TESTING

Who should be tested for COVID-19 using RT-PCR?
Any person who is experiencing even mild symptoms of COVID-19 should be tested. These symptoms include, fever, cough, congestion, shortness of breath, muscle aches, chills, new significant fatigue, or loss of taste or smell. In addition anyone over the age of 60, healthcare workers, those with underlying health conditions, household members of vulnerable populations listed previously, child care staff, or employees who cannot avoid prolonged close contact with peers or the general public may be tested. Asymptomatic individuals may also be tested. Anyone tested for COVID-19 should isolate pending test results.

People who have mild symptoms of COVID-19, even if not tested, should stay home until:

<table>
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<tr>
<th>At least 10 days have passed since symptoms first appeared</th>
<th>AND</th>
<th>At least 1 day (24 hours) has passed since recovery*</th>
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*Recovery is defined as a resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms.

People who do not have symptoms but have been notified that they may have been exposed:
→ through close contact with a person with COVID-19 or a person likely to have COVID-19 (without testing); or,
→ any persons who have traveled outside of NH, ME, VT, MA, RI or CT:
  ▪ Stay home (self-quarantine) for 10 days from the last day of potential exposure.
  ▪ It can take up to 14 days from the time someone is exposed to develop symptoms of COVID-19.
  ▪ May be tested for COVID-19, however, a negative test result will not change the need for a person to self-quarantine.

What testing resources are available in NH?
For testing resources and options please visit our Testing Guidance page.

To submit specimens to the NH PHL for COVID-19 testing:

1. Complete a NH PHL Requisition. For shorter turnaround times, consider creating a PHL LabOnline account and filling out the on-line requisition. For more information, email PHL_LIMS_Group@dhhs.nh.gov
2. To send specimens to the NH PHL, collect NP/NS/OP swab and put into viral transport media (VTM) or sterile saline.
CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

How do I get test results from specimens submitted for testing by the NH Public Health Laboratories?
The NH PHL will not release any test results over the phone. All results will be faxed to the facility indicated in the Submitter Information section of the NH PHL Requisition as soon as they are finalized. Individuals should contact the healthcare provider who ordered the test to receive their results.

How are COVID-19 tests paid for?
NH has issued an order that requires health insurers to cover services associated with testing for COVID-19. Health insurance companies must provide coverage, prior to application of any deductible and without cost sharing, for the initial healthcare provider visit and test for their members who meet the CDC criteria for testing, as determined by the insured’s healthcare provider. For more information visit https://www.nh.gov/insurance/consumers/health-insurance-coronavirus-faq.htm

What about point-of-care antigen testing?
NH DPHS recommends that outpatient and ambulatory care facilities look to bring on point-of-care antigen testing for SARS-CoV-2 in order to facilitate rapid testing of patients with symptoms of COVID-19, preferably with the more sensitive test platform (i.e., the Quidel Sofia SARS Antigen test).

There are currently two point-of-care SARS-CoV-2 antigen tests that have received FDA Emergency Use Authorization (EUA) and are able to provide rapid results (within 15 minutes) when testing a symptomatic person for COVID-19:

- Quidel Sofia SARS Antigen FIA
- BD Veritor System

To report antigen test results, utilize this online form. For additional information on point-of-care antigen testing read our Health Alert Network Coronavirus Disease 2019 (COVID-19) Outbreak, Update #20: Recommendations on Antigen Testing

CLEANING AND DISINFECTING

How do I clean and disinfect in a healthcare setting?
CDC provides Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Refer to EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2.

How long does an examination room need to remain vacant after being occupied by a patient with confirmed or suspected COVID-19?
In short, the length the room should stay vacant depends on whether or not the COVID-19 patient was coughing, sneezing, or undergoing aerosol generating procedures. For a patient who was not coughing or sneezing and was only in the room for a few minutes, the risk likely dissipates in a few minutes. For more details, see CDC’s Infection Control FAQs pasted below:
“The amount of time that the air inside an examination room remains potentially infectious is not known and may depend on a number of factors including the size of the room, the number of air changes per hour, how long the patient was in the room, if the patient was coughing or sneezing, and if an aerosol-generating procedure was performed. Facilities will need to consider these factors when deciding when the vacated room can be entered by someone who is not wearing PPE.

For a patient who was not coughing or sneezing, did not undergo an aerosol-generating procedure, and occupied the room for a short period of time (e.g., a few minutes), any risk to HCP and subsequent patients likely dissipates over a matter of minutes. However, for a patient who was coughing and remained in the room for a longer period of time or underwent an aerosol-generating procedure, the risk period is likely longer.

