

COVID-19

COVID-19 Guidance for return-to-work of healthcare workers

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Introduction

This document provides guidance **for clinical leaders and managers** in the health sector to manage the return to work of healthcare workers who have been infected with, or exposed to, COVID-19, as well as those who have acute respiratory symptoms but have tested negative for COVID-19.

It provides **structured return-to-work pathways** to enable individual regions and/or services to make decisions appropriate for their circumstances.

Who this guidance is for:

This guidance applies to healthcare workers in:

- Hospitals;
- aged residential care;
- primary and community services;
- home support services provided for a variety of clients including mental health and disability support services; and
- is appropriate for use by NGOs and private providers in health services.

Health services are defined broadly and include all services that are an integral part of the health and wellbeing system.

In hospital settings, support to use this guidance may be provided by personnel in occupational health, infectious diseases, clinical microbiology, infection prevention and control (IPC) and/or service leadership.

In non-hospital settings, we recommend a registered health professional seeks further support and guidance from relevant clinical teams where available (such as occupational health, infectious diseases, clinical microbiology, IPC) and/or service leadership in applying this guidance to staff who are COVID-19 cases or contacts.

All service providers need to talk with their staff about the potential scenarios when this guidance will be applied and what that means in practice.

This is a living document and will be reviewed and updated accordingly. Please ensure you refer to the website for the most up-to-date version.

COVID-19 symptoms

The full list of COVID-19 symptoms is available on the Te Whatu Ora website: [Clinical criteria for COVID-19](#). In some situations, as detailed below, HCWs will be able to return to work if they are asymptomatic or have only mild and improving symptoms.

The definition of **mild symptoms** for the purpose of this guidance is:

- no fevers (without fever-reducing medication such as paracetamol)
- minimal cough/sneeze
- minimal runny nose (i.e. does not require removal of mask or respirator to wipe)
- feeling well enough to return to work.

Stay home when sick – even if it's not COVID-19

All healthcare workers must follow standard public health advice. Stay home when sick and only return to work once symptoms have resolved or are deemed mild.

Be vigilant for symptoms. If new COVID-19-like symptoms develop, immediately test using a Rapid Antigen Test (RAT), or another approved test.

When symptomatic, the following guidance applies:

- If these are new symptoms and are greater than mild, even with a negative RAT stay at home while unwell.
- Can return to work if have three consecutive negative RATs, each 24 hours apart, or a negative PCR at 48 hours after symptoms started, **and** if symptoms have resolved or are mild and improving.
- For people that have a history of COVID-19-like symptoms due to other causes (e.g. hayfever, asthma), and have usual mild symptoms, test using a RAT and continue working if negative. Recommend repeat testing until three consecutive negative RATs, each 24 hours apart, to confirm the symptoms are not due to COVID-19.

COVID-19 Reinfection

Evidence on reinfections is evolving rapidly. The Ministry of Health and Te Whatu Ora are closely monitoring international evidence and information to ensure our guidance is in line with the latest public health advice. For up-to-date information visit the [Unite Against COVID-19](#) website.

- If a person develops new symptoms consistent with COVID-19, and it's 29 days or more since a previous infection, it's possible they have a reinfection with COVID-19 and they should test using a RAT.
- If the RAT is positive, follow district or regional guidance for confirming a positive case before implementing case and contact management pathways.

Managing HCWs who are cases or close contacts

COVID-19 transmission

In healthcare settings healthcare workers (HCWs) must wear the appropriate personal protective equipment (PPE) and adhere to IPC measures to reduce the risk of transmission. Additional guidance regarding vaccinations or increased testing requirements is in place with the intentions of protecting vulnerable patients and workers.

Reporting COVID-19 exposure or infection

Workplaces must have documented processes and systems for HCWs to self-report COVID-19 exposure or infection. HCWs should fill out online self-notification of their case status on the [My Covid Record](#) in addition to any internal processes. Each workplace needs to ensure a process is in place and understood by HCWs. Local records must document staff management whilst maintaining confidentiality of staff health information.

