

Return to Work Criteria for Health Care Personnel or Contact Tracer or Community Cares Worker with Suspected or Confirmed Exposure to COVID-19



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Summary

RETURN TO WORK CRITERIA SUMMARY

- **Non-vaccinated, asymptomatic healthcare personnel (HCP) with an exposure to a known case with COVID-19 working in Nursing Homes, Adult Care Facilities, or Enhanced Assisted Living Residences (EALR) should quarantine for 10 days after exposure to a known case with COVID-19 but may not return to work until after 14 days. If the HCP tests positive for COVID-19, they must isolate for 14 days with the last 24 hours being fever-free off anti-pyretics and symptoms resolved or improving before returning to work.**
- **Non-vaccinated, asymptomatic HCP with an exposure to a known case with COVID-19 should be excluded from work for 10 days but continue daily symptom monitoring through day 14.**
- **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 20 days with the last 24 hours being fever-free off antipyretics and symptoms resolved or improving).**
- **Fully vaccinated (see definition) HCP who are asymptomatic but have been exposed to COVID-19 do not need to quarantine if:**
 - **HCP is fully vaccinated AND HCP has remained asymptomatic since the last COVID-19 exposure.**
 - **HCP are still expected to comply with symptom monitoring through day 14.**
- **Fully vaccinated HCP who are asymptomatic but have been exposed to COVID-19 and are working in a Nursing Home, EALR, or 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.**
- **HCP planning international travel do not need to get tested upon leaving the United States unless their international destination requires it.**
- **Unvaccinated HCP returning from international travel must have a negative COVID-19 test result before returning to NYS and must quarantine for 7 days with a test on day 3-5 after arrival in New York from international travel, or quarantine for 10 days if not tested.**
 - **HCP working in a Nursing Home, EALR, or ALP must complete a 14-day quarantine.**
- **Fully vaccinated HCP returning from international travel must have a negative COVID-19 test result before returning to NYS and do not need to quarantine.**
- **Travelers from Canada, crossing at land borders do not need to test or quarantine.**
- **Asymptomatic HCP returning to NYS after domestic travel no longer have to test or quarantine.**
 - **Unvaccinated health care personnel who work in nursing homes, enhanced assisted living residences (EALRs) or assisted living programs (ALPs) must still quarantine for 14 days after arrival in New York**

Scope	NYC Health and Hospitals System HCP, Contact Tracer, Community Care Worker, all clinical and non-clinical staff	
Definitions	Healthcare Personnel (HCP) Contact Tracer Community Care Worker	HCP or Contact Tracer or Community Care Worker refers to all persons, clinical and non-clinical, 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. HCPs will refer to HCP or Contact Tracer or Community Care Worker.
	Severely Immunocompromised	Severely Immunocompromised: <ul style="list-style-type: none"> • Receiving chemotherapy for hematopoietic malignancies • Receiving chemotherapy or radiation for solid-organ malignancies • Immunosuppressed following solid-organ transplant, or during conditioning and 72 months following hematopoietic stem cell transplant • Taking biologic therapy (e.g. rituximab, IL-L7,IL-6, or TNF inhibitors or others) • Receiving at least 20 mg or 2 mg/kg body weight of prednisone (or equivalent) per day for 14 or more days • Immunosuppressed because of severe inherited or acquired immunodeficiencies (e.g., agammaglobulinemia or HIV infection with CD4 count less than 200 or others)
	Mild Illness	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.
	Moderate Illness	Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO ₂) \geq 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.

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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.
	Exposure	<p>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.</p> <p>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.</p>
	Fully Vaccinated	≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).
Process	<p>*HCPs must wear a facemask at all times while in the facility or community.</p> <ul style="list-style-type: none"> • HCPs must wear protective eyewear for ALL clinical encounters. • A medical facemask, not a cloth face covering, must be used by these HCPs while in the facility or while working in the community. • A medical facemask for source control does not replace wearing an N95 or higher-level respirator (or other recommended PPE) when indicated. <p>* HCP are screened at the beginning of every shift for Exposure, Symptoms, Travel and Temperature (ESTT) at Point of Entry Screening.</p>	

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	<p>I. Non-vaccinated, asymptomatic HCP with an exposure to a known case with COVID-19 working in Nursing Home, Adult Care Facility or Enhanced Assisted Living</p>
	<p>Non-vaccinated, asymptomatic HCP with an exposure to a known case with COVID-19 working in Nursing Homes, Adult Care Facilities, or Enhanced Assisted Living Residences (EALR) should quarantine for 10 days after exposure to a known case with COVID-19 but may not return to work until after 14 days. If the HCP tests positive for COVID-19, they must isolate for 14 days with the last 24 hours being fever-free off anti-pyretics and symptoms resolved or improving before returning to work.</p>
	<p>II. Non-vaccinated, asymptomatic HCPs, who are Not Tested for COVID-19, returning to work in other health care facilities after being exposed to COVID-19 positive person</p>
	<ul style="list-style-type: none"> • May return to work after a 10-day quarantine without testing if no symptoms have been reported during the quarantine period and the following conditions are met: <ul style="list-style-type: none"> o Self-monitor for fever and symptoms through day 14 ▪ Counseled to continue strict adherence to hand hygiene and the use of appropriate face masks, eye protection and all other non-pharmaceutical interventions through day 14. ▪ If HCPs develops symptoms consistent with COVID-19, they should immediately self-isolate and contact OHS to determine if they should seek testing. • Quarantine at home or, if not possible, at a NYC H+H hotel.
	<p>III. HCPs are COVID-19 positive and asymptomatic or exhibits mild to moderate illness and is not severely immunocompromised:</p>
	<ul style="list-style-type: none"> • Maintain isolation 10 days after the date of the positive test or • At least 10 days have passed <i>since symptoms first appeared (date of symptom onset)</i> and • At least 24 hours have passed <i>since last</i> fever without the use of fever-reducing medications and • Symptoms have improved. • After 10 days the asymptomatic or mild to moderate symptoms HCPs may return to work after being cleared by OHS.

