Long-Term Care Regulatory Frequently Asked Question

# Question

When can a provider employee return to work after being diagnosed with COVID-19?

# Answer

The CDC offers guidance to help providers make decisions about employees returning to work following confirmed or suspected COVID-19. The CDC notes that these decisions should be made in the context of local circumstances, and HHSC reminds providers that every employee, facility, and patient population requires individualized consideration.

According to the CDC, two options a provider can use to clear the employee to return to work are:

1. **Test-based strategy (CDC preferred) –** The employee can return when three conditions have been met:
2. Fever-free without the use of fever-reducing medication **AND**
3. Cough and shortness of breath have improved **AND**
4. Negative results from at least two consecutive FDA Emergency Use Authorized molecular assays for COVID-19 that were taken at least 24 hours apart
5. **Non-test-based strategy (if test-based cannot be used) –** The employee can return when two conditions have been met:
6. At least three days (72 hours) have passed since recovery of fever and improvement in cough and shortness of breath **AND**
7. At least seven days have passed since symptoms first appeared

If the employee had a positive COVID-19 test but never showed symptoms, the CDC recommends excluding them from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test.

After the employee returns to work, both the provider and the employee must take all necessary measures to ensure the safety of everyone in the facility. They should wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. They should also be restricted from contact with severely immunocompromised patients until 14 days after illness onset, and they should adhere to all infection control procedures including hand hygiene, respiratory hygiene, and cough etiquette. They should self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.

**Note:** If the employee was diagnosed with a different illness (e.g., influenza) and was never tested for COVID-19, providers should base the employee’s return to work on the specific diagnosis.

# Resources

* Centers for Disease Control and Prevention (CDC) guidance on [healthcare professionals returning to work](http://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)
* CDC recommendations on [infection control](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

# Contact Information

If you have any questions about this document, please contact the Policy, Rules and Training Section by email at [PolicyRulesTraining@hhsc.state.tx.us](mailto:PolicyRulesTraining@hhsc.state.tx.us) or call (512) 438-3161.