COVID-19: Return-to-Work Guidance For Infusion Centers

The following information is intended to help guide decisions about when healthcare providers (HCPs) can return to work following illness with COVID-19. It is intended to supplement, but not supersede, facility policy, guidelines from local public health officials, and other applicable policies.

- In the context of this document, the diagnosis of “COVID-19” applies to both laboratory-confirmed cases and suspected cases (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Return To Work Criteria For Symptomatic HCPs With COVID-19

Given the high-risk patient population treated in infusion centers, the test-based strategy is strongly preferred:

**Test-Based Strategy (Preferred)**

HCPs should be excluded from working infusion centers until **ALL** of the following criteria are met:

1. Resolution of fever (without the use of fever-reducing medications); **AND**
2. Improvement in respiratory symptoms (e.g. cough, shortness of breath); **AND**
3. Negative test results for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)
As testing supplies, capabilities access varies widely across the country, there may be circumstances when the test-based strategy above cannot be used. In those instances, a symptom-based strategy may be considered:

*Important Note Regarding Symptom-Based Strategy Criteria*

- As of May 1, CDC Return to Work criteria recommends at time period of 7 days from symptom onset to the time an individual may return to work.
- However, CDC guidelines for discontinuation of transmission-based precautions for inpatients were updated on April 30th to require a period of 10 days to elapse to account for new evidence suggesting the possibility of a longer duration of viral shedding.
- Furthermore, the recommendation for HCPs returning to work with immunocompromised patients is 14 days after illness onset.

With this in mind, it may be prudent to require a period of at least 14 days to pass from symptom onset before allowing HCPs to return to work following a COVID-19 diagnosis when using the symptom-based strategy.

**Symptom-Based Strategy**

HCPs should be excluded from working infusion centers until all of the following criteria are met:

1. 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

2. At least 14* days have passed since symptom onset

**Return To Work Criteria For Asymptomatic HCPs With Positive SARS-CoV-2 Test**
Emerging evidence suggests a significant proportion of individuals may test positive for the SARS-CoV-2 virus and yet never develop any symptoms. Return to work criteria for healthcare providers with laboratory-confirmed COVID-19 who have remained asymptomatic should be excluded from work until at least 10 days have passed since the date of their first positive COVID-19 viral test assuming they have not subsequently developed symptoms since their positive test.

**Patients Returning To The Clinic Following A Covid-19 Diagnosis**

The decision regarding stopping and subsequently restarting biologic therapies following a COVID-19 diagnosis dependent on multiple factors and therefore is best made by patient and their healthcare provider. Clinical guidance resources specific to particular specialties are being developed by professional organizations; links can be found at the end of this document and on the [NICA COVID-19 web page](#).

Once the decision is made for a patient with COVID-19 diagnosis to resume treatment, it is imperative that steps be taken to ensure the safety of other patients as well as the staff in the infusion center. The CDC provides a strategy to help determine when immunocompromised patients may discontinue home isolation, which may be a useful measure to use when deciding when patients may return safely return to the infusion center. In that guidance document, the CDC recommends using the same strategies previously outlined for HCPs—the test-based and symptom-based strategies.

When applying the symptom-based strategy criteria, the CDC guidance calls for waiting 7 days since symptoms started before patients may discontinue self-isolation, however guidance for HCPs with COVID-19 recommends a period of 14 day before having contact with immunocompromised patients, so it may be useful to apply that logic to patients returning to infusion centers where they too may have contact with immunocompromised patients. **Infusion providers are encouraged consider these recommendations in the context of their operational workflows and facility layout to determine the course of action most appropriate for their respective care settings.**

Experience from other respiratory viral infections suggests that immunocompromised individuals may shed potentially infectious viral material for an extended period of time after recovery. This should be factored into decisions made regarding both patients and HCPs returning to the infusion center following COVID-19 diagnosis.
Additional Resources


https://www.eeoc.gov/eeoc/newsroom/wysk/wysk_ada_rehabilitation_act_coronavirus.cfm

Guidelines for Environmental Infection Control in Health-Care Facilities Recommendations. CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). 
https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf

References


