



## Interim Guidance on Return to Work for Health-Care Workers with Confirmed or Suspected COVID-19

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Updated: September 22, 2021

This guidance is for workplace health and safety (WHS), public health staff and medical health officers (MHOs) to support decision-making on return to work for health-care workers (HCW) with confirmed or suspected COVID-19. This includes HCWs with laboratory-confirmed COVID-19, HCWs with symptoms compatible with COVID-19 who tested negative or who were not tested, HCWs who travelled outside of Canada and HCWs who had close contact with a confirmed COVID-19 case.

See the B.C. Centre for Disease Control's (BCCDC) [website](#) for an up-to-date list of COVID-19 [symptoms](#) and [testing information](#). The recommendations in this document may change as more information and evidence becomes available on COVID-19.

The decision to discontinue self-isolation for HCWs should be made in consultation with MHOs, public health and WHS based on the potential risk of transmission to others. Factors to be considered include:

- Severity and length of the illness.
- Individual factors (e.g., severely immunocompromised individuals may shed virus for longer).
- Activities of the recovering individual.
- Close contact with vulnerable populations (e.g., seniors, severely immunocompromised).
- Other situation and local context-specific factors (e.g., whether the person is confirmed to be infected with a variant of concern with different transmission dynamics).

There are references to two time periods of self-isolation with regards to COVID-19 in this document.

1. **Period of communicability:** Duration of illness during which a COVID-19 patient is likely to be infectious:
  - Ten days after onset of symptoms for patients with mild to moderate symptoms that can be managed at home.
  - Twenty days for patients with severe illness (e.g., hospitalized due to COVID-19) or those severely immunocompromised, as defined in [BCCDC's interim public health management guidance](#).
2. **Incubation period:** Fourteen-day period during which an exposed individual is likely to develop COVID-19 illness. If symptoms do not develop, self-isolation can usually end at 10 days after exposure<sup>1</sup>.

### Criteria for Return to Work

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The following table outlines the criteria that must be met before a HCW can return to work subject to the status of their COVID-19 test or risk factors. Please read the numbered annotations below for clarification of details.

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<sup>1</sup> US Centre for Disease Control. (2020, December). Science Brief: Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing. <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-options-to-reduce-quarantine.html>

This criteria is based on the [BCCDC interim guidance on public health management of cases and contacts associated with novel coronavirus \(COVID-19\)](#), which informs the mandatory **self-isolation** periods following the development of symptoms or close contact exposure, as well as the Government of Canada’s [Quarantine Order](#), which informs the mandatory **quarantine** periods following travel outside of Canada. While this document summarizes the criteria as applicable to HCWs, the public health body implementing those recommendations and requirements is ultimately responsible for the final interpretation and decision.

