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

28 July 2022 (version 2.0)

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Introduction

The ongoing transmission of SARS-CoV-2 (COVID-19) in communities across Aotearoa New Zealand is exacerbating pressures on health services who are already attempting to address a backlog of service provision, related to the impact of the COVID-19 pandemic. Additionally, as at July 2022, there is significant transmission of influenza and other respiratory infections related to the border re-opening, placing additional strain on the sector. There is a need to make pragmatic decisions on managing healthcare workers who are COVID-19 cases or household contacts. This requires balancing transmission risk, the health and safety of the individual and their family and whānau and co-workers, and the ability to deliver safe healthcare.

Purpose

This document provides technical guidance for clinical leaders and managers in the health sector to manage the absence of healthcare workers when they are infected with, or exposed to, COVID-19, and those who have COVID-19 symptoms and test negative. The document guides the return-to-work of healthcare staff, whether or not delivery of critical health services is at risk of substantial compromise, due to staff absences.

It does this through providing structured return-to-work pathways to enable regions and services to make decisions appropriate for their individual circumstances.

Who this guidance is for

This guidance applies to managing the return-to-work of 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 support and guidance from relevant clinical teams where that is available (such as those listed above with expertise in occupational health, infectious diseases, clinical microbiology, IPC) and/or service leadership, in using guidance to work with staff who are COVID-19 contacts and cases.

All service providers need to continue 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.
Definitions of critical healthcare workers and critical health services

Critical healthcare workers

A critical worker is a person who works for a critical health service (see list on Ministry of Health website), in a role that:

• Must be performed in person at the workplace; and
• Requires a person with particular skills; and
• Must continue to be performed to prevent an immediate risk of death or serious injury to a person; or prevent serious harm (social, economic or physical) to significant numbers in the community.

For those returning early to work, the need for a critical healthcare worker to return to the workplace should be reviewed daily for the duration they would otherwise be in isolation.

Non-critical healthcare workers

For all other workers who do not meet the definition of ‘critical healthcare worker’ but work for one of the critical healthcare services, pathway 1 or 3 in the table below can apply (see Summary of return-to-work pathways page 8-9).

More information on critical healthcare workers can be found on the Ministry of Health website.
COVID-19 symptoms

The full list of COVID-19 symptoms is available on the Ministry of Health website: About COVID-19. In some situations, as detailed below, staff will be able to return to work if they do not have symptoms 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 mask or respirator removal 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, return when 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 if you have a negative RAT test you should behave as if you are a probable case and self-isolate.
- When you have three consecutive negative RATs, each 24 hours apart, or a negative PCR at 48 hours after your symptoms started, you are no longer considered a probable case and can return to work if symptoms have resolved or are mild.
- For people that have a history of COVID-like symptoms due to other causes (e.g. hayfever, asthma), if you get your usual mild symptoms, test using a RAT and continue working if negative. It is recommended that you repeat three consecutive negative RATs, each 24 hours apart, to confirm the symptoms are not due to COVID-19.

Refer to page 21 for flow chart.

COVID-19 Reinfection

- Evidence on reinfections is evolving rapidly. The Ministry of Health is 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 Ministry of Health 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 staff who are cases and close contacts

COVID-19 transmission

In healthcare settings there are layers of IPC mitigations to reduce the risk of transmission; staff must wear relevant PPE and adhere to IPC measures. Additional precautions, such as mandatory vaccinations and additional testing requirements, are also in place to protect vulnerable patients and workers.

Reporting COVID-19 exposure or infection

Workplaces must have systems for staff to self-report COVID-19 exposure or infection. Staff should fill out online self-notification of their case / contact status on the My Covid Record in addition to any internal processes. Each workplace needs to ensure this process is in place and understood by staff. Local records must document staff management with consideration to maintenance of confidentiality of staff health information.

Potential actions

There are three levels of potential actions for COVID-19 cases and contacts:

- those that are legally mandated in accordance with the COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022 and COVID-19 Public Health Response Act 2020 such as case and contact isolation
- those that are included in national guidance, such as additional precautions in some situations after healthcare workers complete community isolation periods
- those that are required or recommended by the individual workplace.

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

Management of health care workers who are COVID-19 cases or contacts involves making risk assessments and risk balance decisions, ensuring the wellbeing of staff whilst weighing the risks of COVID-19 transmission with risks to patients, whānau and other staff if safe service delivery is not able to be maintained. It is expected the pathways outlined in this guidance would be considered and implemented in a step-wise manner i.e., Pathway 3 should be deemed a non-viable option before looking to the Pathway 4.

