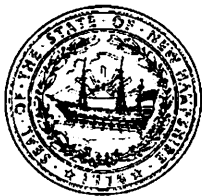


STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL AND FORENSIC
SERVICES



Helen E. Hanks
Commissioner

Paula L. Mattis
Director, Medical and
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To: NHDOC Provider and Nursing Staff
From: T. Groblewski, DO, Chief Medical Officer
Date: February 9, 2021
Re: Coronavirus Tests—Clinical Guidance

Handwritten signature of Paula L. Mattis in black ink.

No clinical guideline takes the place of good clinical practice. Every case is unique. Always use your best clinical judgement when making medical decisions. Seek additional guidance as appropriate.

Patients with COVID-19 illness have reported a wide range of symptoms, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Patients with these symptoms may have COVID-19 and should be immediately considered for medical isolation and for definitive testing:

- i. Fever equal to or greater than 100F, or chills
- ii. Cough
- iii. Shortness of breath or difficulty breathing
- iv. Fatigue
- v. Muscle or body aches
- vi. Headache
- vii. New loss of taste or smell
- viii. Sore throat
- ix. Congestion or runny nose
- x. Nausea or vomiting
- xi. Diarrhea

This list does not include all possible symptoms. Testing should be determined by and ordered by a medical provider on a case-by-case basis. As a rule, flu and strep throat testing should be considered before making the decision whether or not to proceed with COVID-19 PCR testing.

New facility intakes (all types): PCR test day of booking (day 1), followed by 14-day quarantine.

Transitional Housing Units and Transitional Work Center residents: PCR test offered weekly.

Residents scheduled for external medical procedures: PCR testing in accordance with off-site hospital/facility protocol.

Residents who return from Hospital/ Clinic stays: Quarantine and PCR test (as appropriate) upon return if offsite experience presented high-risk exposure, i.e. multiple EDs, multiple hospital floor exposures, etc.

Pre-release: If time to release is not prohibitive, and facility space/structure allows for it, a PCR test at the beginning of a 14-day quarantine period abutting the planned day of discharge is preferable.

Pre-transfer: Transfers occur both from the NHDOC as well as between facilities and among units in a facility. Transfers from the NHDOC to another organization should be coordinated with the receiving organization to determine what is necessary for a smooth and efficient transfer in terms of COVID-19 management.

Transfers between or within NHDOC facilities or units should first be presented to the Warden or Director who will review the resident's current Covid-19 status and will determine what additional information is needed, if any, and when and if the transfer will be relayed to the Commissioner for final approval.

Residents who present as ill:

If COVID-19 symptoms are present, test with the Binax NOW rapid test:

Positive result: no need to test with PCR test. Move forward with isolation of resident and contact tracing.

Negative result: if the suspicion is high that the resident is ill with COVID-19 (ex: when loss of taste/smell or other symptoms are reported), utilize PCR test and maintain resident in isolation until results are available.

No symptoms, but identified as having close contacts, etc.:

(Utilization of antigen-based strategies (AKA: rapid test) is **NOT** recommended, therefore, only a PCR test should be utilized.)

Negative PCR: Maintain in quarantine for 14 days (separate from routine intake quarantine).

Positive PCR: Isolate resident and identify contacts (if resident was in a quarantine cohort when specimen was collected, the 14-day quarantine restarts once the resident is moved to isolation).

Criteria for discontinuing medical isolation of residents diagnosed with COVID-19:

For persons with mild to moderate COVID-19 illness, who are not severely immunocompromised, medical isolation can be discontinued when all of the following three criteria are present:

- At least 10 days have passed since symptoms first appeared (or since first positive viral test was collected, if asymptomatic),
- At least 24 hours have passed since last fever, without the use of fever-reducing medications, and
- Symptoms have improved.

For persons with severe illness, or who are severely immunocompromised, medical isolation can be discontinued when all of the following three criteria are present*:

- At least 20 days have passed since symptoms first appeared (or since first positive viral test was collected, if asymptomatic),
- At least 24 hours have passed since last fever, without the use of fever-reducing medications, and
- Symptoms have improved.

*If the attending medical provider has questions or concerns about discontinuing medical isolation for a patient in this scenario, he/ she should obtain the consult of an Infectious Disease specialist.

References

Duration of Isolation and Precautions for Adults with COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

Overview of Testing for SARS-CoV-2 (COVID-19). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>

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