Potential actions

The return-to-work pathways outlined in this guidance refer to actions that are recommended as best practice.

Management of health care workers who are COVID-19 cases or contacts involves making risk assessments and balanced decisions. This involves ensuring the wellbeing of HCWs whilst weighing the risks of COVID-19 transmission with wider health risks to patients, whānau and other staff. It is expected the pathways outlined in this guidance would be considered and implemented in a stepwise manner i.e., the Return Day 8 pathway should be deemed a non-viable option before looking to the Return with negative RATs pathway.

Rapid antigen tests, isolation times and infectivity

Rapid antigen tests (RATs) are used as part of implementing this guidance. We recommend all healthcare organisations provide their staff with access to a supply of RATs, including instructions for how to administer a RAT properly. Any RAT undertaken to return-to-work should be done at home before going to the workplace (not at work prior to starting a shift).

Cases

For HCWs who are COVID-19 cases, the return-to-work options use RATs to help indicate whether someone might be infectious or not. However, staff and managers should be aware that people may not be well enough to return despite ending their recommended isolation period or returning a negative RAT result.

Current evidence indicates that two correctly administered negative RATs at the end of the infectious period provides good reassurance a person is no longer infectious. A positive RAT indicates a person may still be infectious, although this is not always the case. Clinical judgement about whether or not someone has symptoms that could more easily facilitate transmission (e.g., sneezing and coughing) should also be part of the risk assessment when safe service delivery is at risk and an early return-to-work is being considered.

Current evidence suggests that very few cases will still be infectious after 10 days, if they have a normal immune response (i.e., are not immunocompromised).

Household Contacts and high-risk workplace exposure contacts

Current guidance recommends that all household contacts should take a RAT each day for 5 days from when the first case in the household tests positive. If symptomatic, the HCW should advise their manager and follow the general advice for staff with respiratory symptoms (see “stay home when sick” section above). Healthcare workers who are asymptomatic can continue to work, but additional precautions such as wearing a mask up to day 10 are recommended for staff working with vulnerable patients/clients.

When staff are not at work

When not at work healthcare workers should adhere to relevant community isolation and testing recommendations.

Return-to-work of healthcare workers who are cases or household/high risk exposure contacts

In each situation, healthcare workers’ wellbeing and the need to be at the workplace should be reviewed regularly.

There are two pathways for COVID-19 cases to return to work – a negative RATs return to work from day 4 pathway and a return to work on day 8 pathway for HCWs who continue to be RAT positive (or who have not been tested). For both pathways, HCWs must feel well enough to work and be asymptomatic or have only mild symptoms.

HCWs who are COVID-19 cases should discuss their return to work with their manager or clinical leader.

Information sheets, providing a more detailed description of each pathway, have been developed for managers and staff (**see Appendix 1**).

Table 1: Summary of return-to-work pathways

Pathway	Eligibility	Description
Symptomatic HCWs		<p>If new respiratory symptoms develop</p> <ul style="list-style-type: none"> • Stay home if feeling unwell • Do a RAT immediately <ul style="list-style-type: none"> ○ If positive, follow case pathways below ○ If negative, repeat RAT twice at least 24 hours apart • Return to work if all 3 RATs are negative and symptoms have resolved or are mild and improving <p>If history of asthma or hayfever and have usual mild symptoms</p> <ul style="list-style-type: none"> • Do a RAT immediately <ul style="list-style-type: none"> ○ If negative, can continue working • Repeat RAT daily until 3 consecutive negative tests
Household / High risk workplace exposure contacts		<ul style="list-style-type: none"> • Take a RAT each day for 5 days, from the day that the first case in the household tests positive, if negative and asymptomatic can continue to work. • If symptoms develop, RAT immediately and stay home and recover. Only return to work if symptoms have resolved or two negative RATs 48 hours apart and symptoms are mild and improving (refer to page 4 for testing advice). <p>On workdays the following precautions are recommended up to Day 10 and for the duration of time there are active cases in the household:</p> <ul style="list-style-type: none"> • Continue to do a pre-shift RAT • Wear a well-fitting medical mask¹, at all times and adhere to other IPC measures, and maintain distance from others in break and eating areas. • If usually working in a higher risk patient area, consider redeployment or, if not feasible, consider wearing an P2/N95 particulate respirator. <p>Maintain extra vigilance if working in services with vulnerable patients/clients.</p>