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 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 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 they are 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 people who are cases who have normal immune response (i.e. not immunocompromised) will still be infectious after 10 days.

**Household Contacts**

The incubation period for Omicron is usually within 7 days, although the incubation onset date can vary depending on how effectively the case isolates from other household members. Additional precautions past day 7 for asymptomatic household contacts is still advised for staff working with particularly vulnerable patients/clients.

**Getting to and from work**

Critical healthcare workers who return to work early should use private transport where possible and avoid sharing private transport with other staff (unless in a pre-arranged work bubble).

Travelling to work is considered part of ‘being able to work.’ If the critical worker needs to use public transport, this is deemed part of their exemption.

Key considerations include:

- Where a negative RAT is required, it must be done before leaving home (not once arriving at work)
- If using a shared vehicle, including public transport, workers should be meticulous about the correct use of their mask, distancing from others to the extent possible and hand hygiene.

**When staff are not at work**

When not at work, critical healthcare workers should adhere to community isolation and testing requirements.

This guidance describes exemptions for staff who are cases or contacts in particular situations to return to or continue to work, to maintain critical services in the face of community COVID-19 transmission, while balancing the risks involved. It does not mean affected staff are able to carry on life in the community outside of their home as if they were not a case or contact; outside of work staff will need to comply with relevant public health instructions for cases and relevant contacts.
Return-to-work of healthcare workers who are cases or household/high risk exposure contacts

Where possible, if service delivery is NOT AT RISK of substantial compromise, workers should follow the standard isolation guidance for household contacts and cases (refer to covid19.health.nz/advice). In some circumstances, workers are encouraged to take additional precautions before returning to work, such as household contacts continuing to undertake daily RATs past day 7, and cases not working with vulnerable patients if they continue to have positive RATs up to Day 10, as detailed below. Where working from home options are appropriate, they should be utilised.

Where this guidance provides the option to reduce isolation times, these approaches should only be applied in situations where critical service delivery is at risk, and utilised in a step-wise manner, so that the higher risk pathways are only explored after other options have been exhausted.

The ‘Summary of return-to-work pathways’ table below provides an overview of the pathways that can be used by healthcare workers who are cases or contacts. Managers should refer to the subsequent decision trees to determine the appropriate pathway (page 11 for household contacts and page 12 for cases).

In each situation, healthcare workers’ wellbeing and the need to be at the workplace should be reviewed daily for the duration of the time they would otherwise be required to be in isolation or to remain away from work. Workers who are cases should agree with their manager that they will return to work during their isolation period only if they feel well enough, and are not under compulsion to do so.

A more detailed description of each pathway is included at Appendix 1, as an information sheet that can be provided to staff as well as used as guidance for managers.
<table>
<thead>
<tr>
<th>Pathway</th>
<th>Case or Contact</th>
<th>Eligibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Household contacts / High risk workplace exposure event¹</td>
<td>Household contacts - Standard practice</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Doesn’t fit the eligibility for early return-to-work pathway</td>
<td>• Stay at home for the 7-day isolation period of the initial case. Take a RAT on days 3 and 7, and if negative and asymptomatic return to work on Day 8.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Service delivery NOT at risk; OR</td>
<td>• If symptomatic, stay home and discuss with manager/occupational health, with recommended actions, as on page 4.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HCW is symptomatic</td>
<td>• Once returned to work, it is recommended to continue additional precautions, including pre-shift RATs, to Day 10 and for the duration of positive cases in the household, particularly if working in services with vulnerable patients/clients.</td>
</tr>
<tr>
<td>2</td>
<td>Household contacts / High risk workplace exposure event</td>
<td>Household contact - Early returns</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Critical healthcare worker</td>
<td>• Critical HCW can continue to work but must have:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Service at risk</td>
<td>o negative RAT before each shift</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Symptom-free</td>
<td>o negative RAT on Days 3 and 7 of the household isolation time if not working that day</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o no COVID-19 symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Wear a well-fitting medical mask², adhere to IPC measures including donning and doffing of PPE, and maintain distance from others in break and eating areas.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Continue these precautions to Day 10 and for the duration of positive cases in the household particularly if working in services with vulnerable patients/clients.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• If symptoms develop, RAT immediately. If negative, actions as on page 5 above.</td>
</tr>
</tbody>
</table>

¹For 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 with no breaches.

