



RETURN TO WORK & HEALTH MONITORING FOR HEALTHCARE EMPLOYEES

Michigan.gov/Coronavirus

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

If you are sick, you must stay home and notify your supervisor if you have:

- A fever (subjective or temperature of $\geq 100.0^{\circ}\text{F}$ or 37.8°C), or
- Any [symptoms of COVID-19](#).

If you need medical attention:

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

Symptomatic healthcare 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 healthcare workers may return to work after 10 days since their positive test result.

For healthcare workers who are severely immunocompromised or who were [severely or critically ill](#) with COVID-19:

Symptomatic healthcare workers in this group should stay home until:

- At least 20 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 healthcare workers in this group may return to work after 20 days since their positive test result.

The test-based strategy is no longer recommended to expedite return to work.

Prolonged viral shedding diminishes the utility of this approach. Review the [Decision Memo](#) for further information. A test-based strategy could be considered for some healthcare workers (such as those who are severely immunocompromised) in consultation with infectious disease experts if there is concern of being infectious beyond 20 days.

If a test-based strategy is selected, the symptomatic healthcare 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 healthcare workers may return to work after receiving two negative test results in a row at least 24 hours apart.

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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.

For other, lower risk exposures, HCP 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 healthcare shift.
- If any symptoms develop, including subjective fever or temperature >100.0 degrees Fahrenheit, the healthcare worker should be excluded from work and tested for COVID-19.

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.

Additional precautions for healthcare workers after a high-risk exposure

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 might not provide source control.

Support for health care workers experiencing anxiety

It is normal for healthcare 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 Healthcare Workforce Guide from MDHHS.