

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

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Update from previous version (Guidance for return-to-work in healthcare workers) including:

- 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

Introduction

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 the [CDC](#). This clinical document has been prepared with input from Occupational Health, Infection Prevention and Control and Public Health.

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.

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.

ARI symptoms

The clinical presentation of COVID-19 and other ARI include:

- New or worsening cough
- Sneezing and runny nose
- Fever
- Sore throat
- Shortness of breath
- Fatigue/feeling of tiredness

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. For up to date guidance on COVID-19 symptoms please see the [Health NZ website](#).

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.

For the purpose of this guidance **mild symptoms** refers to:

- 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 – 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 to be mild and improving.

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

ARI transmission

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.

COVID-19 Rapid antigen tests

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).

Summary of return to work pathways for ARI in HCWs

Pathway	Actions
<p>CONTACT</p> <p>Household or high-risk workplace contact of ARI case in HCW working in clinical area</p>	<ul style="list-style-type: none"> • Wear a well-fitting medical mask¹ at all times and adhere to other IPC measures, including maintaining distance from others in break and eating areas. • If symptoms develop follow ARI symptoms pathway. • Continue to wear a medical mask for 5 days from last exposure (or from when someone in household was unwell/contagious).
<p>ARI SYMPTOMS in HCW working in clinical area</p>	<p>1) If new ARI symptoms develop:</p> <ul style="list-style-type: none"> • Stay home if feeling unwell. • Inform Occupational Health or IPC teams if part of a workplace outbreak/ exposure. • Influenza testing or other testing may be required if indicated by IPC/ Occupational Health / Public Health outbreak management. <p>2) Do a RAT immediately:</p> <ul style="list-style-type: none"> • If RAT positive, follow COVID-19 case pathways below. • If RAT negative, stay home. If ARI symptoms <u>mild and improving</u> within 48 hours, then HCW may return to work. Retest on Day 3 if symptoms ongoing. If this RAT is negative and acute ARI symptoms are <u>mild and improving</u>, then HCW may return to work if well enough and able to wear a well-fitting medical mask¹ at all times. • Consider wearing a P2/N95 particulate respirator² if working with vulnerable patients or working in a high-risk area until day 10 after symptoms started and as per workplace policy. <p>If history of asthma or hayfever and develop usual mild symptoms: Do a RAT immediately if negative, can continue working.</p>

¹ A medical mask is a well-fitting fluid resistant medical mask (Type IIR or Level 2).

² 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	Actions
<p>COVID-19 Case in HCW working in clinical zone</p> <p>Case confirmed on RAT/ PCR if no COVID-19 in prior 3 months</p>	<ol style="list-style-type: none"> 1) Stay at home 2) Report COVID-19 on Health NZ/My Health Record 3) Test as per return-to-work pathways: <ol style="list-style-type: none"> a) RAT becomes negative pathway If asymptomatic or mildly symptomatic & RATs available, then test daily from day 3. May return to work from day 4 if 2 consecutive RATs are negative. b) RAT remains positive pathway If <u>mild or no symptoms</u> and feeling well enough, can return to work from day 8 (even if RAT positive). 4) Adhere to the following precautions up to Day 10: <ul style="list-style-type: none"> • 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 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 respirator⁴ at all times. <p>NB. 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.</p>
<p>Influenza Case in HCW working in clinical zone</p>	<ul style="list-style-type: none"> • Test HCWs for influenza if part of contact tracing as directed by IPC/ OH. • Test HCWs for influenza who are immune-compromised or pregnant. <p>If HCW positive for influenza exclude from work for 5 days from start of symptoms and return when well enough to work.</p> <p>Contact GP if pregnant or immune compromised for advice on managing your illness and return to work.</p>
<p>Unwell and immunocompromised or not immune (not vaccinated) HCW</p>	<p>If concerned about medical vulnerability, discuss with Occupational Health prior to deployment and as need arises.</p> <p>Seek medical attention early if exposure to ARI and unwell.</p> <p>Vaccination against diseases including COVID-19, influenza, pertussis, varicella, measles is recommended for front line HCWs.</p>

³ As per previous footnote

⁴ As per previous footnote

Continue to do the basics well

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 and testing if unwell

Ensure that any HCW who develops or has ARI symptoms stays home, tests, 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.

Mask wearing

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 Te Whatu Ora IPC recommendations for health and disability care workers [website](#).

Vaccinations

HCW are recommended to be up to date with all childhood vaccinations as well as COVID-19 and annual influenza. Others may be recommended by Occupational Health or in outbreak situations.

More information about COVID-19 vaccines can be found on the [COVID-19 website](#).

Reducing transmission during breaks

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.

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

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.