HCW COVID-19 status	Return to work if the following criteria are met:
<p>Tested COVID-19 <b>POSITIVE</b></p> <p>[including HCWs who have a risk factor for COVID-19 (travel, close contact) and developed symptoms]</p>	<p><b>Mild-moderate illness that can be managed at home:</b><sup>1</sup></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resolution of fever without the use of fever-reducing medication; AND</li> <li><input type="checkbox"/> Improvement in symptoms;<sup>2</sup> AND</li> <li><input type="checkbox"/> <b>10 days</b> have passed since the onset of symptoms.<sup>3</sup></li> </ul> <p><b>More severe illness (e.g., hospitalized directly due to COVID-19) or severely immunocompromised:</b><sup>1</sup></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resolution of fever without the use of fever-reducing medication; AND</li> <li><input type="checkbox"/> Improvement in symptoms;<sup>2</sup> AND</li> <li><input type="checkbox"/> <b>20 days</b> have passed since the onset of symptoms.<sup>3</sup></li> </ul>
<p>Tested COVID-19 <b>NEGATIVE</b></p> <p>[including HCWs who have a risk factor for COVID-19 (travel, close contact) and developed symptoms]</p>	<div style="border: 2px solid blue; border-radius: 15px; padding: 10px; text-align: center; margin-bottom: 10px;"> <p><b>If alternate diagnosis is identified, including other infectious diseases (e.g., influenza, RSV, norovirus, other respiratory and gastrointestinal infections), follow return to work guidance based on the relevant WHS policies for that illness. Otherwise:</b></p> </div> <ul style="list-style-type: none"> <li><input type="checkbox"/> Resolution of fever without the use of fever-reducing medication; AND</li> <li><input type="checkbox"/> Improvement in symptoms. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), the HCW may return to work when they feel well enough, while wearing a medical mask at all times and following the earlier return precautions listed below until their mild symptoms resolve.<sup>4</sup> (See note 4 for more information); AND</li> <li><input type="checkbox"/> If applicable, completion of mandatory <b>quarantine period</b> for travel outside of Canada (usually 14 days);<sup>5</sup> AND</li> <li><input type="checkbox"/> If required, completion of mandatory <b>self-isolation period</b> as instructed by public health (usually 10 days) following the last high-risk close contact exposure.<sup>7</sup> Asymptomatic, fully immunized individuals<sup>6</sup> will not need to self-isolate unless directed otherwise.</li> </ul> <p><b>Exceptions</b> may be made by the MHO or their delegate for HCWs considered critical on a case-by-case basis by a health-care operational lead.<sup>8</sup> (See note 8 for more information on exceptions).</p>

HCW COVID-19 status	Return to work if the following criteria are met:
<p><b>Not tested</b> but has symptoms that <b>meet</b> COVID-19 testing criteria (including clinical judgement)<sup>8</sup></p>	<div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin-bottom: 10px;"> <p><b>If alternate diagnosis is identified, including other infectious diseases (e.g., influenza, RSV, norovirus, other respiratory and gastrointestinal infections), follow return to work guidance based on the relevant WHS policies for that illness. Otherwise:</b></p> </div> <ul style="list-style-type: none"> <li><input type="checkbox"/> Get tested for COVID-19 and follow appropriate recommendations based on the result; OR</li> <li><input type="checkbox"/> Resolution of fever without the use of fever-reducing medication; AND</li> <li><input type="checkbox"/> Improvement in symptoms;<sup>2</sup> AND</li> <li><input type="checkbox"/> <b>10 days</b> (20 days if severe illness or severely immunocompromised) have passed since the onset of symptoms;<sup>1</sup> AND</li> <li><input type="checkbox"/> If required, completion of mandatory <b>quarantine period</b> for travel outside of Canada (usually 14 days);<sup>5</sup> AND</li> <li><input type="checkbox"/> If required, completion of mandatory <b>self-isolation period</b> as instructed by public health (usually 10 days) following the last high-risk close contact exposure.<sup>7</sup> Asymptomatic fully immunized individuals<sup>6</sup> will not need to self-isolate unless directed otherwise.</li> </ul>
<p><b>Not tested</b> and has symptoms that do <b>not meet</b> COVID-19 testing criteria<sup>9</sup></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Do not come to work if feeling sick.</li> <li><input type="checkbox"/> Follow regular employer WHS policies on return to work, including staying home until symptoms improve. If mild respiratory symptoms persist (e.g., runny nose, sore throat, mild headache), a HCW may return to work when they feel well enough while wearing a medical mask at all times and following the earlier return precautions listed below until their mild symptoms resolve.<sup>4</sup> (See note 4 for more information).</li> </ul>
<p><b>Asymptomatic</b> but has a risk factor for COVID-19 (i.e., travel, close contact)</p>	<p><b>Travelled outside of Canada:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If required, completion of mandatory <b>quarantine period</b> (usually 14 days). Fully immunized travelers may not need to quarantine.<sup>5</sup></li> </ul> <p><b>Notified by public health to self-isolate:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> If partially immunized or unimmunized<sup>6</sup>, completion of mandatory <b>self-isolation period</b> as instructed by public health (usually 10 days) following the last high-risk close contact exposure.<sup>7</sup> Asymptomatic fully immunized individuals<sup>6</sup> will not need to self-isolate unless directed otherwise.</li> </ul> <p><b>Exceptions</b> may be made by the MHO or their delegate for staff considered critical on a case-by-case basis by a health-care operational lead.<sup>8</sup></p> <p><b>If HCWs develop symptoms compatible with COVID-19</b>, they must self-isolate and follow BCCDC and employer guidance on testing as required.</p>

