

New California guidelines push COVID-infected health care workers back to work

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As of January 8, California health care workers who test positive for COVID-19 or are exposed to someone with COVID-19 but remain asymptomatic must return to work immediately without any quarantine or repeat COVID-19 testing.

This updated guidance was released by the California Department of Public Health (CDPH) in an emergency letter and is in effect from January 8 to February 1, 2022. The letter was directed to all general acute care hospitals, acute psychiatric hospitals and skilled nursing facilities in the state of California.

The letter states that during critical staffing shortages, “HCPs [Healthcare Professionals] who have tested positive for SARS-CoV-2 and are asymptomatic may return to work immediately without isolation and without testing, and HCPs who have been exposed and are asymptomatic may return to work immediately without quarantine and without testing.”

The emergency letter states that the reason behind this change is a reaction both to short staffing in hospitals and the updated Centers for Disease Control and Prevention (CDC) quarantine guidance.

California nurses spoke with WSWS reporters on the new guidelines. Emily from Southern California said, “I am appalled at the lack of science used in making this decision. It will infect many vulnerable people. COVID is like Russian Roulette and we are playing this game with people’s precious lives.”

She added, “So many staff are sick, and shortages are everywhere. Trash overflowing, nurses that are supposed to have four patients are taking six, no help to answer phones, to draw labs. Everything is delayed even longer.”

Emily also described a recent tragedy on her unit. “One of our own nurses died yesterday. It was the first time she had COVID. Everyone is devastated and fearful.”

It is significant that these guidelines are being implemented first in California, a state which purportedly leads the way in health care workplace safety due to its state-mandated (although often neglected) staffing ratios and relatively higher pay. While the practice of forcing infected workers back to work is already happening in many parts of the country, the new California guidelines will open the door to other states to push through similar regulations.

Another Southern California nurse, Fran, stated, “I think [the CDPH guidelines] are horrible and several nurses are coming to work looking exhausted but have no COVID sick leave and are coming back too soon to work even with symptoms. Staff and

patients are all at risk from the new variant being so contagious.”

Fran is describing the expiration of supplemental paid COVID-19 sick leave. Originally implemented via an executive order in March 2021, the paid leave was allowed to expire in September, forcing workers who cannot afford to take unpaid time off to work when infected.

The state’s emergency guidance was made possible by the preceding CDC guidelines, which cut the recommended isolation period for people infected with COVID-19 in half, from 10 days to 5 days or even less for health facilities with severe staffing shortages—a description that applies to virtually every hospital, clinic and nursing home.

The staffing catastrophe across the country has been compounded by the mass exodus of health care workers who have left the profession due to exhausting workloads and the danger of infecting themselves and loved ones. According to a Becker’s Hospital Review report from November, the US health care sector has lost almost half a million workers since February 2020, accounting for one in five.

While CDPH guidance, which is supposedly temporary, is entirely in line with the Biden administration’s deadly “herd immunity” strategy and the abandonment of any pretense that the government is seeking to stop the spread of the pandemic. Many states have already ended the reporting of daily cases, and the CDC has been discussing measures to end daily case reporting altogether.

Pseudo-scientific articles and opinion pieces that advocate for “learning to live with the virus” or for COVID-19 to become “the new normal” are heavily promoted by Democrats and Republicans and the corporate media. The Biden administration continues to campaign relentlessly for the reopening of schools to in-person learning, which has led to an explosion of infections, including 580,247 pediatric cases during the week ending January 6, according to a new report from the American Academy of Pediatrics. Forcing health care workers to work while infected with COVID-19 is the latest move to stop any or all infection control measures aimed at stopping the spread of the deadly virus.

With the advent of the new CDC guidelines, and now the even more dangerous California guidelines, there are fewer and fewer legal obligations to which hospitals must comply to keep their employees and patients safe. There is no limit to how far hospital CEOs will go to extend these guidelines or make them more lenient to cut costs and boost profits.

