



Date: April 1, 2021

To: All Healthcare Settings including but not limited to Hospitals, Nursing Homes, Adult Care Facilities, End Stage Renal Disease (ESRD) Facilities, Emergency Medical Services (EMS), Home Care, Outpatient Clinics, Dentists, and Private Practices

UPDATE to Interim Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure – Including Quarantine and Furlough Requirements for Different Healthcare Settings

Please distribute immediately to:

Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Nursing Directors, Risk Managers, and Public Affairs.

Summary

- **Hospitals, ESRDs, Dentists, Private Practices, EMS, Nursing Homes, Adult Care Facilities, Home Care, Hospice must contact the New York State Department of Health’s (Department) Surge and Flex Operations Center at 917-909-2676** anytime there is concern about healthcare personnel (HCP) staffing, patient care capacity, or other triage concerns. The Surge and Flex Operations Center is available 24 hours a day, 7 days a week.
- This document supersedes the March 10, 2021 “Update to Interim Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure-Including Quarantine and Furlough Requirements for Different Healthcare Settings.” The information contained herein supersedes such guidance and any other previous guidance related to fully vaccinated asymptomatic healthcare personnel (HCP) returning to work after exposure to COVID-19 or travel.
- This update aligns with the March 10, 2021 Centers for Disease Control and Prevention (CDC) guidance “[Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)” and March 11, 2021 guidance “[Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2.](#)”

Background

There is continued community spread of COVID-19 in New York. COVID-19 disease transmission will continue until the number of people vaccinated significantly increases. The

presence of community COVID-19 cases increases the possibility of exposures for HCP. This may affect staffing levels. However, concerns about staffing shortages must be balanced against the risk of further exposures and outbreaks among healthcare facility staff and possible transmission of COVID-19 to patients.

To ensure adequate and appropriate staffing in hospitals and other direct healthcare settings while minimizing risk of transmission, the Department issued guidelines on January 7, 2021 and March 10, 2021, regarding the return to work of **asymptomatic HCP**, whether direct healthcare providers or other staff, who have been exposed to a confirmed case of COVID-19.

The purpose of this update is to provide further clarifications regarding quarantine, furlough, and testing for HCP exposed to COVID-19, including those who are fully vaccinated or recovered from previous COVID-19 infection, and address further changes in New York State's travel advisory that go into effect on April 1, 2021.

Asymptomatic Healthcare Personnel Returning to Work After Exposure to COVID-19

Asymptomatic HCP who have had exposure to, or been in contact with, a confirmed or suspected case of COVID-19 (e.g. had prolonged close contact in a healthcare setting with a patient, visitor, or HCP with confirmed or suspected COVID-19 while not wearing recommended personal protective equipment per [CDC guidelines](#); had close community contact within 6 feet of a confirmed or suspected case for 10 minutes or more; or was deemed to have had an exposure [including proximate contact] by a local health department), **may return to work after completing a 10 day quarantine* without testing if no [symptoms](#) have been reported during the quarantine period**, providing the following conditions are met:

- HCP must continue daily symptom monitoring through Day 14;
- HCP must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene, the use of face masks or other appropriate respiratory protection face coverings, and the use of eye protection;
- HCP must be advised that if any [symptoms](#) develop, they should immediately self-isolate and contact the local public health authority and/or their supervisor to report this change in clinical status and determine if they should seek testing.
- HCP exposed to COVID-19 who are working in **nursing homes or adult care facilities** certified as Enhanced Assisted Living Residences (**EALR**) or licensed as Assisted Living Programs (**ALP**) who complete the 10 day quarantine **cannot return** to their workplace (must furlough) **through the 14th day** after exposure unless they meet the vaccination or recent SARS-CoV-2 recovery criteria below.

* Exceptions to this provision include:

1. HCP who are fully vaccinated who meet criteria outlined below.
2. HCP who have recovered from recent SARS-CoV-2 infection within the past three months who meet the criteria outlined below.

1. Asymptomatic Fully Vaccinated HCP Exposed to COVID-19 Exception

Asymptomatic HCP who have been fully vaccinated against COVID-19 do **not** need to quarantine or furlough after exposure to COVID-19. Fully vaccinated is defined as being 2 weeks or more after either receipt of the second dose in a 2-dose series or receipt of one dose of a single-dose vaccine.

Work restrictions should still be considered for fully vaccinated HCP who have underlying immunocompromising conditions which might impact the level of protection provided by the vaccine. Data on specific conditions that might affect response to the COVID-19 vaccine and the magnitude of risk are not available.

As the rise of variants in New York is a concern and information on the effectiveness of vaccines against COVID-19 variants is still emerging, all fully vaccinated HCP **working in a nursing home, EALR, or ALP** must continue to participate in diagnostic COVID-19 testing twice per week or as otherwise required by the Commissioner of Health in accordance with EO 202.88. It is recommended that they be assigned to areas in which they will only have contact with vaccinated residents (except for HCP working in pediatric facilities and units).

