

SUMMARY:

Return to Work Criteria for Healthcare Personnel (HCP) with Suspected, Confirmed or Exposure to COVID-19



DOC ID HHCMPA162020

Effective Date: 1 July 2020

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Purpose: To provide guidance for HCP to return to work from suspected, confirmed or exposure to COVID-19.

Scope: NYC Health and Hospitals System

Process:

I. COVID-19 Positive or Suspected: Symptomatic HCP

- Symptom-based strategy is based on a suspected test result. Exclude from work until: At least 10 calendar days have passed since symptoms first appeared; and, afebrile for 3 days after symptoms have resolved.
- Time-based strategy is based on a positive test result. Exclude from work until: 10 calendar days have passed since the date of first positive COVID-19 diagnostic test assuming employee has not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based strategy* should be used.

II. Post-Acute HCP working in special settings (e.g., Nursing Homes, SNF and Long Term Care)
Recommendation is an extended symptom-based approach of at least 14 calendar days.

III. COVID-19 exposure while at work: Asymptomatic HCP

- Time-based strategy. Exclude from work until: 14 calendar days have passed since exposure to confirmed COVID-19 case assuming they have not subsequently developed symptoms. If they develop symptoms, then the symptom-based strategy should be used.
- A 14-day exclusion from work is appropriate for HCP with a COVID-19 exposure in the community (i.e., outside of the health care facility in which they work) such as NYC Test & Trace Corps contact tracers. The HCP is required notify their employer of their exposure.

IV. HCP Traveling to High Risk Areas: Domestic and Abroad

- HCPs traveling to restricted states must undergo COVID-19 diagnostic testing upon return or within 24 hours in NYS. [Click here for list of restricted states.](#)
- Employees will use their annual leave or comp time to cover the period of testing and results; and will submit results to OHS/Supervisor.
- For HCPs who travel internationally to countries with [CDC Level 3 Travel Health Notice](#) will also be subject to undergoing COVID-19 diagnostic testing upon arrival or within 24 hours with same guidance on negative or positive testing result.

V. Return to Work Practices and Work Restrictions

- Wear a facemask at all times while in the facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP while in the facility. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen. Practice social distancing.

<p>Purpose</p>	<p>To provide guidance for HCP to return to work from suspected, confirmed or exposure to COVID-19.</p> <p>Please note, all guidance is subject to change as additional information becomes available.</p>	
<p>Scope</p>	<p>NYC Health and Hospitals System</p>	
<p>Definition</p>	<p>Healthcare Personnel (HCP)</p>	<p>HCP refers to all persons serving in healthcare settings including central office locations who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.</p>
<p>Process</p>	<p>COVID-19 confirmed or suspected: Symptomatic HCP</p> <p>Symptom-based strategy is based on a suspected test result. Exclude from work until:</p> <ul style="list-style-type: none"> • At least 10 calendar days have passed <i>since symptoms first appeared; and,</i> • At least 3 consecutive days (72 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). <p>Time-based strategy is based on a positive test result. Exclude from work until:</p> <ul style="list-style-type: none"> • 10 calendar days have passed since the date of first positive COVID-19 diagnostic test assuming employee has not subsequently developed symptoms since their positive test. If they develop symptoms, then the <i>symptom-based strategy</i> should be used. • Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test. <p>Consult with OHS when making return to work decisions for individuals who might remain infectious longer than 10 calendar days (e.g., severely immunocompromised).</p> <p>If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.</p>	

HCP working in special settings (e.g., Nursing Homes, SNF, Long Term Care)

- In addition to always meeting the above criteria regarding fever and symptom resolution, a longer isolation period is used in settings with highly vulnerable patients and residents.
- Recommendation is an extended symptom-based approach of at least 14 calendar days.

COVID-19 exposure while at work: Asymptomatic HCP

Time-based strategy. Exclude from work until:

- 14 calendar days have passed since exposure to confirmed COVID-19 case assuming they have not subsequently developed symptoms. If they develop symptoms, then the symptom-based strategy should be used.
- When excluded from work, asymptomatic **HCP** must self-quarantine and minimize contact with others for 14 calendar days. HCP should self-monitor including by taking their temperature twice daily.
- **Exposure is defined as any of the following:**
 - **HCP** was not wearing a face mask or respirator and spent 15 or more minutes within 6 feet of a person with confirmed COVID-19.
 - **HCP** was not wearing eye protection and spent 15 or more minutes within 6 feet of a person with confirmed COVID-19 who was not wearing a cloth face covering or face mask.
 - **HCP** did not wear all recommended PPE (gloves, gown, N95 respirator, and either goggles or face shield) when a procedure was performed that can generate aerosols (e.g., intubation, suctioning, high-flow oxygen, nebulizer).
- A 14-day exclusion from work is also appropriate for HCP with a COVID-19 exposure in the community (i.e., outside of the health care facility in which they work). If an NYC Test & Trace Corps contact tracer informs department manager that they were exposed to COVID-19, the **HCP** will be advised to self-quarantine for 14 calendar days unless directed otherwise by their employer. The HCP is required notify their employer of their exposure.

Note: New York State Department of Health (NYSDOH) Health Advisory issued on March 31, 2020 allows asymptomatic HCPs who have been exposed to a suspected or confirmed case of COVID-19 to continue to work without exclusion if a number of conditions are met, including that excluding such HCP would result in HCP shortages that would adversely impact facility operations.

HCP Traveling to High Risk Areas: Domestic and Abroad

- HCP traveling to restricted states must undergo COVID-19 diagnostic testing upon return or within 24 hours in NYS. [Click here for list of restricted states.](#) States that meet the metrics to qualify for the travel advisory restrictions set out by the governor include those with a positive test rate higher than 10 per 100,000 residents over a seven-day rolling average or a state with a 10% or higher positivity rate over a seven-day rolling average.
- Employees will use their annual leave or comp time to cover the period of testing and results; and will submit results to OHS.
- If the HCP tests *negative*, they may return to work with proof of testing results. Upon return to work, HCP must perform temperature and symptom monitoring daily, adhere to section “**Return to Work Practices and Work Restrictions**” including wearing a facemask at all times while in the facility and public, maintain social distancing of 6 feet, clean and disinfect their workspace for 14 days, and avoid extended periods in public for seven days.
- If the HCP tests *positive*, either symptom-based strategy for those symptomatic or time-based strategy for those asymptomatic will be followed.
- For HCP who travel internationally to countries with [CDC Level 3 Travel Health Notice](#) will also be subject to undergoing COVID-19 diagnostic testing upon arrival or within 24 hours with same guidance on negative or positive testing result.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask for source control at all times while in the facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated for HCP (e.g., aerosol generating procedure or caring for critically ill patient with suspected or confirmed COVID-19).
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
- Practice social distancing

References	<p>NY State Department of Health: https://coronavirus.health.ny.gov/system/files/documents/2020/05/nh-letterregardingemployees-4.29.20.pdf</p> <p>CDC Criteria for Return to Work https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</p> <p>NYC Department of Health and Mental Hygiene: https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-health-care-ppe-restrictions.pdf</p> <p>Executive Order on Travel Restrictions https://www.governor.ny.gov/news/no-205-quarantine-restrictions-travelers-arriving-new-york</p>
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