For these higher risk scenarios, it is reasonable to apply a similar time period as that used for pathogens spread by the airborne route (e.g., measles, tuberculosis) and to restrict HCP and patients without PPE from entering the room until sufficient time has elapsed for enough air changes to remove potentially infectious particles.

General guidance on clearance rates under differing ventilation conditions is available.”

For example, a typical patient room may have 6 air changes per hour (ACH), which means after a patient undergoes an aerosol generating procedure or is coughing or sneezing, the room should remain vacant for 69 minutes before someone enters the room without proper PPE.

RISK-RELATED CONCERNS

What should healthcare personnel (HCP) do if they had a potential exposure to COVID-19?

What is Multisystem Inflammatory Syndrome in Children (MIS-C)?
Multisystem Inflammatory Syndrome in Children (MIS-C) is a condition that causes inflammation in many parts of the body. Many children with MIS-C have had the virus that causes COVID-19. Protect your child from COVID-19 by taking preventative actions such as washing or sanitizing hands often, avoiding those who are sick, practicing social distancing, having children over the age of 2 wear a cloth face covering in public settings, and frequently cleaning and disinfecting high-touch surfaces. For more information on MIS-C, visit the CDC’s “Information for Healthcare Providers about Multisystem Inflammatory Syndrome in Children (MIS-C)” webpage: https://www.cdc.gov/mis-c/hcp/

TRAVEL-RELATED CONCERNS

Healthcare providers should:

- Advise patients to defer all cruise ship travel, including river cruises, worldwide.
- Explain that their return travel to the United States may be impacted, and formal quarantine procedures may be implemented if confirmed cases are identified on board.
- Explain that appropriate medical care or medical evacuation may not be available internationally.
- Explain that some countries may refuse docking or disembarkation if there are known or suspected cases on board.
- For patients who still intend to cruise, advise them to
  - Stay in their cabin and notify the onboard medical center immediately if they get sick with fever, new or worsening cough, or trouble breathing during their cruise.
  - Stay home for 10 days after returning from travel, practice social distancing, and monitor their health both during travel and after they return. Social distancing means staying out of crowded places, avoiding group gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others, when possible.
• Advise patients that any travel outside of New England (NH, MA, ME, VT, RI, CT) will be required to quarantine for 10 days upon return.
• Travelers now have the option to shorten their travel-related quarantine if all the following apply:
  o They get a PCR test on day 7 of quarantine or later (antigen testing is not appropriate for testing out of travel quarantine)
  o The PCR test is negative
  o The person is asymptomatic
  o There is no known “close contact” to a person with COVID-19
• For more information see Employer Travel, Screening, and Exclusion Guidance

HEALTHCARE FACILITIES

How should visitors and staff be screened and protected upon entering a healthcare facility?
DHHS recommends that all visitors and staff entering a healthcare facility be screened for symptoms and be provided with a washable (reusable) cloth face covering to wear in order to reduce asymptomatic/pre-symptomatic transmission of COVID-19 while in the facility.

What type of PPE should a healthcare worker wear when caring for a patient with suspect/confirmed COVID-19?
The healthcare worker caring for a patient with suspect/confirmed COVID-19 should:
1. Remove their cloth mask.
2. Secure the cloth mask in a plastic bag.
3. Conduct hand hygiene.
4. Don usual COVID-19 PPE which includes (at a minimum): surgical face mask; eye protection; gown; and, gloves.
5. An N95 or higher level respirator should be used for patients undergoing aerosol-generating procedures.

For additional information on PPE recommendations please reference Health Alert Network #18.

What personal protective equipment (PPE) should be worn by environmental services (EVS) personnel who clean and disinfect rooms of hospitalized patients with SARS-CoV-2 infection?
In general, only essential personnel should enter the room of patients with SARS-CoV-2 infection. Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient. If this responsibility is assigned to EVS personnel, they should wear all recommended PPE when in the room. PPE should be removed upon leaving the room, immediately followed by performance of hand hygiene.

After discharge, terminal cleaning can be performed by EVS personnel. They should delay entry into the room until time has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, EVS personnel can enter the room and should wear a facemask (for source control) along with a gown and gloves when performing terminal cleaning. Eye protection should be added if splashes or sprays during cleaning and disinfection activities are anticipated or otherwise required based on the selected cleaning products. Shoe covers are not recommended at this time for personnel caring for patients with SARS-CoV-2 infection.” (Source: CDC’s Infection Control FAQs)

How should I report positive COVID-19 test results?
All healthcare facilities and laboratories should be reporting positive test results to the New Hampshire Division of Public Health Services. Information on how to report is located here: https://www.dhhs.nh.gov/dphs/cdc/covid19/covid19-reporting-form.pdf. Report antigen test results using this online form.
LONG-TERM CARE AND ASSISTED LIVING FACILITIES

Does DHHS provide guidance to long-term care and assisted living facilities regarding the management of COVID-19?
Yes, DHHS has published its COVID-19 Guidance for Long-Term Care Facilities. This guidance provides links to updated documents as new information evolves, including:

- Centers for Medicare and Medicaid Services (CMS) Guidance
- CDC Guidance for Long Term Care Facilities
- COVID-19 Response Toolkit for Long Term Care Facilities

More information and resources can be found on the Long Term Care Facilities tab of the DHHS webpage.