¹ Correct use of a well-fitting fluid resistant medical mask (Type IIR or Level 2) or a P2/N95 particulate respirator that has been fit checked by user. A user seal check/fit check must always be performed when putting on a P2/N95 respirator. In situations where fit testing has not yet been carried out, successful seal check will provide reassurance of good mask fit.

Pathway	Eligibility	Description
Cases – Return Day 8	<ul style="list-style-type: none"> Healthcare worker Works in or enters clinical area Completed 7 days away from work Asymptomatic or mildly symptomatic 	<p>Return from day 8 - no negative RATs required</p> <ul style="list-style-type: none"> If you have not tested or you do not have two negative RAT results, stay away from work for 7 days If mild or no symptoms and feeling well enough, return to work from day 8 Adhere to the following precautions up to Day 10 Wear a well-fitting medical mask² at all times and adhere to all other IPC measures. Maintain distance from others in shared break and eating areas. If usually working in a higher risk patient area, consider redeployment or wearing a P2/N95 particulate respirator at all times.
Cases – Negative RATs to return from day 4	<ul style="list-style-type: none"> Healthcare worker Works in or enters clinical area TWO negative RATs on consecutive days Asymptomatic or mildly symptomatic 	<p>Test to return – two negative RATS required</p> <ul style="list-style-type: none"> Once you are feeling well, you can start testing with RATs (from day 3 at the earliest). If mild or no symptoms and feeling well enough, return to work once two negative RATs at least 24 hours apart (from day 4 at the earliest). This pathway should not be taken to imply there is a compulsion to return to work until the healthcare worker is well enough to return to work and in some cases limited duties may be appropriate. Adhere to the following precautions up to Day 10 Wear a well-fitting medical mask³ at all times or consider wearing a P2/N95 particulate respirator if working with vulnerable patients or working in a high-risk area. Adhere to all other IPC measures. Maintain distance from others in shared break and eating areas.

² Correct use of a well-fitting fluid resistant medical mask (Type IIR or Level 2) or a P2/N95 particulate respirator that has been fit checked by user. A user seal check/fit check must always be performed when putting on a P2/N95 respirator. In situations where fit testing has not yet been carried out, successful seal check will provide reassurance of good mask fit.

³ As above.

Continue to do the basics well

To avoid COVID-19 and other respiratory infection transmission, encourage all HCWs, and where possible patients/clients, to continue to do the basics well. This includes vaccination, staying home if unwell and getting a test, wearing a mask correctly, and being vigilant about hand hygiene.

Staying home and testing if unwell

Ensure that any HCW who develops or has COVID-19-like symptoms stays home, gets tested, and communicates with their manager/clinical leader about next steps for work purposes. Staying home if unwell will help to limit transmission of other respiratory infections as well as COVID-19.

Mask wearing

Use of standard and transmission - based precautions and a risk assessment for COVID-19 and other respiratory infections should be adhered to by HCWs, to advise them on the most appropriate respiratory protection and any other PPE required when working clinically. For more information on infection prevention and control recommendations including donning and doffing of PPE, types of masks and particulate respirators and COVID-19 risk assessment please refer to the Ministry of Health IPC recommendations for health and disability care workers [website](#).

Vaccinations

HCW are recommended to have received their primary COVID-19 vaccination course and initial booster (www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-mandatory-vaccinations). A second booster is recommended as a priority for HCW who meet clinical criteria for those at risk of severe illness from COVID-19 and is also available for other HCWs aged over 30 years.

