RETURN TO WORK CRITERIA SUMMARY

- A symptom-based strategy for determining when healthcare personnel (HCP) with COVID-19 infection could return to work is preferred in most clinical and non-clinical situations.

- In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have been fully vaccinated or if they have recovered from COVID-19 infection in the prior 90 days.

- Testing is recommended immediately but NOT earlier than 2 days after the exposure and, if negative, 5-7 days after the exposure.
  - Fully vaccinated asymptomatic HCPs should have a series of 2 viral tests for COVID-19 infection.

- COVID-19 positive HCP who are immunocompromised or have severe-to-critical illness should consider consultation with an infectious disease physician prior to returning to work (which should be after at least 10 days and up to 20 days have passed since symptoms first appeared with the last 24 hours being fever-free off antipyretics and symptoms resolved or improving).

- Fully vaccinated HCP who are asymptomatic but have been exposed to COVID-19 and are working in a Nursing Home, Enhanced Assisted Living Residence (EALR), or Assisted Living Program (ALP) must continue to participate in diagnostic COVID-19 testing twice per week and 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).
  - HCP are still expected to comply with symptom monitoring through day 14.

- Fully vaccinated HCP returning from international travel must follow the CDC guidelines which recommend getting tested with a COVID-19 viral test 3-5 days after travel.

- HCP returning to NYS after domestic travel are not required to test or quarantine. Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
  - Contact Occupational Health Services if symptoms develop.
## Scope

All NYC H + H System Healthcare Personnel

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Healthcare Personnel (HCP)</th>
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<tbody>
<tr>
<td></td>
<td>HCP refers to all clinical and non-clinical, paid or unpaid persons, including Contact Tracers or Community Care Workers working in healthcare settings or in the community; including facility offices and central office locations who have the potential for direct or indirect exposure to patients, staff or infectious materials, including bodily substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air.</td>
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<thead>
<tr>
<th>Severely Immunocompromised</th>
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<tr>
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<td>Severely Immunocompromised:</td>
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<tr>
<td></td>
<td>• Receiving chemotherapy for hematopoietic malignancies</td>
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<td></td>
<td>• Receiving chemotherapy or radiation for solid-organ malignancies</td>
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<td></td>
<td>• Immunosuppressed following solid-organ transplant, or during conditioning and 72 months following hematopoietic stem cell transplant</td>
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<td>• Taking biologic therapy (e.g. rituximab, IL-7,IL-6, or TNF inhibitors or others)</td>
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<td></td>
<td>• Receiving at least 20 mg or 2 mg/kg body weight of prednisone (or equivalent) per day for 14 or more days</td>
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<td>• Immunosuppressed because of severe inherited or acquired immunodeficiencies (e.g., agammaglobulinemia or HIV infection with CD4 count less than 200 or others)</td>
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<th>Mild Illness</th>
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<td>Individuals who have any of the various signs and symptoms of COVID-19 (e.g. fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, chest pain or abnormal chest imaging.</td>
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<th>Moderate Illness</th>
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<td>Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) &gt;94% on room air at sea level and various signs and symptoms of COVID-19 (e.g. fever, cough, sore throat, malaise, headache, muscle pain) with shortness of breath, dyspnea, chest pain or abnormal chest imaging.</td>
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### Severe Illness
Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50% on chest imaging.

### Critical Illness
Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

### Exposure
HCP: Prolonged (“prolonged” refers to a cumulative time period of 10 or more minutes during a 24-hour period) close (within 6 feet) contact with a patient, visitor or HCP with confirmed COVID-19. In addition, HCP was not wearing a respirator or face mask or HCP was not wearing protective eyewear if the person with COVID-19 was not wearing a facemask or HCP not wearing all recommended PPE during an aerosol generating procedure with a patient with confirmed COVID-19 or HCP was deemed to have had an exposure (including proximate contact) by a local health department.

Contact Tracer: Prolonged (10 minutes or more), proximate contact (within 6 feet) with a COVID-19 positive person in the community or was deemed to have had an exposure (including proximate contact) by a local health department.

### Close Contact
Anyone who has prolonged close contact (within 6 feet for a cumulative total of 15 minutes over 24 hours) to someone with COVID-19 infection and are not using PPE correctly, not wearing a well-fitting mask and they have COVID-19 infection, whether the HCP and/or the individual with COVID-19 infection are fully vaccinated.

### Fully Vaccinated
≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna or a WHO approved vaccine) or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).

### Process
*While on duty, staff working in a clinical area must wear the NYC H+H issued facemask throughout their shift, regardless of being in clinical or public space.
Facemasks are source control to prevent COVID-19 transmission and must fit closely to the face and cover the mouth and nose.

Facemasks are not required:
- When an individual is alone in a private office with the door closed. A private office is a room with a door and walls to the ceiling and the room is designated for one person and other individuals enter infrequently.

Protective eyewear: HCPs must wear protective eyewear for ALL clinical encounters.

HCP are screened at the beginning of every shift for Exposure, Symptoms, Travel and Temperature (ESTT) at Point of Entry Screening.