1. A HCW with laboratory-confirmed COVID-19 and mild to moderate illness that can be managed at home should self-isolate for 10 days from the onset of symptoms. A HCW with severe illness or severely immunocompromised (both as defined in [BCCDC's interim public health management](#)

[guidance](#)) should self-isolate for 20 days from the onset of symptoms. For HCW who never developed symptoms but tested positive, they should self-isolate for 10 days after the date of their first positive test result for COVID-19. The period of self-isolation may change based on discretion of the MHO or their delegate.

2. Improvement does not necessarily apply to pre-existing or chronic respiratory symptoms known to be caused by another illness. Residual dry cough after 10 days from symptom onset may persist for several weeks. HCW with a residual dry cough are not considered to be infectious if their temperature is back to normal without the use of fever-reducing medication (e.g., acetaminophen or ibuprofen) and there is improvement in clinical symptoms, including respiratory, gastrointestinal (GI) and systemic symptoms.
3. Re-testing for COVID-19 is NOT required prior to return to work. However, the MHO and employer may consider an alternate test-based strategy where a HCW whose fever has resolved and symptoms improved may obtain two negative nasopharyngeal specimens collected at least 24 hours apart to allow them to return to work, with appropriate consultation and consideration of disease severity, immunocompromised status and other factors listed above.
4. **The following must be considered for return to work with mild respiratory symptoms:**
  - a) Mild symptoms of common respiratory illnesses (such as runny nose, sore throat, mild headache) can persist for a week or more. HCWs with mild symptoms who tested negative for COVID-19 or do not meet the COVID-19 testing criteria may return to work if they feel well enough and are following the earlier return precautions listed below, including wearing a medical mask at all times.
  - b) **HCW must not come to work if they are still feeling sick, have a fever or have acute GI symptoms such as vomiting or diarrhea.**
  - c) In general, returning to work while symptomatic should be considered the exception and not the rule.
    - The decision for a HCW to return to work with mild symptoms should be made on a case-by-case basis through a risk assessment done by the individual HCW and their leader.
    - The risk assessment should weigh the benefits of return to work versus any possible risk of transmission of not only COVID-19 but also other infectious diseases and should outline the earlier return precautions that need to be taken.
    - Consultation with public health, WHS and IPC should be conducted as needed.
  - d) Consideration needs to be given for HCWs that have an underlying medical condition, which makes them immunocompromised and may impair/delay their response to infection.
  - e) If the HCW's condition worsens and clinical suspicion for COVID-19 remains, re-testing for COVID-19 should be considered in consultation with their care provider.
  - f) Evaluation for other infectious diseases with signs and symptoms similar to COVID-19 should also be considered (e.g., influenza, RSV). If another illness is identified, follow return to work guidance for that illness.
5. Starting on July 5, 2021, eligible, fully-vaccinated travelers may be exempt from the requirement to quarantine after travel outside of Canada. Please see the [Government of Canada's](#) website for the most up-to-date information. A HCW under a mandatory federal [quarantine order](#) must comply for the applicable duration of the quarantine (usually 14 days, but some circumstances can extend that period).