In all exposure situations, HCP are expected to comply with symptom monitoring and nonpharmaceutical interventions as described above through day 14.

All healthcare facilities are expected to know which of their staff have been vaccinated. Any vaccinated staff who did not receive the vaccine through their workplace must inform the facility of their vaccination status through the same process the facility uses to maintain information on annual influenza immunizations and tuberculosis tests.

2. Exposed Asymptomatic HCP Recovered From SARS-CoV-2

In accordance with CDC's February 14, 2021 ["Testing Healthcare Personnel for SARS-CoV-2"](#), asymptomatic HCP who have recovered from SARS-CoV-2 infection may not need to undergo repeat testing or quarantine if exposed to COVID-19 within 3 months after the date of symptom onset from the initial SARS-CoV-2 infection or date of first positive diagnostic test if asymptomatic during illness.

Facilities may choose to implement work restrictions for asymptomatic recovered HCP if there is concern of:

- Underlying immunocompromising conditions because they might be at increased risk for reinfection. Data on specific conditions that might lead to higher risk and the magnitude of risk are not available.
- An initial diagnosis of SARS-CoV-2 infection having been based on a false positive test result.
- Suspicion or evidence that they were exposed to a variant for which the risk of reinfection may be higher.

Exposed recovered HCP **working in a nursing home, EALR, or ALP** must continue to participate in diagnostic COVID-19 testing twice per week or as otherwise required by the Commissioner of Health in accordance with EO 202.88. It is recommended that exposed recovered HCP in these facilities be assigned to areas in which they will only have contact with vaccinated residents (except for HCP working in pediatric facilities and units).

In all exposure situations, HCP are expected to comply with symptom monitoring and nonpharmaceutical interventions as described above through day 14.

Guidelines for Asymptomatic Healthcare Personnel and Travel

As of April 1, 2021, asymptomatic HCP, arriving in New York State from other U.S. states and territories **are not required** to test or quarantine. However, quarantine, consistent with the CDC recommendations for international travel, is **still recommended** unless the HCP is fully vaccinated or has recovered from laboratory confirmed COVID-19 within the previous 3 months. Asymptomatic HCP returning from domestic travel may return to work accordingly.

Asymptomatic HCP returning from travel to another country must follow [CDC's international travel requirements](#) including showing proof of negative diagnostic test result no more than 3 days before flight departure or documentation of recovery from COVID-19 prior to boarding, and must either quarantine for 7 days with a test 3-5 days after travel or quarantine for 10 days with no test.

HCP can return to work upon completion of the CDC quarantine requirements except for HCP working in **nursing homes, EALRs, or ALPs**. These HCP **cannot return** to their workplace (must furlough) through the 14th day after return from international travel unless they are fully vaccinated or have recovered from laboratory confirmed SARS-CoV-2 infection within the previous 3 months.

Healthcare Personnel and COVID-19 Paid Leave Law

COVID-19 paid leave is available in New York State for individuals who must isolate or quarantine. For more information go to [Paid Sick Leave for COVID-19 Impacted New Yorkers](#).

Strategies to Mitigate Current or Imminent Staffing Shortages that Threaten Provision of Essential Patient Services

Hospitals with an actual or anticipated inability to provide essential patient services prior to reaching 85% bed capacity, and non-hospital entities (including nursing homes, adult care facilities, home care, hospice, and other congregate settings, as well as EMS) with an actual or anticipated inability to provide essential patient services, may allow exposed HCP to return to work early upon approval of the Commissioner of Health.

Before requesting authorization to allow exposed HCPs to return to work early, healthcare entities must ensure that they have in place strategies to mitigate HCP staffing shortages such as those outlined in CDC's March 10, 2021 "[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)."

These strategies include:

1. Properly defining healthcare facility exposures (e.g., missing PPE or inappropriate wearing of PPE while caring for a patient with suspected or confirmed COVID-19 or during aerosol-generating procedures).
2. For asymptomatic staff who recently traveled, furlough only HCP who have traveled internationally.
3. Curtail non-essential procedures in hospitals and similar settings. Facilities experiencing significant staffing challenges should consider cancelling all such procedures scheduled in advance that do not involve a medical emergency and for which a delay would not be

detrimental to the patient's health. Facilities anticipating staffing challenges should reduce these procedures to the level needed to maintain essential patient services based upon staffing capacity, clinical judgement and DOH guidance.