What should facilities do for residents with suspect or confirmed COVID-19?
A resident with new-onset suspected or confirmed COVID-19 should be isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room with a private bathroom if possible pending results of COVID-19 test. Roommates of residents with COVID-19 should be considered exposed and potentially infected. If any resident is suspected or confirmed to have COVID-19, staff should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread).

Should individuals with confirmed or suspect COVID-19 be transferred to a hospital?
Transfer to a hospital is only recommended when the individual requires a higher level of clinical care or if the facility cannot adhere to the appropriate infection control procedures.

How do I actively screen residents?
Screen residents at least daily for fever and symptoms of COVID-19, and take their vital signs including pulse oximetry. Immediately isolate anyone who is symptomatic with symptoms that may indicate COVID-19. Ill residents should be screened at least 3 times daily to quickly identify anyone who would require transfer to a higher level of care. For Independent Living Facilities and Retirement Communities, the CDC advises encouraging residents to establish a “buddy system” to check in on one another (while observing social distancing) and also encourage residents self-observe for any symptoms of COVID-19.

NH DHHS, DIVISION OF PUBLIC HEALTH SERVICES (DPHS) RESPONSE

We care deeply about the health and wellbeing of the people of NH. We are committed to sharing accurate information with the public to ensure the optimal health and wellbeing of all NH residents while also ensuring we uphold the highest privacy standards for individual patients. As an organization we rely on the best available science and evidence-based practices. In rapidly evolving situations such as this we will provide updated information as it becomes available.

NH DPHS has been working closely with the CDC since the first case of COVID-19 was detected in the United States. We are working very closely with our healthcare and public health partners. Visit our website for our full case investigation and contact tracing plan.

In outbreaks such as this, public health recommendations may change. We encourage you to check these key resources frequently for updates:

- U.S. Centers for Disease Control and Prevention (CDC)
- NH Department of Health and Human Services (NH DHHS)
- NH DHHS Educational Institution Novel Coronavirus 2019 (COVID-19) Frequently Asked Questions (FAQ)
- New Hampshire COVID-19 Vaccination Planning
### KEY CONTACTS

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<thead>
<tr>
<th>Topic/Inquiry</th>
<th>Contact</th>
<th>Phone/Email</th>
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<tbody>
<tr>
<td>General Information</td>
<td><a href="http://www.nh.gov/covid19">www.nh.gov/covid19</a></td>
<td>1-866-444-4211</td>
</tr>
<tr>
<td>Patients without a primary care provider seeking assessment for COVID-19 testing</td>
<td>2-1-1 New Hampshire</td>
<td>TTY: 603-634-3388</td>
</tr>
<tr>
<td>Clinical Questions</td>
<td>Division of Public Health Services Bureau of Infectious Disease Control</td>
<td>603-271-4496</td>
</tr>
<tr>
<td>Healthcare Surge</td>
<td>Requests for PPE need to be submitted electronically</td>
<td><a href="https://prd.blogs.nh.gov/dos/hsem/?page_id=8673">https://prd.blogs.nh.gov/dos/hsem/?page_id=8673</a></td>
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<tr>
<td>Media Inquiries</td>
<td>State of NH Joint Information Center</td>
<td>603-223-6169</td>
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<tr>
<td>Requests for Media Support</td>
<td><a href="mailto:JIC@dos.nh.gov">JIC@dos.nh.gov</a></td>
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<tr>
<td>Laboratory Courier Service</td>
<td>NH Public Health Laboratories</td>
<td>603-271-0305</td>
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<tr>
<td>Sampling Supplies</td>
<td>NH Public Health Laboratories</td>
<td>603-271-4605</td>
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<tr>
<td>Physician ordered testing for any patient with COVID-19 symptoms</td>
<td>NH DHHS COVID-19 Coordinating Office</td>
<td>Fax requisition to 603-271-3001 or email <a href="mailto:covidtesting@dhhs.nh.gov">covidtesting@dhhs.nh.gov</a></td>
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