Safe spaces

COVID-19 and other respiratory infections can occur when people are closely interacting together without wearing masks, for example, at meal breaks where people are eating or drinking at the same table.

Consider ways of reducing transmission such as rostered/staggered meal breaks, having breaks outside, and asking HCWs to limit the time they spend with others when on breaks.

Staff wellbeing

It is critical that HCWs are able to take rest breaks during their normal working hours and especially during periods when workloads increase. Facilities for staff/department-only break areas should be made available to enable this and to limit potential transmission where possible.

Reporting processes

Ensure that HCWs are aware of processes to self-report exposure or illness in place, as not all workplaces have the same systems to report to.

Appendix 1 - Detailed Return-to-work Pathways

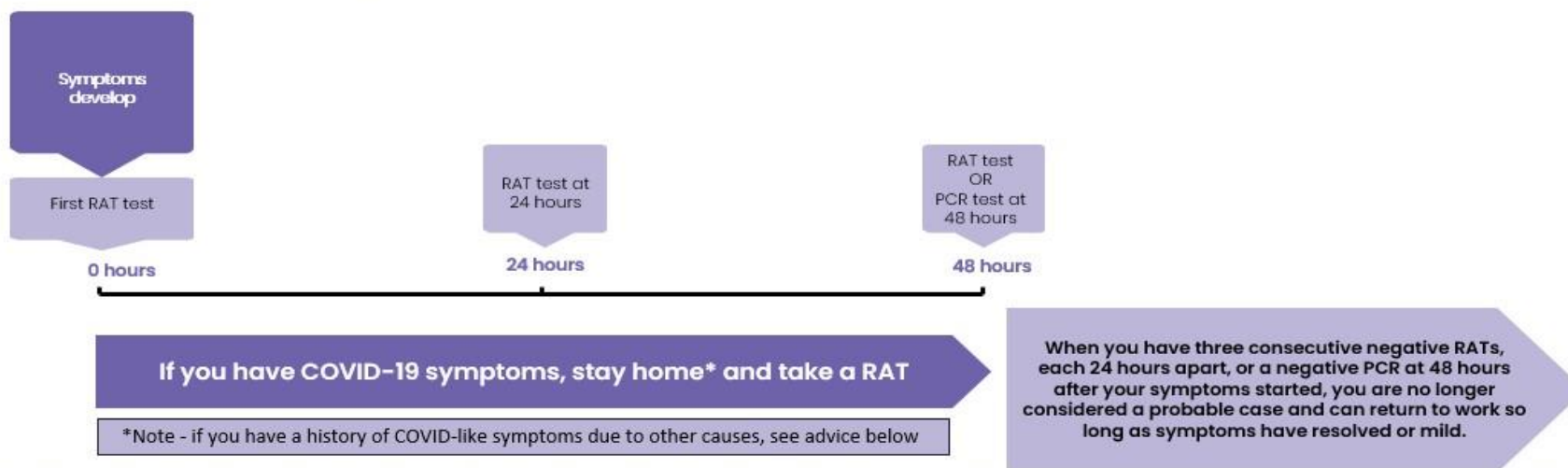
COVID-19 Healthcare worker return to work guidance

SYMPTOMATIC – NOT
CONFIRMED COVID-19

Te Whatu Ora
Health New Zealand



Healthcare workers | Symptomatic but not confirmed COVID-19



What you need to know:

Use this advice if:

- ✓ You have COVID-19 symptoms but you are NOT a confirmed COVID-19 case

If you develop new COVID-19 like symptoms:

- Stay at home and immediately take a RAT.
- Only return to work if symptoms have resolved or are mild and after three negative RATs, 24 hours apart, or negative PCR at 48 hours.

