

Acute Respiratory Infection (ARI): Guidance for return- to-work of healthcare workers

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Health New Zealand Te Whatu Ora



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Overview

- 1. This document provides guidance for the return-to work of healthcare workers with acute respiratory infection (ARI) including COVID-19. This document is directed at clinical leaders and managers in the health sector.**

This guidance aims to balance the risk of ARI transmission in NZ health facilities, and the potential impact on patient safety and HCW wellbeing. We continue to align our advice with international best practice, including that of [Australia](#) and [CDC](#), USA. This clinical document has been prepared by Health New Zealand | Te Whatu Ora with input from Occupational Health, Infection Prevention and Control and Public Health.

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

Applies to

2. 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
3. This guidance is appropriate for use by Non-Government Organisations 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.
4. 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), public health and/or service leadership.
5. 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.
6. 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.

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Guideline

ARI symptoms

7. Common symptoms of ARI including COVID-19:
 - New or worsening cough
 - Sneezing and runny nose
 - Fever
 - Sore throat
 - Shortness of breath
 - Fatigue/feeling of tiredness
8. Less common symptoms of COVID-19 and influenza may include diarrhoea, headache, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability. These almost always occur with one or more of the common symptoms. Temporary loss of smell or altered sense of taste symptoms was associated with COVID-19 especially in early strains.
9. It is not possible to determine which illness an individual has through symptoms alone. Hayfever and asthma exacerbations can cause similar symptoms and may need to be excluded for some individuals.

Table 1. Mild ARI Symptoms

For the purpose of this guidance mild symptoms refers to:
<ul style="list-style-type: none"> • No fevers for the last 24 hours (without fever-reducing medication such as paracetamol or ibuprofen) • Minimal cough/sneeze • Minimal runny nose (i.e. does not require removal of mask or respirator to wipe)

Stay home when sick with ARI symptoms

10. 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 to be mild and improving.
11. Inform Occupational Health or IPC teams if part of a workplace outbreak/ exposure.

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ARI transmission

12. In healthcare settings, HCWs must wear the appropriate personal protective equipment (PPE) and adhere to IPC measures to reduce the risk of transmission for all ARI. Additional guidance regarding vaccinations or increased testing requirements may be put in place for a particular ARI with the intention of protecting vulnerable patients and workers.

Testing of Healthcare Workers

13. Testing is aimed at early identification or exclusion of ARI disease to enable specific disease management including preventing onward transmission within the healthcare setting.
14. Rapid antigen tests (RATs) may be used as part of implementing this guidance, RATs may be COVID-19 specific or, a combination COVID-19, influenza A/B and RSV. Triple RAT tests should preferably be listed on the Therapeutic Goods Administration website.
15. Testing for COVID-19, influenza and RSV (Respiratory Syncytial Virus) will depend upon the level at which viruses are known to be circulating, the availability of suitable RAT tests and local policy.
16. Provision of testing for healthcare workers may be prioritised in higher risk scenarios including settings where higher risk patients are cared for (e.g. acute assessment units, oncology, haematology, ICU, renal, paediatrics) and on wards where there is known higher risk of cross-transmission (based on layout and ventilation).
17. Testing may be required if indicated by IPC/ Occupational Health / Public Health outbreak management.
18. Healthcare organisations who provide their staff with access to a supply of RATs, should have methods in place to record results and replace or increase supply. 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).

Unwell and immunocompromised HCW's

19. If concerned about medical vulnerability, discuss with Occupational Health or manager regarding potential work-related exposures.
20. Individuals who are immunocompromised or otherwise medically vulnerable are advised to seek medical attention early if experiencing severe ARI symptoms or if an exposure to a respiratory virus of concern has occurred.
21. Treatment options such as antivirals may be recommended for individuals with comorbidities, pregnancy or those at higher risk of more serious disease (via treating clinician).

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Table 2. Summary of return-to-work pathways for ARI in HCWs

Pathway	Actions and Advice			
	ARI Symptoms (without testing)	COVID-19 (RAT or PCR)	Influenza (RAT or PCR)	Other Respiratory Pathogen (RAT or PCR)
Case in HCW working in clinical zone	RTW once acute symptoms resolved. No testing required prior to return ¹ .	RTW 5 days after symptom onset, or until acute symptoms resolved, whichever is longer. No testing required prior to return ¹ .	OR RTW 72 hours after antivirals commenced. No testing required prior to return ¹ .	Follow specific disease advice (ie RSV, Pertussis).
		OR RATs are available - test daily from day 3. May return to work from day 4 if 2 consecutive RATs are negative. OR RAT remains positive – RTW from day 8.		
<p>Wear a mask at work until Day 10 after symptoms started</p> <p>Wear a well-fitting medical mask² at all times or if usually working in a higher risk patient area, consider redeployment or wearing a P2/N95 particulate respirator³ at all times. This is because some people are infectious for up to 10 days.</p>				
Close contact HCW working in clinical zone	Continue working if no symptoms. If symptoms develop follow ARI pathway.	Continue working if no symptoms. Wear a well-fitting medical mask ² when at work until 5 days after their last exposure. If symptoms develop follow ARI Case pathway and use a RAT test if available.		Follow specific disease advice (ie RSV, Pertussis).
Stay home when sick with ARI symptoms. Only return to work when well enough.				

¹ If there are critical staff shortages, staff may return to work earlier with additional precautions, in accordance with local workplace policies and guidance. Facilities may also liaise with their local IPC, Occupational Health or PHU.

² A medical mask is a well-fitting fluid resistant medical mask (Type IIR or Level 2).

