Resources to Help Facilities Plan and Respond to COVID-19
Positive Test Results Among Staff
May 14, 2020

After receiving positive COVID-19 test results for staff, facilities should be prepared to take the necessary actions to protect staff and residents. Please consult the New Hampshire Division of Public Health Services, Bureau of Infectious Disease Control by calling 603-271-4496 with any questions.

Immediate Action Steps:

Staff with laboratory-confirmed COVID-19 should be excluded from work until they meet return to work criteria:

Symptomatic HCP with suspected or confirmed COVID-19:

- **Symptom-based strategy.** Exclude from work until:
  - 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,
  - At least 10 days have passed since symptoms first appeared

- **Test-based strategy.** Of note, there have been reports of prolonged detection of RNA without any evidence of infectiousness. Therefore, the symptom-based strategy above is preferred. If using the test-based strategy, exclude from work until:
  - Resolution of fever without the use of fever-reducing medications and
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and

HCP with laboratory-confirmed COVID-19 who have not had any symptoms:

- **Time-based strategy.** Exclude 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.
    - If they develop symptoms, then the symptom-based or test-based strategy should be used as above.

- **Test-based strategy.** Of note, there have been reports of prolonged detection of RNA without any evidence of infectiousness. Therefore, the time-based strategy above is preferred. If using the test-based strategy, exclude from work until:
Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).

Regardless of symptoms, when these staff confirmed with COVID-19 return to work, they must also:

- Wear a facemask for source control at all times while in the healthcare facility.
  - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when conducting aerosol-generating procedures 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 or last positive test result.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen.

An important note on negative test results:

If an asymptomatic staff member is tested within 14 days of an unprotected exposure to COVID-19, a negative result does NOT allow them to be removed from their 14-day quarantine. An exposed individual can develop illness within this 14-day period, and testing before may be falsely negative. They should remain excluded from work and remain on quarantine for 14 days.

However, during crisis staff shortages, asymptomatic staff with unprotected exposure to COVID-19 who are not known to be infected may continue to work under certain precautions:

- These staff should still report temperature and absence of symptoms each day before starting work and wear a surgical facemask (for source control).
  - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19.
  - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- If staff develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.

Mitigating Staff Shortages:

When there are no longer enough staff to provide safe patient care, implement crisis strategies to mitigate staffing shortages. For full NH DPHS guidance on return to work during crisis staffing shortages, please review Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 in LTCF/ALF.