If you have a history of COVID-like symptoms due to other causes (e.g. hayfever, asthma):

- you can continue working as long as you take a negative RAT and symptoms are mild.
- Take three consecutive negative RATs, 24 hours apart, to confirm the symptoms are not COVID-19.

COVID-19 Symptoms

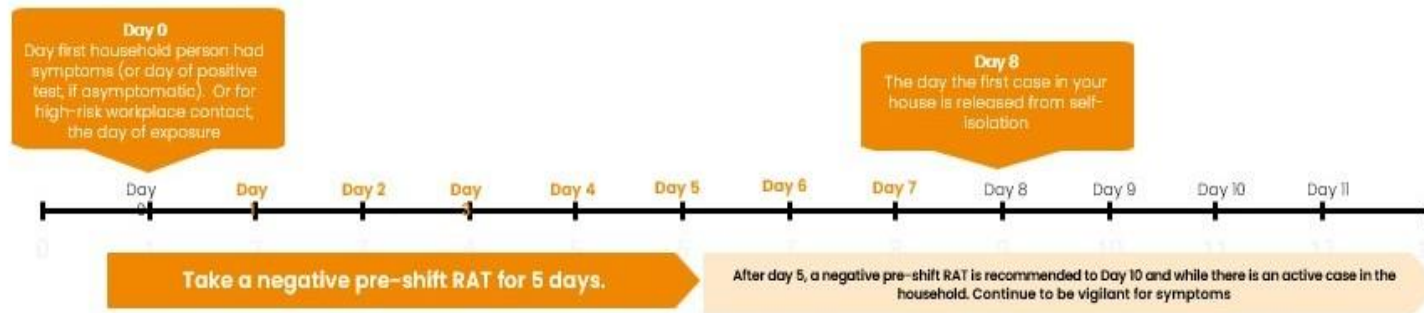
- The full list of COVID-19 symptoms is available on the Ministry of Health information [About COVID-19](#).

Definition of mild symptoms

- No fevers (without fever-reducing medication such as paracetamol)
- Minimal cough/sneeze
- Minimally runny nose (you have occasional sniffing but do not need to remove your mask to wipe your nose)
- Feeling generally well enough to return to work

Acknowledgement: ADHB is the source for base collateral of this document

Healthcare workers | Household/high risk workplace exposure contacts



What you need to know:

You can continue to go to work if:

- ✓ You have no symptoms.
- ✓ You take a negative pre-shift RAT.

When you are at work:

- ✓ At all times wear a well-fitting medical mask or N95/P2 respirator (fit tested and fit checked by user)
- ✓ Maintain physical distance, including in shared areas.
- ✓ If you usually work in a higher-risk patient area, you may be required to wear an N95 mask or be redeployed to support elsewhere
- ✓ Practice good hygiene.

When you're not at work:

- Follow public health guidance for household contacts. Take a RAT daily for 5 days.

If you develop new COVID-19 like symptoms:

- Start isolation and immediately take a RAT.
- Only return to work if:
 - symptoms have resolved or are mild
 - after three negative RATs, 24 hours apart, or negative PCR at 48 hours.
- **If you have a history of COVID-like symptoms due to other causes (e.g. hayfever, asthma):**
 - you can continue working if negative RAT and symptoms are mild.
 - Take three consecutive negative RATs, 24 hours apart, to confirm the symptoms are not COVID-19.

Are you a household contact?

You are a household contact of someone with COVID-19 if both of these apply:

- you normally live in a house or flat permanently, or part time (for example, shared custody)
- you spent at least 1 night or day (more than 8 hours) in that residence while the person was infectious.

You are also a household contact if you do not normally share a residence with the person who has COVID-19, but have spent a night together in the same room.

Have you been in high-risk workplace exposure event?