4. Shift HCP who work in underutilized areas to support essential patient services in other areas within the facility or attempted to use other qualified agency providers to fill positions.
5. Attempt to address social factors that might prevent unexposed HCPs from reporting to work such as 1) safe transportation; 2) housing that allows for social distancing if HCP live with individuals with underlying medical conditions or older adults; 3) child care for HCP with younger children and children enrolled in remote school.
6. Identify/hire additional HCP to work in the facility including per diem staff, staff from other entities including other facilities within same health system.
7. As appropriate, ask HCP to postpone elective time off from work, with consideration for the mental health benefits of time off and that the burden of the disease and care-taking responsibilities may differ substantially among certain racial and ethnic groups.

Crisis Capacity Strategies and Waiver Requests for Healthcare Entities Continuing to Experience Staffing Shortages that Threaten Provision of Essential Patient Services

Facilities still experiencing staffing shortages should go to [HCPs Return to Work Waiver](#) to complete the required checklist and upload the signed CEO attestation documenting that the facility has implemented or attempted to implement staffing mitigation strategies and is experiencing a current or imminent staffing shortage that threatens provision of essential patient services. Upon review and **approval** by the Commissioner of Health, health care entities will be allowed to implement crisis capacity strategies to mitigate staffing shortages. Do not call the Surge and Flex Operations Center to request authorization to allow exposed HCP to return to work early. Do call the Surge and Flex Operations Center for all other capacity and emergency concerns.

Under crisis capacity strategies, if approved by the Commissioner of Health, entities may allow asymptomatic HCPs who have not been vaccinated as well as HCP who recovered from previous COVID infection **more than 3 months ago**, who have had exposure to or been in contact with (as defined above) a confirmed or suspected case of COVID-19 within the past 10 days to return to work, provided the following conditions are met:

- HCP must be asymptomatic.
- HCP must have a negative test (PCR or antigen) to return to work after an exposure and subsequently be tested every 2-3 days after the first test until Day 10 after exposure.
- HCP must self-monitor for symptoms and conduct daily temperature checks through Day 14.
- HCP must quarantine when not at work consistent with the Department's guidance on quarantine.

At any time, if the HCP working under these conditions develop [symptoms](#) consistent with COVID-19, they should immediately stop work and isolate at home. All staff with symptoms consistent with COVID-19 should be immediately referred for diagnostic testing for SARS-CoV-2.

Nursing homes, EALRs, ALPs, should first return to work unvaccinated exposed HCP who have completed their 10-day quarantine but are still on furlough through day 14, before bringing back any other unvaccinated exposed HCP.

Additional Assistance

Hospitals, ESRDs, Dentists, Private Practices, EMS, Nursing Homes, Adult Care Facilities, Home Care, Hospice must contact the Department's Surge and Flex Operations Center at 917-909-2676 anytime there is concern about staffing, patient care capacity, or other triage concerns. The Surge and Flex Operations Center is available 24 hours a day, 7 days a week.

General questions or comments about this advisory can be sent to covidhospitaldtcinfo@health.ny.gov, or covidadultcareinfo@health.ny.gov.



Checklist and Attestation

Name of Healthcare Entity: _____

Date: _____

Furloughing staff exposed to COVID-19

Questions	Yes	No
1. Is the facility limiting furloughs to HCP who had prolonged close contact with a patient/resident, visitor, or HCPs with confirmed COVID-19 or close contact with such persons while not wearing appropriate PPE or wearing it properly or not wearing proper PPE while present for an aerosol-generating procedure?		
2. Is the facility limiting furloughs to HCP with non-work COVID-19 exposures or returning from international travel?		
3. Is the facility allowing exposed asymptomatic HCP who have recovered from COVID-19 in the past 3 months to work?		
4. Is the facility facilitating access to COVID-19 vaccinations to interested and eligible staff?		
5. Is the facility limiting furloughs to exposed unvaccinated and not fully vaccinated HCP?		

Implement staffing mitigation strategies

(consult [CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) for suggestions)

Questions	Yes	No
1. For hospitals only: Are non-essential procedures curtailed? Non-essential procedures are those procedures scheduled in advance that do not involve a medical emergency and for which delay would not be detrimental to the patient's health.		
2. For hospital only: If no to #1, Has the hospital reduced non-essential procedures to the level needed to maintain essential patient services?		
3. Shifted HCPs who work in underutilized areas to support essential patient services in other areas within the facility or attempted to use other qualified agency providers to fill positions?		
4. Attempted to address social factors that might prevent unexposed HCPs from reporting to work?		
5. Attempted to identify/hire additional HCPs to work in the facility, brought on per diem staff, or worked with other entities to share staff where appropriate?		
6. If appropriate, requested that HCPs postpone elective time off from work?		

Attestation

I hereby certify, under penalty of law, that I am the Chief Executive Officer (CEO) of the healthcare entity identified below and the foregoing is accurate and truthful to the best of my knowledge. I am requesting that HCPs exposed to COVID-19 return to work at my facility before the quarantine period has ended.

Name of Healthcare Entity: _____

Signature: _____ Date: _____

Printed name: _____ Title (CEO only): _____

Best phone number: _____ Best email: _____