²Correct use of a well-fitting fluid resistant medical mask (Type IIR or Level 2) or a P2/N95 particulate respirator that has been fit tested and fit checked by user.
<table>
<thead>
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<th>Eligibility</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Cases</td>
<td>• Doesn’t fit the eligibility for an early return-to-work pathway</td>
<td><strong>Cases - Negative RAT to return (service not at risk, additional precautions)</strong>&lt;br&gt;• Stay at home until 7 day isolation period complete.&lt;br&gt;• Return to work from Day 8 if RAT negative two days in a row and only mild or no symptoms and feel well enough.&lt;br&gt;• Wear a well-fitting medical mask(^1), adhere to IPC measures including donning and doffing of PPE.&lt;br&gt;• Maintain distance from others in shared break and eating areas.&lt;br&gt;• If continuing to test positive, stay home until two negative RATs in a row, or at least day 11.</td>
</tr>
<tr>
<td>4</td>
<td>Cases</td>
<td>• Critical healthcare worker&lt;br&gt;• Critical Service&lt;br&gt;• Service at risk&lt;br&gt;• Completed 7 days isolation&lt;br&gt;• Asymptomatic or mildly symptomatic</td>
<td><strong>Case: returns from day 8 (standard community isolation)</strong>&lt;br&gt;• If mild or no symptoms and feeling well enough, return to work from day 8 (negative RAT not required)&lt;br&gt;• Wear a well-fitting medical mask(^2), adhere to IPC measures including donning and doffing of PPE.&lt;br&gt;• Maintain distance from others in shared break and eating areas.&lt;br&gt;• If you usually work in a higher risk patient area, you may be redeployed.&lt;br&gt;• Continue these precautions to Day 10 particularly if working in services with vulnerable patients/clients.</td>
</tr>
</tbody>
</table>

\(^1\) 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 tested and fit checked by user.

\(^2\) As above
<table>
<thead>
<tr>
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<th>Case or Contact</th>
<th>Eligibility</th>
<th>Description</th>
</tr>
</thead>
</table>
| 5       | Cases          | • Critical healthcare worker  
• Critical Service  
• Service at risk  
• 2 negative RATs on consecutive days  
• Asymptomatic or mildly symptomatic | **Case: Test to return early**  
• Can start RAT testing when feeling well from day 3.  
• If mild or no symptoms and feeling well enough, return to work once two negative RATs (from day 4 earliest).  
• Negative pre-shift RAT required to Day 6  
• HCW is not under compulsion to return to work early.  
• Wear a well-fitting medical mask\(^1\), adhere to IPC measures including donning and doffing of PPE.  
• Maintain distance from others in shared break and eating areas.  
• If you usually work in a higher risk patient area, you may be redeployed.  
• Continue these precautions to Day 10 particularly if working in services with vulnerable patients/clients. |

\(^1\) 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 tested and fit checked by user.
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<th>Case or Contact</th>
<th>Eligibility</th>
<th>Description</th>
</tr>
</thead>
</table>
| 6       | Cases          | • Critical healthcare worker  
• Critical Service  
• Service at risk  
• Asymptomatic or mildly symptomatic  
• Working only in COVID-19 positive wards/ situations  
• All other options have been exhausted | **Case: Returns to COVID-19 ward/situation without test or mandatory stand down period**  
No isolation period required for asymptomatic HCWs, but high level of precautions must be taken.  
• HCW must feel well enough to work.  
• No requirement to undertake further RAT.  
• Must only enter and work in wards/units/situations where all patients are either COVID-19 positive or have recently recovered from COVID-19.  
• Worker and all other staff must wear appropriate PPE. A fit tested and fit checked P2/N95 particulate respirator must be worn and should be donned before entering the workplace.  
• Adhere to all IPC measures including donning and doffing of PPE.  
• Should have a separate break/eating area, and separate bathroom where possible (or staggered eating and bathroom breaks where not possible).  
• Should not attend in-person meetings.  
• Public transport should not be used to get to work where possible.  
• HCW is not under compulsion to return to work early. Daily check-ins (on the days HCW is working) should be undertaken with the worker to ensure their wellbeing. If symptoms worsen, HCW should be instructed to stand-down from work. |
Return-to-work decision tree: Healthcare workers who are **household/ high risk workplace exposure contacts**

