

Joint Guidance on Employee and Premises Exposures for Local Government Employees

August 7, 2020

Both NHMA and Primex have been asked by members the best course of action if notified by an individual that he/she was COVID-19 positive when obtaining in-person services from the member in non-First Responder settings.

Employee Exposure

RSA 141-C:7 requires local health officers to report individuals who they know or believe to be afflicted with a communicable disease, including COVID-19, to DHHS. At present, DHHS is utilizing contact tracers to follow-up on all reports of COVID-19-positive individuals. Those contact tracers follow the [*New Hampshire Coronavirus Disease 2019: Case Investigation and Contact Tracing Plan*](#).

Generally, the contact tracer will attempt to identify any persons in “close contact” with the infected individual during the time period when that individual is considered infectious and ask those individuals to quarantine. Individuals are first considered infectious 2 days prior to symptom onset or, if not symptomatic but tested, 2 days prior to testing.

The *Plan* defines “close contact” as someone who within 6 feet of the infected person for 10 or more minutes while the individual was infectious, regardless of mask usage. In other words, being within 6 feet of an infectious individual for 10 or more minutes will trigger the next step in the *Plan*. The next step is to require that “close contact” to stay home and follow quarantine guidelines for 14 days after their last exposure to the infected person. While the quarantined individual is encouraged to take a Covid-19 test, the *Plan* states that the person must continue to quarantine for 14 days regardless of test result (and, potentially, longer if symptoms develop).

While quarantined individuals who do not develop symptoms may leave quarantine after 14 days, the *Plan* states that “[t]he decision to discontinue self-isolation [for symptomatic individuals] is made [by health officials] on a case-by-case basis, taking into consideration a case’s COVID-19 test results, symptom history and other factors, including occupation.” See also RSA 141-C:11 – :13. Therefore, medical authorities will make the determination of when someone may leave isolation, and the *Plan* calls for a letter stating that isolation has been discontinued will be provided and may be offered to the individual’s employer.

Please note, however, that in the case of an “outbreak” or “cluster” DHHS may ask a larger number of individuals to quarantine than the general less-than 6-foot, 10-minutes-or-more rule.

An “outbreak” or “cluster” occurs where 3 or more cases are linked to a single setting or organization.

Premises Exposure

The *Plan* states that organizations should follow CDC guidelines for cleaning and disinfecting the premises or building where the infectious exposure took place. Those CDC guidelines are available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>. The Commissioner of DHHS, with the written approval of the Governor, may order such action to be taken pursuant to RSA 141-C:16-a.

Suggested Course of Action

Municipalities should consider integrating the above information, particularly the guidance from the *New Hampshire Coronavirus Disease 2019: Case Investigation and Contact Tracing Plan* into their exposure plans. The continuity of planning with state guidance will enable efficient planning at the municipal level and prevent potential conflicts with state officials in their attempts to mitigate the virus.

Please note that the state has outlined different procedures for First Responders and those procedures should continue to be followed. This guidance document is intended for non-First Responders and non-First Responder settings.