³ 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 some reassurance of a good mask fit.

Continue to do the basics well

22. To avoid transmission of ARI, encourage all HCWs, and where possible patients/clients, to continue to do the basics well. This includes ensuring vaccinations are up to date, testing and staying home if unwell, wearing a mask correctly, and being vigilant about hand hygiene.

Staying home if unwell

23. Ensure that any HCW who develops or has ARI symptoms stays home, tests (if applicable) and communicates with their manager/clinical leader about next steps for work purposes. Staying home if unwell will help to limit transmission of all ARI.
24. These pathways should not be taken to imply there is a compulsion to return to work before the healthcare worker is well enough to do so; in some situations, limited duties may be appropriate.

Mask wearing

25. Use of standard and transmission-based precautions should be adhered to by all HCWs. 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 Health NZ Infection Prevention and Control [website](#).
26. During times of high ARI disease circulation healthcare departments or facilities may implement a “masking-up” approach. During this time all healthcare staff, patients and visitors are recommended to wear a mask to further reduce ARI transmission.

Vaccinations

27. HCWs are recommended to be up to date with all childhood vaccinations and occupational-related vaccinations including: COVID-19, influenza and pertussis (whooping cough). Other vaccinations may be recommended by Occupational Health or in outbreak situations.
28. More information about occupational related vaccines can be found in the New Zealand [Immunisation Handbook](#).

Reducing transmission during breaks

29. Transmission of ARI 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.

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30. During outbreaks 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.

Reporting processes

31. 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. Reporting supports manager, IPC and Occupational Health teams to detect any potential outbreaks within the workplace.

Definitions, translations and acronyms

Word / term	Definition
ARI	Acute Respiratory Infection is a general term used to describe a short-term infection that affects any part of the respiratory tract. This can include both the upper respiratory tract (such as the nose, sinuses, throat, and larynx) and the lower respiratory tract (such as the trachea, bronchi, and lungs).
Asymptomatic	Is the absence of acute respiratory infection symptoms.
Case	A person who has a clinically compatible illness AND testing evidence
Close Contact	Close contact definitions can vary by disease (see Communicable Disease Control Handbook- New Zealand).
Clinical Zone	An area of the organisation where the healthcare worker is interacting with patients/consumers.
HCW	Healthcare Worker
High risk settings	All healthcare facilities including aged or disability care facilities
Infectious	Capable of causing infection or spreading disease
RATs	Rapid Antigen Tests are a diagnostic tool used to quickly detect the presence of specific antigens. The test involves a simple procedure where the sample is applied to a test device, and if the target antigen is present, a visible line appears on the device indicating a positive result. For the purpose of this guidance RATs may be

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Word / term	Definition
	COVID-19 specific or, a combination COVID-19, Influenza A/B and Respiratory Syncytial Virus (RSV).
Risk	Arises from people being exposed to a hazard (a source of harm).
RTW	Return to work
Symptomatic	In this context means acute infectious symptoms as outline in point 13. A mild, post-infection cough may occur after an ARI but may not impact return to work. Refer to Table 1. Mild ARI Symptoms.

Roles and responsibilities

32. The Health and Safety at Work Act (2015) and Ngā Paerewa Health and Disability Service Standard (2021) determine the requirements, responsibilities and regulations of creating a safe environment for everyone.

Monitor and review

33. This Guidance will be reviewed and updated accordingly. Please ensure you refer to the website for the most up-to-date version.
34. This policy will be reviewed every two years, or sooner if required.

Associated documents

Associated policies, procedures and resources

[Immunisation Handbook 2024 - New Zealand](#)

[Communicable Disease Control Manual – New Zealand](#)

[Mask use and visitor guidance for hospitals and other health and disability care settings December 2023](#)

[Respiratory risk assessment for PPE guidance for healthcare workers: November 2023](#)

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[COVID-19 and other acute respiratory infections: Managing Health Worker Exposures and Return to Work in a Healthcare Setting \(V2.0\) | New South Wales](#)

[National Guideline for the Prevention, Control and Public Health Management of Outbreaks of Acute Respiratory Infection in Residential Aged Care Homes | Australian Government Department of Health and Aged Care](#)

[Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings | Infection Control | CDC](#)

[Rapid antigen and Combination Rapid Antigen self-tests, Therapeutic Goods Administration \(TGA\) | Australia](#)

Further information

35. For further information about this guideline or advice, contact your local Occupational Health, Infection Prevention and Control team or Public Health Unit.

Disclaimer

36. This document has been developed by Health New Zealand | Te Whatu Ora. Use of this document and any reliance on the information contained therein by any third party is at their own risk and Health New Zealand | Te Whatu Ora assumes no responsibility whatsoever for any issues arising as a result of such reliance.

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Review history

Version	Updated by	Date	Description of changes
1.0	Infection Prevention and Control, Occupational Health and National Public Health	July 2024	Title change of the previously known COVID-19: Return to work guidance for healthcare workers to Acute Respiratory Infection: Guidance for return-to-work in healthcare workers including: <ul style="list-style-type: none"> Coverage of broader range of Acute Respiratory Infection (ARI) Simplification of return-to-work pathway after COVID-19 Inclusion of ARI and Influenza return to work pathways
1.1	Infection Prevention and Control, Occupational Health and National Public Health	May 2025	Continued simplification of COVID-19 being managed in alignment with other ARI illnesses. Testing advice expanded from COVID-19 specific RATs or, a combination COVID-19, Influenza A/B and Respiratory Syncytial Virus (RSV).

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