START: HCW is a household contact

- Is service delivery critical?
  - Yes: PATHWAY ONE
  - No

- Are they necessary to maintain the safe operating capacity and delivery of the service?
  - Yes
    - Does their role need to be performed on site?
      - Yes
        - Are they willing to return to work?
          - Yes
            - Are they asymptomatic?
              - Yes: PATHWAY TWO
              - No: Refer to the flow chart for cases.
          - No
        - No
      - No
    - No
  - No

Note that the need for the person to be at the workplace will be reviewed daily for the duration of their isolation.
Return-to-work decision tree: Healthcare workers who are **cases**

Healthcare workers should inform their manager about their infection. They should isolate and be supported to stay at home to prevent further transmission unless working in highly critical service continuity situations. Pathways 3-6 provide different options for cases returning to work.
Continue to do the basics well

To avoid COVID-19 transmission, encourage all staff, and where possible patients/clients, to continue to do the basics well. This includes staying home if unwell and getting a test, wearing a mask correctly at all times, maintaining physical distance where possible, and being vigilant about hand hygiene.

**Staying home and testing if unwell**

Ensure everyone who has COVID-19-like symptoms stays home, gets tested, and liaises 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**

Staff are required to either wear a medical mask or a P2/N95 particulate respirator as part of PPE requirements in healthcare settings dependent on the task and risk assessment conducted.

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 see the Ministry of Health IPC recommendations for health and disability care workers [website](#).

**Vaccinations**

HCW are expected 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](http://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 staff 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.

**Physical distancing**

The highest risk of COVID-19 transmission is when people are interacting together in close proximity without wearing masks, for example, at meal breaks where people are eating or drinking at the same table.

Ways of reducing transmission include rostered/staggered meal breaks, having breaks outside, and asking staff to limit the time they spend with others when on breaks.

**Staff wellbeing**

It is critical that we ensure staff get breaks to help ensure we keep them safe during these times. Facilities for staff/department-only break areas should be made available to further limit potential transmission where possible.

**Reporting processes**

Ensure there are systems for staff to self-report exposure or illness in place, as in the vast majority of situations there will not be a workplace notification via public health. Each workplace needs to ensure this process is in place and understood by staff.
Appendix 1- Detailed Return-to-work Pathways
Pathway 1

COVID-19 Healthcare worker return to work guidance

**PATHWAY ONE**

Healthcare workers | Household/ high risk workplace exposure contacts | Service NOT at risk by absence

**Day 0** Day first household person had symptoms (or day of positive test, if asymptomatic). Or for high risk workplace contact, the day of exposure.

**Day 3** RAT on Day 3

**Day 7** RAT on Day 7

**Day 8** The day the first case in your house is released from self-isolation.

**Day 11** Return to work on Day 11 if well. After day 7, particularly if working with vulnerable people, a negative pre-shift RAT is recommended (but not required) on Days 6, 9 and 10 and while there is an active case in the household. Continue to be vigilant for symptoms.

**Stay home and isolate for 7 days**

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**What you need to know:**

**Use this pathway if:**
- You have symptoms; OR
- Service delivery is not at risk by your absence

**What you need to do:**
- Self isolate for the same time period as the first person in your household with COVID-19. Follow public health instructions for household contacts.
- Take a RAT on Day 3 and Day 7 and immediately if you develop symptoms.
- Avoid visiting high risk settings (aged care facilities, prisons, hospitals) to Day 10.
- If you need food, prescriptions or essential items get a friend or neighbour to leave them on your doorstep.
- Additional precautions should be followed to Day 10.
- Work from home options may be used if appropriate.
- Speak to your manager if you need help.

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**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 a 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, sneezing, 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).
Pathway 2

COVID-19 Healthcare worker return to work guidance

PATHWAY TWO

Healthcare workers | Household/high risk workplace exposure contacts | Service is at risk by absence

What you need to know:
You can continue to go to work if:
* You have no symptoms.
* You take a negative pre-shift RAT.
* And take negative RATs on day 3 and 7 of household isolation period.

Maintain healthy habits at work:
* Wear a well-fitting medical mask or N95/P2 respirator (fit tested and fit checked by user).
* Maintain physical distance, including in shared areas.
* Practice good hygiene.
* Avoid shared transport where possible.

