Frequently Asked Questions (FAQ): Interim Return-to-Work (RTW) Guidance for Healthcare Personnel (HCP) with COVID-19, Influenza, RSV, and Other Acute Viral Respiratory Infections

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General Background

1. What is the purpose of this RTW guidance?

   The goal is to reduce the spread of viral respiratory infections (COVID-19, influenza, RSV, and other acute respiratory infections) in healthcare settings while balancing patient and staff safety, with staffing and workforce needs.

2. Is this guidance regulatory?

   No. The recommendations are not regulatory unless required by agencies such as Labor and Industries (L&I), Department of Social and Health Services (DSHS), Department of Health - Health Systems Quality Assurance (DOH-HSQA), or Centers for Medicare & Medicaid Services (CMS). Facilities must ensure their own policies comply with applicable regulations.

3. Who does this guidance apply to?

   All paid and unpaid HCP working in healthcare facilities or providing healthcare services in other settings.

Return to Work Criteria

1. When can HCP return to work after a viral respiratory infection?

   - HCP should be excluded from work until:
     - At least 3 days have passed since symptom onset (or positive test if asymptomatic), AND
     - At least 24 hours have passed with no fever (without fever-reducing medications) and symptoms improving and HCP feels well enough to work.
   - Upon return, HCP must wear source control through day 10 and practice strict hand/respiratory hygiene.
   - The first day of symptoms or positive test is day 0

2. What if the HCP never develops symptoms?

   If asymptomatic but positive, HCP must stay out for at least 3 days from the test date (day 0), then return with source control through day 10.

3. What counts as a viral respiratory infection?

   Having 2 or more symptoms of a viral respiratory illness that is otherwise not explained by another condition. Symptoms include, but are not limited to cough, fever, sore throat, runny nose, fatigue, muscle aches, new loss of taste/smell, and diarrhea.

4. What if, on day 4, the HCP has improved symptoms but does not feel like they have recovered enough to fulfill the duties of their job safely?

   The HCP should continue to be excluded from work until they feel that they are fit for duty.

High-Risk Populations

1. What if an HCP works with patients at high risk for severe illness (e.g transplant unit)?

   Consider excluding or reassigning HCP with suspected or confirmed infections from these units until 10 days have passed since symptom onset or positive test, plus the 24-hour fever-free and symptom improvement criteria.

2. What about HCP who are themselves immunocompromised?

   They may shed virus longer, adjust preventative actions to each situation and individual.

Source Control

1. What is source control?

   Source control is an infection prevention practice aimed at reducing the transmission of viral respiratory pathogens. It means using well-fitting masks to contain respiratory secretions at their point of origin (breathing, talking, coughing, sneezing).

2. What is considered source control?

   Well-fitting masks or respirators that cover the mouth and nose, such as:
   - Respirators, such as N95 respirators without exhalation valves (most protective)
   - Surgical/procedure masks.
   - KN95s.
   Cloth masks are not considered acceptable in healthcare.

3. Is fit testing required when using an N95 for source control?

   No, but training on proper fit is recommended. Medical clearance and fit testing are required when respirators are required to be worn per the employer.

4. Why is it Best Practice to wear a fit-tested NIOSH-approved N95 filtering facepiece respirator?

   Evidence shows they are more effective than procedural and surgical masks at filtering

infectious particles from exhaled air.

5. When should respirators and masks be replaced when used for source control?

   Masks should be replaced when removed or if they become:
   - Wet
   - Soiled
   - Damaged
   - Difficult to breathe through

6. When should HCP perform hand hygiene while using masks for source control?

   Hand hygiene should be performed:
   - Before putting on a mask
   - After touching or adjusting the mask
   - Before and after removing a mask
   - After disposing of a used mask

7. Are there times when masks can be removed when wearing as source control?

   Yes, masks may be removed:
   -When alone in a private workspace or break area with good ventilation
   -When eating or drinking (with strict hand hygiene before and after)
   -When leaving the healthcare facility

Other Preventive Measures

1. How does vaccination fit into this guidance?

   Facilities should encourage staff and patients to stay current on influenza, COVID-19 boosters, and other recommended vaccines.

2. What are other environmental or administrative controls that facilities should implement?
   - Optimize ventilation and air quality. Ensure engineering controls support adequate air changes per hour, filtration, and airflow to reduce airborne transmission risk.
   - Have sick leave policies that are non-punitive, flexible, and consistent with public health guidance to discourage HCP from going to work with a respiratory virus while infectious.
   - Adjust policies (e.g., universal masking) during high transmission periods and outbreaks.

3. What about hand hygiene and respiratory etiquette?
   - Perform hand hygiene before and after patient contact, after removing PPE, and after touching potentially contaminated surfaces.
   - Use alcohol-based hand sanitizer when hands are not visibly soiled. Use soap and water if they are visibly soiled.

- Promote covering coughs/sneezes with a tissue or elbow, proper disposal of tissues, and immediate hand hygiene afterward.

4. Can HCP voluntarily use PPE beyond the minimum requirements?

Yes. HCP may use additional PPE (e.g., N95 respirators) to protect themselves or household members, provided it does not conflict with workplace safety standards (WAC 296-800-16080).

Scenarios

1. A nurse develops a fever, cough, and sore throat. When can she return to work?

   She can return to work on day 4, with day 0 being the first day she develops symptoms, as long as she has been fever-free for at least 24 hours (without the use of fever-reducing meds) and feels well enough to work and safely perform her duties at work. She should wear source control through day 10 and maintain strict hand/respiratory hygiene.

2. An MRI technologist was exposed to COVID-19 at home. They feel fine, but tested positive on day 2 after exposure. When can they return to work?

   They can return to work on day 4, with day 0 being the day they tested positive for COVID-19. They should wear source control through day 10 and maintain strict hand/respiratory hygiene.

3. An Environmental Services worker developed muscle aches and a sore throat. When can he be assigned to the hematopoietic stem cell transplant unit?

   Because patients on that unit are at very high risk for severe illness, he shouldn't work on that unit until at least 10 days have passed since symptoms began, and have been fever-free for 24 hours without medicine, symptoms are improving, and feel well enough to work. *Day 0 is the first day the symptoms developed*.

   During this time, he may be reassigned to another unit with lower-risk patients or remain excluded from work, depending on his facility's policy. He could be assigned to lower-risk units as soon as day 4 if he has been fever-free for 24 hours without medication, symptoms are improving, and he feels well enough to work.

4. A nurse develops chills, fever, and malaise. On day 4, the earliest day she can return to work, she still reports malaise and is unsure she can provide safe care. Should she return to work on day 4?

   No, she should remain excluded from work until all of her symptoms improve AND she feels well enough to complete her duties safely.