

Subject: COVID-19 Employee Exclusion and Return to Work Criteria Protocols

To: All Departments

From: Board of Commissioners

Date: January 20, 2022

PURPOSE:

Due to the complexity and high transmission rate of COVID-19, it is necessary to outline a process for employee exclusion and criteria to return to work after illness or exposure. If COVID-19 signs and symptoms are present, or an exposure has occurred, Employees should contact Employee Health Services for assessment. Employee Health Services evaluates and suggests course of action and return to work protocol. If recommended suggestions include follow up with primary care physician for testing, test results should be discussed with Employee Health Services for release to return to work.

Isolation & Quarantine Recommendations for the General Public

The tables below summarize CDC's updated isolation and quarantine guidance for the general public, including workplaces, which has been adopted by the New Hampshire Department of Health and Human Services on January 6, 2022.

Persons who should isolate	Recommended Action
<p>Any person who tests positive for COVID-19 or who has symptoms of COVID-19 while awaiting testing – regardless of vaccination status, previous infection, or lack of symptoms.</p> <p>(Note: CDC recommends longer periods of isolation for people who are severely ill with COVID-19 and require hospitalization or intensive care unit support, or for people with severely compromised immune systems.)</p>	<ul style="list-style-type: none">• Stay home and away from others (including people in your household) for at least 5 days.• Isolation can end after day 5 if you are fever-free (off fever-reducing medications) for at least 24 hours and other symptoms are improving.• If fever has been present in the prior 24 hours, or if other symptoms are not improving, then you should continue to isolate until fever free and symptoms are improving for at least 24 hours, or until after 10 days of isolation.• For 10 days:<ul style="list-style-type: none">○ Wear a well-fitting medical face mask when around other people.○ Avoid people who are immunocompromised or at high-risk for severe disease.○ Avoid travel, if possible. <p>Note: per CDC guidance, you can take an antigen test on day 5 before ending isolation and, if positive, you should continue to isolate for a total of 10 days. Individuals and businesses/organizations can consider but do not have to adopt this testing strategy.</p>
Persons who should quarantine after being exposed to someone with COVID-19	Recommended Action
<p>Household contacts who are either:</p> <ul style="list-style-type: none">• Unvaccinated; OR• Not “up to date” on receiving all recommended COVID-19 vaccine doses	<ul style="list-style-type: none">• Stay home and away from others for 5 days after the last exposure.• Watch for symptoms for COVID-19 for 10 days after the last exposure, and get tested if symptoms develop.• Get tested at least 5 days after the exposure, even if no symptoms develop. If positive, move to isolation.• For 10 days:<ul style="list-style-type: none">○ Wear a well-fitting medical face mask when around other people.○ Avoid people who are immunocompromised or at high-risk for severe disease.○ Avoid travel, if possible.

Persons who do NOT need to quarantine after being exposed to someone with COVID-19	Recommended Action
<ul style="list-style-type: none"> • Lower risk exposures in the community setting (e.g., non-household contacts) • Household contacts who are “up to date” on receiving all recommended COVID-19 vaccine doses • Unvaccinated household contacts who are within 90 days of testing positive for COVID-19 by antigen or PCR-based testing 	<ul style="list-style-type: none"> • Wear a well-fitting face mask around other people for 10 days, especially in indoor settings. • If symptoms develop, stay home and get tested for COVID-19. • Get tested for COVID-19 on day 5, even if you don’t have symptoms. • If testing is positive, follow isolation recommendations above.

Protocols for Department of Corrections:

Following an exposure to someone with suspected or confirmed COVID-19, the CDC recommends continued use of a 14-day quarantine for correctional and facilities staff who are [not fully vaccinated](#).

In the event of a critical staffing crisis the Superintendent may implement a shortened quarantine duration (<14 days) for staff who are [not fully vaccinated](#). A critical staffing crisis is defined as 12 percent of currently filled correctional staff positions that are out due to COVID-19 related reasons. The County will weigh the risks and benefits of different [quarantine scenarios](#). Evaluation by the Superintendent will include the below listed factors:

- The risks of increased transmission and secondary clusters
- The following individual facility characteristics:
 - Facility vaccination rate for staff and incarcerated/detained people
 - [Level of community transmission](#)
 - Ability to maintain [physical distancing](#)
 - Compliance with universal masking policies
 - Ability to [properly ventilate](#)
 - Proportion of staff and incarcerated/detained people at [increased risk for severe illness from COVID-19](#)
 - Availability of resources for [broad-based testing](#), daily symptom screening, and outbreak response

Modifications to quarantine duration for staff who are [not fully vaccinated](#) should be made in consultation with Employee Health Services and with an understanding of the residual risk of transmission.

If a reduced quarantine duration is implemented for staff who are [not fully vaccinated](#), staff are required to:

- Continue to self-monitor for [symptoms of COVID-19](#) through day 14 after known or suspected exposure to or close contact with a person with COVID-19
- Immediately self-isolate if [symptoms of COVID-19](#) occur during the 14 days after exposure
- Adhere to all recommended prevention strategies during the full 14 days (e.g., [mask wearing](#), [physical distancing](#), [hand hygiene](#), [cleaning and disinfection](#), and [proper ventilation](#))

Staff who are fully vaccinated

Correctional and facility staff who are [fully vaccinated](#) (i.e., ≥2 weeks after receiving the second dose in a two-dose series [Pfizer-BioNTech or Moderna], or ≥2 weeks after receiving a single-dose vaccine [Johnson and Johnson/Janssen]) and [do not have symptoms consistent with COVID-19](#) do not need to quarantine or be excluded from work following exposure to suspected or confirmed COVID-19. However, testing and symptom monitoring following an exposure are still recommended.

Staff who are symptomatic

Correctional and facility staff with [symptoms of COVID-19](#), regardless of COVID-19 vaccination status, should be excluded from work, immediately self-isolate and contact Employee Health Services.

Definitions:

Employee: Employee refers to all paid and unpaid persons serving in non-healthcare settings at Rockingham County.

Fully vaccinated is defined in [Interim Public Health Recommendations for Fully Vaccinated People | CDC](#)

Household contact: Any person who lives or sleeps in the same indoor shared space as another person diagnosed with COVID-19 (either a temporary or permanent living arrangement) leading to exposure to the person with COVID-19.

Isolation: for people who are sick or who have tested positive for the COVID-19 virus.

Quarantine: For people who have been exposed to the COVID-19 virus and are at risk for developing infection.

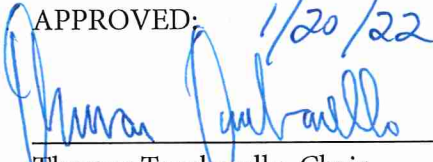
Unvaccinated refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purposes of this guidance.

Immunocompromised: For the purposes of this guidance, moderate to severely immunocompromising conditions include, but might not be limited to, those defined in the [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#).

This guidance applies to all County departments with the exception of the Rockingham County Rehabilitation and Nursing Center and Sheriff’s Office which have separate documented policies.

APPROVED:

1/20/22



Thomas Tombarello, Chair



Brian Chirichiello, Vice Chair



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