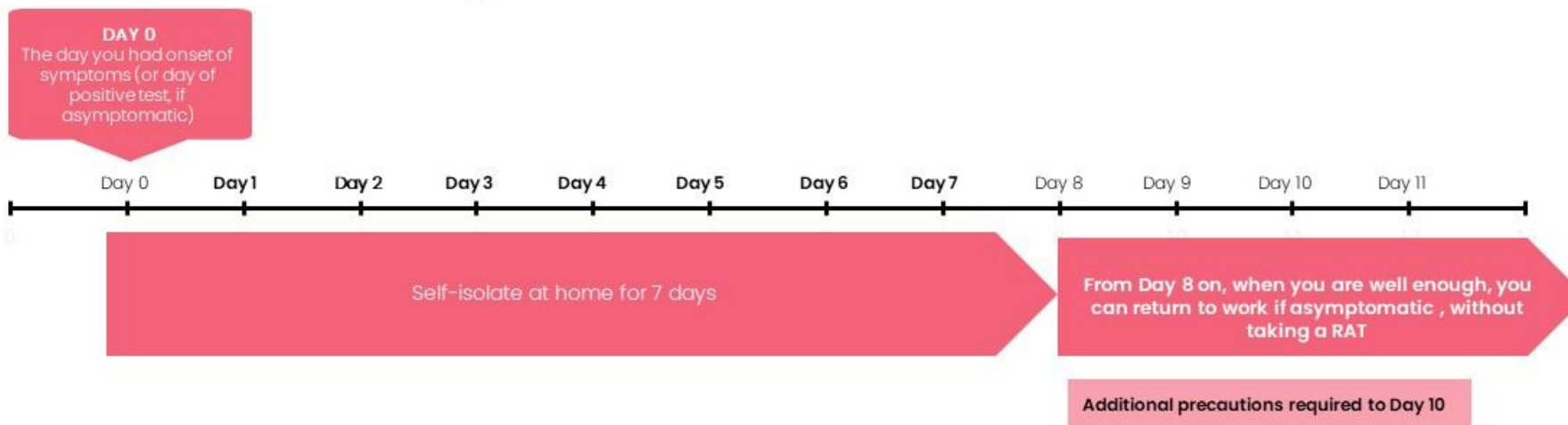
For the purpose of this guidance a high-risk workplace exposure event would include:

- Aerosol generating behaviours (AGBs) from the case e.g., uncontrolled coughing, singing, shouting, exercise) where the person is not able to adopt respiratory etiquette, OR;
- direct exposure to the mouth/nose/eyes with infectious body fluids (e.g., coughed, sneezed, vomited on) from the case, OR;
- aerosol generating procedures (AGPs) during procedure or settle time;

AND Staff member not wearing P2/N95 and eye protection (correctly).

Acknowledgement: ADHB is the source for base collateral of this document

Healthcare workers | COVID-19 cases



What you need to know:

If you are identified as positive for COVID-19

Stand down and isolate at home:

- Follow standard community isolation instructions

If you have no symptoms, or mild (and improving) symptoms:

- If you are feeling well enough with no or mild (and improving) symptoms, you can return to work on day 8 without the need for a negative RAT on that day.

Returning to work:

Follow these mitigation measures to Day 10:

- Wear a well-fitting medical mask or N95/P2 respirator (fit tested and fit checked by user)
- Practice other IPC measures (hygiene measures and physical distancing)
- Be mindful of risk to others in shared areas and when eating and drinking.
- Avoid shared transport for commuting if you can
- If you usually work in a higher-risk patient area, you may be redeployed to support elsewhere.

After Day 10

- If you develop COVID-19-like symptoms in the next 4 weeks they are unlikely to be due to COVID-19. Follow usual processes to reduce transmission of non-COVID-19 illness and seek medical attention as required.
- If applicable, discontinue with staff surveillance testing for 4 weeks from positive test

