

## Return to Work Guidance After COVID-19 Illness or Exposure for Persons Who Are Not Healthcare Personnel

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If assessing a healthcare worker, please review DPH Healthcare Worker Return to Work Guidance <https://dph.georgia.gov/document/document/dph-return-work-guidance/download>

The following guidance should be used to make decisions about “return to work” for persons who **are not Healthcare Personnel**:

- with laboratory-confirmed COVID-19;
- who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, shortness of breath, fever] but did not get tested for COVID-19 and have been exposed to a person with COVID-19 or live in an area with local or widespread transmission;
- who have been exposed to COVID-19 without appropriate personal protective equipment (PPE).

### Return to Work Strategy

DPH recommends a time-based return to work strategy that is determined based on a person’s health status. Decisions about “return to work” for persons with confirmed or suspected COVID-19 who are not healthcare personnel should be made in the context of local circumstances (community transmission, resource needs, etc.).

**Symptomatic** persons who are not healthcare personnel with confirmed or suspected COVID-19 can return to work after:

- At least 10 days\* have passed since *symptoms first appeared* and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved

**Asymptomatic** persons who are not health care personnel with confirmed COVID-19 can return to work after:

- At least 10 days\* have passed since the positive laboratory test and the person remains asymptomatic
- Note, if you later develop symptoms, you should follow the guidance for symptomatic persons above.

*\*A limited number of persons with severe illness (you were admitted to a hospital and needed oxygen) or persons with a weakened immune system (immunocompromised) due to a health condition or medication may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with your medical provider and infection control experts.*

**Asymptomatic** persons who are not healthcare personnel, but who do work in critical infrastructure who have a known exposure to a person with COVID-19 can follow the CDC guidance for return to work:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

Both CDC and DPH **DO NOT** recommend using a test-based strategy for returning to work (2 negative tests at least 24 hours apart) after COVID-19 infection for non-healthcare personnel.\*\* CDC has reported prolonged PCR positive test results without evidence of infectiousness. In one study, individuals were reported to have positive COVID-19 tests for up to 12 weeks post initial positive.

More information about the science behind the symptom-based discontinuation of isolation and return to work can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

### Return to Work Practices and Work Restrictions

Persons who are not healthcare personnel who complete the above conditions and can return to work should:

- Wear a face covering if social distancing cannot be maintained in the workplace, per current CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>. Note: A facemask, instead of a cloth face covering, should be used by healthcare providers only. Cloth face coverings are appropriate for persons who are not healthcare personnel and are recommended by CDC to help prevent asymptomatic spread of COVID-19 in settings where social distancing cannot be practiced.
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

CDC guidance for discontinuation of home isolation for persons with COVID-19 infection not in a healthcare setting can be used in conjunction with this guidance for returning to work and can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

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*\*\* Completing a test-based strategy is contingent upon the availability of ample testing supplies, laboratory capacity, and convenient access to testing and requires two samples taken at least 24 hours apart. If an employer requires the test-based strategy for return (which is discouraged by DPH), this should be done by a private physician through a commercial lab. The test-based strategy is not fulfilled by a single test, nor should it be used for screening of all persons returning to work.*