Neither of the CDC or CDPH guidelines are based on scientific evidence. Just ten days after the release of its new guidelines, the CDC quietly published its forecast of COVID-19 deaths. Without any media announcement to warn the public that it had been wrong to declare the Omicron variant “mild,” it released projections showing that by the end of the month, COVID-19 deaths will likely increase from their current levels of 9,000 to 10,000 per week to 20,000 to 30,000 per week, or between 2,850 and 4,280 deaths per day.

Data from the CDPH website’s own California COVID Assessment Tool shows that hospitalizations are up 59 percent since the beginning of January and are predicted to rise 153 percent to 23,528 hospitalizations by February, breaking the state’s previous record of 21,938 hospitalizations from January 2021.

To cover its tracks, the CDPH says its guidelines are not a mandate and that facilities “always have the option to implement more protective procedures.” It adds pathetically that “Facilities implementing this change must have made every attempt to bring in additional registry or contract staff.”

Of course, no hospital executive would pass up this carte blanche to keep lucrative beds open and rake in profits amidst one of the worst COVID-19 surges to date. Hospital executives are already eagerly implementing the new CDC quarantine guidelines, with Chip Kahn, a lobbyist and president of the Federation of American Hospitals, telling *Politico* that hospitals were “generally pleased with the CDC’s new guidance because of the flexibility it allows them to decide when to bring workers back.”

The CDPH letter offers a series of impractical and ineffective suggestions to curb infections when COVID-19-positive health care workers are on shift. Infected or exposed workers are supposed to wear an N95 respirator “until they meet routine return-to-work criteria,” i.e., roughly 5-10 days depending on vaccination status. COVID-19-positive workers should have access to separate break rooms and restrooms, the CDPH letter says.

It is a fact that most hospital units do not have a magical separate restroom or break room, and if such a designated COVID-19-positive space could be found, it would likely be far away and difficult to access during shifts, which are extremely busy due to critical short staffing.

Given the fact that COVID-19 is an airborne disease, if a COVID-19-positive nurse were to take off her N95 in a poorly ventilated break room to drink a cup of coffee, to speak or even blow her nose, viral particles could stay suspended in the air, possibly infecting workers who enter the same room for several hours. Nurses who are not COVID-19-positive will continue to wear flimsy surgical masks, which do not offer protection from airborne disease.

In larger hospitals, outdoor spaces, the safest option when removing a mask, can be a five- to ten-minute walk away, an unfeasible privilege given limited break times.

“These HCPs should preferably be assigned to work with COVID-19 positive patients,” the CDPH letter states before acknowledging the impracticability of its proposal. “However, this may not always be possible in settings such as the emergency department in which you may not know which patients are

COVID-19 positive...” The letter fails to add that a majority of hospitals test patients upon admission and then only again for upcoming surgical procedures or if symptoms develop. As a result, on a typical nursing unit, the COVID-19 status of all patients is largely unknown.

The California Nurses Association (CNA) published a brief press release condemning the CDPH decision. CNA President Cathy Kennedy wrote: “Governor Newsom and our state’s public health leaders are putting the needs of health care corporations before the safety of patients and workers. We want to care for our patients and see them get better—not potentially infect them. Sending nurses and other health care workers back to work while infected is dangerous. If we get sick, who will be left to care for our patients and community?”

Similarly, Zenei Triunfo-Cortez, president of the CNA parent organization, National Nurses United, told KRON4 news reporters, “We’re hoping and urging the governor and the CDPH to rescind their decision.”

These pathetic appeal to the state’s billionaire governor to “do the right thing” will fall on deaf ears. Newsom and the Democratic-controlled state legislature have repeatedly done the bidding of the giant hospital chains, including lifting the state’s mandatory nurse-to-patient ratios in December 2020. Newsom and the Democrats are overseeing today’s reopening of Los Angeles schools, the nation’s second largest district, ensuring that even more infected adults and children are sent into overflowing hospitals.

A real fight must be waged. Workers at every hospital must establish independent rank-and-file committees—such as the one built at Kaiser Permanente—and link up with our sister committees in other industries across the US and globe. These committees fight not for what hospital CEOs or state officials deem “possible,” but for what is required to keep patients, coworkers and the international working class safe.

We urge workers to contact the WSWS with information about the spread of infections in your workplaces. All information will be kept anonymous.



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