

## Confirmed or Suspected COVID-19 Disease Clearance Guidance (Release from Isolation/Return to Work)

### **This guidance applies to:**

- All persons returning to work and/or seeking clearance from isolation requirements, including **healthcare professionals (HCPs)**; and
- Residents returning to confined population environments (i.e. long term care facilities, behavioral health hospitals, prisons, etc.)

*The Kentucky Department for Public Health (KDPH) primarily uses a symptom-based strategy to determine resolution of COVID-19 clinical disease and likely infectivity. This guidance represents KDPH's best expert judgement on this date and will continue to evolve as understanding of COVID-19 improves.*

**Employees, including HCPs, with symptomatic, laboratory-confirmed COVID-19 or symptomatic, clinically suspected COVID-19** should be excluded from work until **all** the following criteria are met:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications; **and**,
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*.
- Additionally, upon returning to work, it is an expectation that a surgical face mask will be worn for universal source control in the work setting (see below).

**Employees, including HCPs, with laboratory-confirmed COVID-19 who have not had any symptoms** should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test.

### **Return to Work Practices and Work Restrictions**

After returning to work, employees should:

- Wear a surgical facemask for source control at all times while in a healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. A surgical facemask instead of a cloth face covering should be used by these employees for source control during this time period both at work and in public. After this time period and for the duration of this pandemic, employees should revert to the universal source control policy at their facility while at work and KDPH guidance for the general public when in other settings.

- Self-monitor for signs & symptoms of illness and seek re-evaluation from occupational health if fever and/or respiratory symptoms recur or worsen.

**Employees in a healthcare facility should:**

- Know that surgical facemask for source control does not replace the need to wear an N95 or higher-level respirator (and other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19. (Of note, N95 or other respirators with an exhaust valve might not provide source control.)
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

**Residents returning to confined population environments or congregate settings (e.g., long term care facilities, behavioral health hospitals, prisons, etc.)**

Because of the unique concerns of the vulnerability of certain populations, it is recommended that residents of confined congregant settings (e.g., long term care facilities, behavioral health hospitals, dementia units, prisons, etc.) demonstrate any one of the following results from an FDA-authorized test, in addition to meeting the criteria provided above, before returning to the general population of those facilities.

- A negative PCR test for detection of SARS-CoV-2 viral RNA, **OR**
- A negative antigen test for detection of SARS-CoV-2 viral protein(s), **OR**
- A positive serologic (antibody) test for detection of IgG or total Ab (IgM+IgG)

**Release from isolation after meeting symptom-based criteria but testing positive by PCR**

Individuals who continue to have a positive COVID-19 PCR test after meeting symptom-based criteria for release from isolation, and who remain asymptomatic or have no new or worsening symptoms, are unlikely to transmit virus, especially if practicing social distancing, performing frequent hand hygiene, and using a face covering consistently and appropriately. A negative antigen test or detection of antibody in this situation would provide additional assurance that release from isolation would be reasonable.

**NOTE:**

- Healthcare providers and first responders – exposed but not symptomatic – should be permitted to work but required to wear a surgical mask when on the job for 14 days after exposure.