A symptom-based strategy for determining when a HCP with SARS-CoV-2 may return to work is used in most clinical settings.

In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have been fully vaccinated or they have recovered from SARS-CoV-2 infection in the prior 90 days.


<table>
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<tr>
<th>RTW for HCP after COVID-19 Infection</th>
<th>Return to Work Criteria for HCP after COVID-19 Infection – All NYC H+H HCP are required to be COVID-19 vaccinated as of 9/27/2021</th>
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<tbody>
<tr>
<td>I. HCP with mild to moderate illness who are not moderately to severely immunocompromised:</td>
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<td>• At least 10 days have passed since symptoms first appeared and</td>
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<td>• At least 24 hours have passed since last fever without the use of fever-reducing medications and</td>
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<tr>
<td>• Symptoms (e.g., cough, shortness of breath) have improved</td>
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II. HCP who were asymptomatic throughout their infection and not moderately or severely immunocompromised:
• At least 10 days have passed since the date of their first viral diagnostic test.

III. HCP with severe to critical illness or who are moderately to severely immunocompromised:
• At least 10 days and up to 20 days have passed since symptoms first appeared and
• At least 24 hours have passed since last fever without the use of fever-reducing medications and  
• Symptoms (e.g., cough, shortness of breath) have improved  
• Consultation with infectious disease specialist is required because moderately to severely immunocompromised HCPs may produce replication-competent virus beyond 20 days after symptom onset or for those who were asymptomatic throughout their infection, the date of their first positive viral test.

IV. Asymptomatic HCP Who Were Exposed to Individuals with Confirmed COVID-19 Infection

• In general, work restrictions are not required for asymptomatic HCPs who recovered from COVID-19 in the past 90 days unless symptoms develop, they test positive for COVID-19 infection or are otherwise directed to do so by the DOH.

• In general, work restrictions are not required for asymptomatic HCPs who are fully vaccinated unless symptoms develop, they test positive for COVID-19 infection, or are otherwise directed to do so by the DOH.

• Factors reducing transmission of COVID-19 during close contact are defined above (see definitions).

• All of these factors should be considered when evaluating an exposure.

• High risk exposures generally involve the HCP’s eyes, nose and mouth to material containing COVID-19 virus. Particularly if the HCP is in the room during an aerosol generating procedure.

• Low risk procedures include having body contact with the patient (e.g., rolling the patient) without gown or gloves particularly if hand hygiene is not performed and the HCP touches their mouth, nose or eyes.

The specific factors associated with these exposures should be evaluated on a case by case basis; interventions, including restriction from work, can be applied if the risk for transmission is deemed substantial.

V. Additional Considerations for High Risk Exposure Testing
• Testing: Fully vaccinated asymptomatic HCPs should have a series of 2 viral tests for COVID-19 infection.

• Testing is recommended immediately but NOT earlier than 2 days after the exposure and, if negative, 5-7 days after the exposure.

• Testing is not recommended for asymptomatic HCPs who recovered from COVID-19 in the prior 90 days; this is because people may be non-infectious but have detectable virus from their previous infection during this period.

• Source Control: Universal use of source control while in the health facility is required for 14 days following a high-risk exposure.

• Circumstances when work restrictions are recommended:
  • Among asymptomatic HCPs who recovered from COVID-19 in the prior 90 days;
  • HCPs who are moderately or severely immunocompromised and may be at increased risk for reinfection.
  • There may be other circumstances in which the DOH recommends additional precautions
  • Among fully vaccinated HCPs;
  • HCPs who are moderately or severely immunocompromised OR;
  • When directed by DOH (e.g., during an outbreak where COVID-19 infections are identified among fully vaccinated HCPs).

VI. Asymptomatic HCP Exposed to COVID-19 and Working in Special Settings Such as Nursing Homes, Adult Care Facilities, Enhanced Assisted Living Residence (EALR)

• Fully vaccinated HCP do not need to quarantine but are required to continue to receive COVID-19 testing twice weekly at their facility or based on most recent NYSDOH Executive Order.
## VII. HCP Travel Requirements for New York State (General)

As of June 25, 2021, the New York State Travel Advisory is no longer in effect. As such, travelers arriving in New York are no longer required to submit traveler health forms.

All travelers, domestic and international, should continue to follow all CDC travel requirements.

## VIII. Asymptomatic HCP Returning from Domestic Travel

- Asymptomatic HCP returning from domestic travel no longer have to test or quarantine. Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.

## IX. HCP Returning from International Travel

- HCPs returning from international travel should continue to follow CDC guidance which recommends getting tested for COVID-19 with a viral test 3-5 days after travel. Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.

## X. HCPs and COVID-19 Paid Sick Leave

Employees who engage in domestic or international travel, not related to work, will need to use their personal leave time, from the time of return to New York until the end of the required period of quarantine or isolation.

## XI. Guidelines for HCPs Working Remotely Exposed to COVID-19

HCPs working remotely who are exposed to COVID-19 should adhere to their local DOH regulations regarding quarantine and should use their personal leave time for any absences.

## References
