



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Recent CDC Guidance and Resource Updates

DQA Assisted Living Forum

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HCP Return to Work, Discontinuation of Transmission-Based Precautions, General Isolation

Summary of Recent Changes as of July 17, 2020

- Except for rare situations, a **test-based strategy is no longer recommended** to determine when to allow HCP to return to work.
- For HCP with **severe to critical illness** or who are severely immunocompromised¹, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised¹ HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).
- Other symptom-based criteria were modified as follows:
 - **Changed from “at least 72 hours” to “at least 24 hours”** have passed *since last fever* without the use of fever-reducing medications
 - Changed from “improvement in respiratory symptoms” to **“improvement in symptoms”** to address expanding list of symptoms associated with COVID-19
- A summary of current evidence and rationale for these changes is described in a [Decision Memo](#).

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

Return to Work Criteria for HCP with SARS-CoV-2 Infection

Symptom-based strategy for determining when HCP can return to work.

HCP with mild to moderate illness who are not severely immunocompromised:

- 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

Note: HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised¹:

- At least 20 days have passed *since symptoms first appeared*
- 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

Decision Memo

Duration of Isolation and Precautions for Adults with COVID-19

Updated July 22, 2020

Print



Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. This update incorporates recent evidence to inform the duration of isolation and precautions recommended to prevent transmission of SARS-CoV-2 to others, while limiting unnecessary prolonged isolation and unnecessary use of laboratory testing resources.

Key findings are summarized here.

1. Concentrations of SARS-CoV-2 RNA measured in upper respiratory specimens decline after onset of symptoms (CDC, unpublished data, 2020; Midgley et al., 2020; Young et al., 2020; Zou et al., 2020; Wölfel et al., 2020; van Kampen et al., 2020).

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

PPE Optimization Quick Reference



PPE Type	Conventional	Contingency	Crisis
All PPE     	<ul style="list-style-type: none"> Use <u>physical barriers and other engineering controls</u> Limit number of patients going to hospital or outpatient settings Use telemedicine whenever possible Exclude all HCP not directly involved in patient care 	<ul style="list-style-type: none"> <u>Selectively cancel</u> elective and non-urgent procedures and appointments for which PPE is typically used by HCP Decrease length of hospital stay for medically stable patients with COVID-19 	<ul style="list-style-type: none"> <u>Cancel</u> all elective and non-urgent procedures and appointments for which PPE is typically used by HCP

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

Questions?

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