Definition of mildly symptomatic

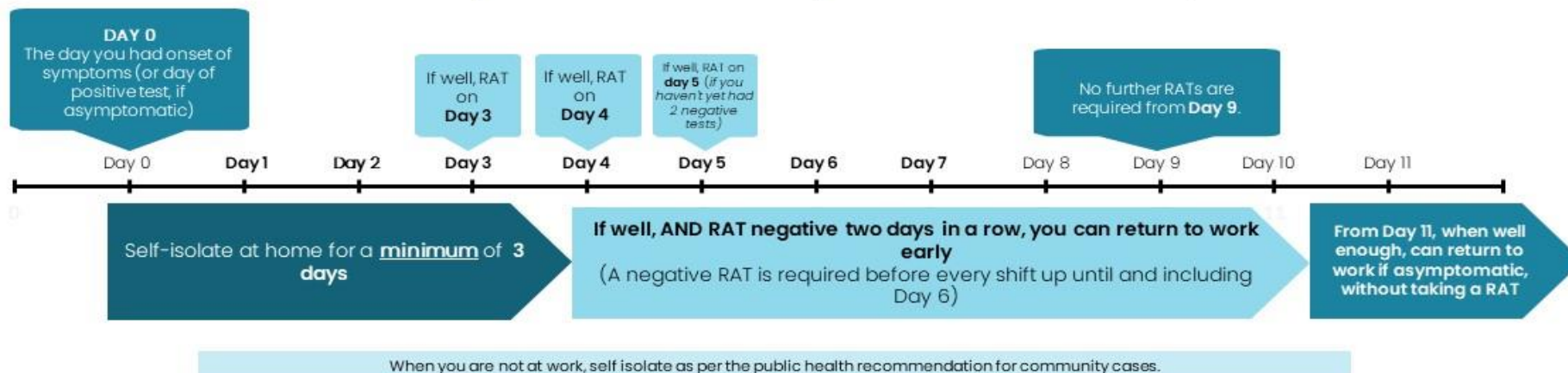
- No fevers (without fever-reducing medication such as paracetamol)
- Minimal cough/sneeze
- Minimally runny nose (if you have occasional sniffing but do not need to remove your mask to wipe your nose)
- Feeling generally well

If you have symptoms that are more than mild, that are not improving:

- Continue to remain at home
- Manage your symptoms as you would normally do for a flu-like illness and seek medical attention if required

Acknowledgement: ADHB is the source for base collateral of this document

Healthcare workers | COVID-19 cases | Service is at risk by absence



What you need to know:

If you are identified as positive for COVID-19

Stand down and isolate at home:

- Stand down from work for a minimum of 3 days
- Follow standard community isolation instructions

If you have no symptoms, or mild (and improving) symptoms:

- Take RAT on Day 3 if feeling well enough to return to work. If negative, take another pre-shift test the following day. You can return to work if two negative tests: you feel well enough and if you have no symptoms, or mild and improving symptoms.
- If you don't have a negative RAT on two consecutive days but are feeling well enough with no or mild (and improving) symptoms, you can return to work on day 11 without the need for a negative RAT on that day.

Returning to work:

Follow these mitigation measures to Day 10:

- Wear a well-fitting medical mask or N95/P2 respirator (fit tested and fit checked by user)
- Practice other IPC measures (hygiene measures and physical distancing)
- Be mindful of risk to others in shared areas and when eating and drinking.
- Avoid shared transport for commuting if you can
- If you usually work in a higher-risk patient area, you may be redeployed to support elsewhere.

After Day 10

- If you develop COVID-19-like symptoms in the next 4 weeks they are unlikely to be due to COVID-19. Follow usual processes to reduce transmission of non-COVID-19 illness and seek medical attention as required.
- If applicable, discontinue with staff surveillance testing for 4 weeks from positive test

Definition of mildly symptomatic

- No fevers (without fever-reducing medication such as paracetamol)
- Minimal cough/sneeze
- Minimally runny nose (if you have occasional sniffing but do not need to remove your mask to wipe your nose)
- Feeling generally well

If you have symptoms that are more than mild, that are not improving:

- Continue to remain at home
- Manage your symptoms as you would normally do for a flu-like illness and seek medical attention if required

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