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 6 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.

When you’re not at work:
* Self isolate for the same time period as the first person in your household with COVID-19. Follow public health instructions for household contacts.
* Take a RAT on Day 3 and Day 7 and immediately if you develop symptoms.
* Avoid visiting high risk settings (aged care facilities, prisons, hospitals) to Day 10.
* If you need food, prescriptions or essential items get a friend or neighbour to leave them on your doorstep.
* Additional precautions are recommended to be followed to Day 10.
* Speak to your manager if you need help.

Acknowledgement: AOH is the source for base content of this document.
Pathway 3

COVID-19 Healthcare worker return to work guidance

Healthcare workers | COVID-19 cases | Service NOT at risk by absence

What you need to know: You are COVID-19 positive.

Stand down and isolate at home:
- Stand down from work for 7 days
- Follow standard community isolation instructions

Returning to work: You can return to work on day from Day 8 if you have two consecutive negative RATS 24 hours apart and feel well enough.

Follow these mitigation measures to Day 10:
- Wear a well-fitting medical mask or N95/F2 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
- 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

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 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

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

Acknowledgement: AORi is the source for base collateral of this document.
COVID-19 Healthcare worker return to work guidance

Pathway 4

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

**DAY 0**
The day you had onset of symptoms (or day of positive test, if asymptomatic)

Day 0  Day 1  Day 2  Day 3  Day 4  Day 5  Day 6  Day 7  Day 8  Day 9  Day 10  Day 11

Self-isolate at home for 7 days

From Day 8 on, when you are well enough, you can return to work if asymptomatic, without taking a RAT

Additional precautions required to Day 10

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**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

**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 enough to return to work

**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

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: ADHW is the source for base collateral of this document
Pathway 5

COVID-19 Healthcare worker return to work guidance

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

**DAY 0**
The day you had onset of symptoms (or day of positive test, if asymptomatic)

If well, RAT on Day 3
If well, RAT on Day 4
If well, RAT on Day 5 (if you haven’t yet had 2 negative tests)

No further RATs are required from Day 9.

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Self-isolate at home for a **minimum of 3 days**

**Day 0**

If well, AND RAT negative two days in a row, you can return to work early
(A negative RAT is required before every shift up until and including Day 6)

**Day 11**

From Day 11, when well enough, can return to work if asymptomatic, without taking a RAT

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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 enough to return to work

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
Pathway 6

COVID-19 Healthcare worker return to work guidance

Healthcare workers | COVID-19 cases | Highly critical service continuity situations | COVID-19 wards/situations only

The day your symptoms started (or the day of your positive test, if asymptomatic)

You can continue or return to work ONLY in COVID-19 wards/units/situations where patients are either COVID-19 positive or have recently recovered from COVID-19. No RATs required.

When you are not at work, self isolate as per the public health instruction for community cases for 7 days.

If applicable, discontinue with staff surveillance testing for 4 weeks from positive test.

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.

What you need to know:

You are positive for COVID-19.

These are exceptional circumstances with no requirement for RATs.

You must not work if you have symptoms that are more than mild.

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

If you have no symptoms, or mild (and improving) symptoms:
- You can return to work from Day 0 in COVID-19 wards/units/situations where patients are either COVID-19 positive or have recently recovered from COVID-19.
- You must stay within the fully COVID ward / unit and not go to other parts of the health care setting.
- You must wear a P2/N95 and have it on before entering the workplace.
- Your manager will check-in with you daily to ensure you're well enough to work.
- If your symptoms worsen, they will instruct you to stand-down from work.

Definition of mild symptoms:
- No fevers (without fever-reducing medication such as paracetamol)
- Minimal cough/sneeze
- Minimal 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

Returning to work:

In this situation, please take the following additional precautions, to Day 10:
- Use of a fit-tested and fit-checked P2/N95 particulate respirator
- Practice other IPC measures (hand/sneeze/cough hygiene, maintain physical distancing)
- Be mindful of risk to others. Take breaks separate from non-COVID-19 positive/recently recovered staff
- Do not attend in-person meetings, unless all other staff are positive or recently recovered
- Do not use shared transport to get to work unless absolutely necessary.

Acknowledgement: ADHB is the source for base collateral of this document.
Symptomatic but not confirmed COVID-19

**COVID-19 Healthcare worker return to work guidance**

**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 household contact
  - 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