

## Updates to Guidance for Management of Healthcare Personnel with Acute Respiratory Virus Exposure and Infection including Influenza and COVID-19

### Scope of Recommendations

This guidance applies to acute viral respiratory infections including influenza and COVID-19, but does not apply to novel influenza or other respiratory pathogens requiring specific public health guidance. The recommendations below are not regulatory requirements or mandates. Healthcare personnel (HCP) should work with Occupational Health within their facility to address situations not covered in the scope of this document and ensure alignment with facility policies. Healthcare facilities retain the right to implement more stringent work exclusion policies, which must be followed by their employees.

DC Health endorses the guidelines below which were proposed by the CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC) in November 2024. HICPAC was subsequently disbanded before these recommendations could be officially adopted.

### Exposed and Asymptomatic

For asymptomatic healthcare personnel who have an exposure to influenza or COVID-19 viruses:

- Work restrictions are not necessary.
- Wear a mask or respirator from the day of first exposure (day 0) through the end of day 5.\*
- Monitor for development of signs or symptoms of a viral respiratory infection for 5 days after their last exposure.
- Any personnel that develop symptoms should follow the restrictions below.

\*Making the first possible day of working while unmasked day 6.

### Infected and Asymptomatic

For asymptomatic healthcare personnel who have tested positive for influenza or COVID-19 viruses.

- Restrict from work until at least 3 days have passed from first positive test (day 0).\*
- Wear a mask or respirator upon return to work until the end of day 7, where first positive test is day 0.^

\*Making the first possible day of return to work on day 4.

^Making the first possible day of working while unmasked day 8.

### Infected with Mild to Moderate Illness

For healthcare personnel who are not moderately to severely immunocompromised with mild to moderate suspected or confirmed influenza or COVID-19 infections:

- Restrict from work until
  - At least 3 days have passed from symptom onset (day 0)\* **AND**
  - They are fever free for at least 24 hours without the use of antipyretics **AND**
  - Symptoms are improving **AND**
  - They feel well enough to work
- Wear a mask or respirator upon return to work until the end of day 7, where symptom onset is day 0.^

\*Making the first possible day of return to work on day 4.

^Making the first possible day of working while unmasked day 8.

### Infected with Severe Illness

These guidelines do not apply to HCP with severe or critical illness. Continue to follow CDC recommendations for these individuals.

- [Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings](#)
- [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)

### Moderate-Severely Immunocompromised

These guidelines do not address illness among HCP who are moderately or severely immunocompromised. Immunocompromised individuals may shed viruses for prolonged periods of time. Consider consultation with occupational health to determine appropriate work exclusion and source control. Occupational health may consider consulting with an infectious disease specialist and/or using a test-based strategy in making this determination.

## Definitions

**Healthcare personnel (HCP):** For the purposes of this guidance, HCP refers to all persons, paid and unpaid, working in healthcare settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP include, but are not limited to: physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel, home healthcare personnel, and persons not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients (e.g., clerical, dietary, house-keeping, laundry, security, maintenance, billing, chaplains, and volunteers).

**Healthcare settings:** refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others. School health offices are health care settings. School nurses and other health office staff should follow the guidance for health care settings.

**Source Control:** use of well-fitting masks or respirators to cover the wearer's mouth and nose to prevent spread of their respiratory secretions to others when they are breathing, talking, sneezing, or coughing. Masks and respirators also offer varying types and levels of protection to the wearer. Common source control device options for HCP include, but are not limited to a NIOSH Approved® N95® filtering facepiece respirator, a well-fitting surgical mask or procedure mask. Cloth masks are not typically considered acceptable for use as a source control device in healthcare settings.

**Mild illness:** Individuals who have any of the various signs and symptoms of respiratory viruses (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate illness:** Individuals who have evidence of lower respiratory disease, by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.