**6. For the purpose of post-exposure management, a HCW is considered fully immunized or temporarily protected and may self-monitor after a high-risk exposure if any one of the following criteria are met:**

- Fully immunized: **Two dose vaccine series completed** (e.g., Pfizer-BioNTech, Moderna, AstraZeneca/COVISHIELD) – It has been more than 7 days after receiving their second dose.
- Fully immunized: **Single dose vaccine series completed** (e.g., Janssen/Johnson & Johnson) – It has been more than 21 days after receiving their dose.
- Temporarily protected: **Prior lab-confirmed infection with no vaccine** – It has been 90 days or less since recovery (end of infectious period).
- Temporarily protected: **Prior lab-confirmed infection with one dose of vaccine** – It has been more than 7 days after receiving their first dose.

**All other HCWs are considered partially immunized or unimmunized and must self-isolate for 10 days and self-monitor for symptoms for 14 days after a high-risk exposure. This includes HCWs with only one dose of vaccine in a two dose series, no vaccine doses or a prior infection that was more than 90 days ago with no vaccine.**

Note: The above are general guidelines. The MHO or their delegate may ask a HCW to self-isolate on a case-by-case basis based on consideration of the factors listed above, including disease severity, immunocompromised status and other factors.

**7. High-risk close contacts who are partially immunized or unimmunized need to self-isolate for the entire duration as instructed by public health (usually 10 days) and self-monitor for 14 days following the last exposure to a confirmed or probable COVID-19 case. The definition for a high-risk close contact can be found in the [BCCDC interim public health management](#) guidance.**

**8. Exceptions for requirements to self-isolate for critical HCWs must be determined on a case-by-case basis by the MHO or their delegate, at the request of a health-care operational lead. Any exceptions must consider the following:**

- a) The HCW is considered **critical** to patient safety and care delivery during this period by their operational lead.
- b) The HCW has a role that cannot be fulfilled by an alternate staff member and all staffing options have been exhausted.
- c) The HCW's duties require them to be on-site during this period.
- d) The benefit of return to work outweighs the risk of possible transmission, considering individual factors, including disease severity and immunocompromised status, with appropriate consultation with public health, WHS, IPC and the federal quarantine officer, as required.
- e) The HCW follows the earlier return precautions listed below, including wearing a medical mask at all times, self-isolating when not at work and self-monitoring for symptoms.

**9. See the [BCCDC testing page](#) for the latest COVID-19 testing criteria. If a HCW does not meet the testing criteria, their symptoms may still warrant them to stay away from work for reasons other than COVID-19.**

## Earlier Return to Work to Maintain Base Staffing Levels

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Health-care operational leads might determine that the aforementioned return to work approaches cannot be followed due to the need to support base staffing requirements. In such scenarios:

- HCWs should be evaluated by the MHO and WHS to determine appropriateness of earlier return to work than recommended. This evaluation should be conducted with appropriate consultation and consideration of the factors listed above, including disease severity, immunocompromised status and other factors.
- If a HCW returns to work **earlier than recommended above**, they must adhere to the earlier return precautions recommended below.

## Earlier Return Precautions

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If returning to work earlier than recommended, a HCW should:

- **Always wear a medical mask in all areas of the workplace**, including if their routine work environment does not require PPE. They must wear other PPE as advised by provincial or health authority guidance.
- Conduct duties virtually whenever possible.
- Self-isolate at home when not required at the workplace.
- To the extent practical, reduce close contact with other HCWs by maintaining a two metre separation and avoiding shared spaces.
- Be restricted from contact with severely immunocompromised patients until 14 days after last known exposure or until mild symptoms resolve.
- Adhere diligently to hand hygiene, respiratory hygiene and other infection prevention and exposure control measures of the workplace.
- Avoid standard greetings that require physical contact, such as shaking hands.
- Avoid close contact with others when travelling to and from work and between shifts.
- Avoid all unnecessary visits to public establishments.
- Follow all the recommended procedures issued by the quarantine officer and BCCDC if the HCW has travelled.
- Continue to self-monitor daily for signs and symptoms of illness.
- If symptoms re-appear or worsen during work, inform a supervisor to arrange for a replacement, safely transfer essential care as soon as possible, go home directly to self-isolate and seek a re-evaluation from WHS.
- Follow any additional institutional policies or guidance.

