

Confirmed or Suspected COVID-19 Disease Clearance Guidance (Return to Work / Confined Population Criteria)

This guidance applies to:

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

The Kentucky Department for Public Health (KDPH) uses a non-test-based strategy to determine resolution of COVID-19 clinical disease and likely infectivity. This guidance represents KDPH's best expert judgment on this date and will continue to evolve as understanding of COVID-19 improves. KDPH is aware this guidance differs from CDC [guidance](#). In the Commonwealth of Kentucky, KDPH guidance is the recommended community standard.

HCPs/employees/persons in isolation with symptomatic, laboratory-confirmed COVID-19 or symptomatic, clinically suspected COVID-19 should be excluded from work and/or remain in isolation 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 and other symptoms (e.g., cough, shortness of breath, diarrhea); **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).

HCPs/employees 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. It is an expectation that a surgical face mask will be worn at work for universal source control in the work setting (see below).

Return to Work Practices and Work Restrictions

After returning to work, until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer, for source control employees should:

- In non-healthcare settings, wear a facemask or cloth face covering at all times.
- In healthcare settings, wear a surgical facemask instead of a cloth face covering.

- 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 and 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 protection from aerosolized pathogens is 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.

COVID-19 confirmed residents returning to confined population environments (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 one negative COVID-19 test, in addition to meeting the criteria above, before returning to the general population of those facilities.

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.
- At this time, there remains uncertainty concerning the clinical interpretation of a positive PCR test after resolution of symptoms. Said differently, it is not clear that a persistently positive test result after an acute illness represents continued infectivity. In the creation of this guidance, the KDPH has determined that these guidelines should be used as the recommended community standard in the Commonwealth of Kentucky.