they are traveling to a COVID-19 “hot spot” (as defined in the 8/14/2020 Safety Guidance for Personal Travel), and there is no executive order for quarantine already in place for the travel-to location, the manager should contact the Employee Health Services (EHS) team. They will work with the colleague, and the manager and EHS will together make the decision about the colleague’s return to work.

See Personal Travel Safety Guidance.

References

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)