When can COVID-19 positive staff return to work?

1. In a facility **without** staffing shortages…
2. In a facility **with critical** staffing shortages…

When can staff on quarantine return to work?

What is and where can I find more about the Governor’s LTC stabilization fund?

Who should I communicate to about a COVID-19 case in my facility?

Audience Q&A
In a facility with **no staffing shortages**...

When can staff with confirmed COVID-19 return to work?
When can symptomatic, COVID+ staff return to work?

- Exclude from work until **return to work criteria** has been met
  - **Test Based Strategy**: Resolution of fever without the use of fever-reducing medication, improvement of respiratory symptoms, **AND** negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).
  - **Non-Test Based Strategy**: Seven days have passed since the onset of symptoms, respiratory symptoms have improved, **AND** at least 72 hours have passed since recovery (resolution of fever without the use of fever-reducing medication).

*CDC indicates a preference for the test-based strategy for healthcare personnel returning to work. In New Hampshire, the non-test based strategy is also acceptable depending on local resources for testing.*
When can asymptomatic, COVID+ staff return to work?

- Staff with confirmed COVID-19 who have not had any symptoms should be excluded 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.
After returning to work, all COVID-19+ staff should:

- Follow **universal source control guidance** after returning to work which includes:
  - Wear a facemask at all times while in the facility
    - This serves as source control
    - A facemask is preferred over a cloth covering
    - A facemask for source control does not replace the need to wear an PPE when indicated
- Cannot care for severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

In a facility with critical staffing shortages...

When can staff with confirmed COVID-19 return to work?
Can COVID-19+ staff continue to work?

- Yes, when staffing resources have been exhausted and there are no longer enough staff to provide safe patient care, staff with suspected or confirmed COVID-19 who are well enough to work may do so.

- Prioritize their duties in the following order:
  - Staff with suspected or confirmed COVID-19 may perform job duties where they do not interact with others.
  - Staff with confirmed COVID-19 may provide direct care ONLY for patients with confirmed COVID-19, only in a strict cohort setting.
If COVID-19+ staff continue to work:

Additional requirements must be met:

- Remind the staff that, in addition to potentially exposing patients, they could also expose their co-workers.
- Staff must pay strict attention not to enter areas without COVID-19 patients.
- Facemasks must be worn even when they are in non-resident care areas such as breakrooms.
- If they must remove their facemask (e.g., to eat or drink), they should separate themselves from others ideally in a room dedicated for only COVID-19 positive staff.
- Use a separate entrance/exit and a dedicated route to get to and from the COVID-19 unit in order to avoid viral shedding in areas of the facility that are not COVID-19 contaminated.
- Additional environmental disinfection should be used in areas that are dedicated to the staff with confirmed COVID-19.
When can staff on quarantine return to work?
If staff on quarantine test negative for COVID-19, can they return to work immediately?

- No. Because of the 14-day COVID-19 incubation period, an asymptomatic staff member may not test positive until the end of their incubation period.
- Exposed healthcare workers should be excluded from work for 14-days based on the [CDC’s Interim HCP Risk Assessment](https://www.cdc.gov/hpr/covid-19/guidance.html).
This fund is intended to help stabilize front line work of certain Medicaid providers that is not able to be conducted remotely.

The fund provides a weekly stipend to direct support professionals providing frontline care during the COVID-19 pandemic.

Find more information on eligibility, guidelines, and application process here:
- [https://www.nhes.nh.gov/services/employers/longtermcare.htm](https://www.nhes.nh.gov/services/employers/longtermcare.htm)
Who should I communicate to about a COVID-19 case?

- DHHS
- Your facility staff and residents
- Resident’s family members
- Facilities (e.g., hospitals, dialysis centers) where you transfer residents to
  - Communicate about COVID-19+ residents and potentially exposed residents
Resources

- CDC’s Interim HCP Risk Assessment
- CDC’s Return to Work Criteria
- CDC's Mitigation of Staffing Shortages
- DPHS Universal Source Control Recommendation
- NH DPHS Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 in LTCF/ALF