	<p>IV. HCPs are COVID-19 positive or suspected with <u>severe to critical illness</u> who are severely immunocompromised may return to work:</p>
	<ul style="list-style-type: none"> • Self-isolate up to 20 days <i>since symptoms first appeared (date of symptom onset)</i> • At least 24 hours have passed <i>since last fever</i> without the use of fever-reducing medications and • Symptoms (e.g., cough, shortness of breath) have improved and • HCP or Contact Tracer has been cleared to return to work by OHS. • Consider consultation with Infectious Disease Physician. <p>Note: HCPs who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test and they have been cleared to return to work by OHS.</p>
	<p>V. Fully Vaccinated, Asymptomatic HCP Exposed to COVID-19 Quarantine</p> <p>Asymptomatic HCP who have been fully vaccinated against COVID-19 do not need to quarantine if:</p> <ul style="list-style-type: none"> • Such that the HCP is fully vaccinated (i.e., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine); • Such HCP has remained asymptomatic since the last COVID-19 exposure.
	<p>VI. Asymptomatic HCP Exposed to COVID-19 and Working in Special Settings Such as Nursing Homes, Adult Care Facilities, Enhanced Assisted Living Residence (EALR)</p> <ul style="list-style-type: none"> • 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. • Unvaccinated HCPs who have had exposure to or been in contact with a confirmed or suspected case of COVID-19 may be released from quarantine after 14 days.

	<p>VII. HCP Travel Requirements for New York State (General)</p>
	<p>All individuals coming into New York from either a non-contiguous state or US territory, or any other country, whether or not such person is a New York resident, are required to complete the traveler health form upon entering New York. Significant penalties may be imposed on any individual who fails to complete the traveler health form. Travelers from Canada, crossing at land borders do not need to test or to quarantine.</p> <p>Irrespective of quarantine or vaccine status, all travelers must:</p> <ul style="list-style-type: none"> • Monitor symptoms daily from day of arrival in New York through day 14; • Continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and the use of face coverings, through Day 14; <p>Must immediately self-isolate if any symptoms develop and contact OHS to report this change in clinical status and determine if they should seek testing.</p>
	<p>VIII. Asymptomatic HCP Returning from Domestic Travel</p>
	<p>Asymptomatic HCP returning from domestic travel no longer have to test or quarantine regardless of vaccine status.</p> <ul style="list-style-type: none"> • Unvaccinated health care personnel who work in nursing homes, enhanced assisted living residences (EALRs) or assisted living programs (ALPs) must still quarantine for 14 days after arrival in New York.
	<p>IX. HCP Returning from International Travel</p>
	<p>As per CDC guidance, HCPs entering New York from international travel must complete the following:</p> <ul style="list-style-type: none"> • Show documentation of having recovered from COVID-19 within the previous 3 months or a negative test result from no more than 3 days before flight departure back to the US prior to boarding. This applies to US residents and visitors from other countries. Documentation of vaccine status or antibody test is not accepted as proof of COVID-19 status prior to boarding. • Unvaccinated HCP returning from international travel must quarantine for 7 days with a test on day 3-5 after arrival in New York from international travel, or quarantine for 10 days if not tested. • Unvaccinated HCP working in a Nursing Home, EALR, or ALP must complete a 14-day quarantine. • Fully vaccinated HCP returning from international travel do not need to quarantine. • All COVID-19 test results must be sent to OHS.

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<p>Paid Sick Leave</p>	<p>X. HCPs and COVID-19 Paid Sick Leave</p> <p>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.</p>
<p>Staffing Shortage</p>	<p>XI. Guidelines for Healthcare Entities if Current or Imminent Staffing Shortages That May Threaten Provision of Essential Patient Services</p> <p>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, EALR, community care, hospice and other congregate settings with actual or anticipated inability to provide essential patient services, may allow exposed HCPs to return to work early upon approval of the Commissioner of Health.</p> <p>See memo regarding HCP Return to Work Waiver.</p> <p>If approved by the Commissioner of Health, entities may allow asymptomatic HCPs who have had exposure to or been in contact with a confirmed or suspected case of COVID-19 within the past 10 days to return to work, provided the following conditions have been met:</p> <ul style="list-style-type: none"> • HCPs must be asymptomatic • HCPs must have a negative test (PCR or antigen), obtained on Day 4, to return to work after an exposure and subsequently be tested every 2 days after the first test until Day 10 after exposure. • HCPs must self-monitor for symptoms and conduct daily temperature checks through Day 14. • HCPs must quarantine when not at work. <p>At any time, if HCPs working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home and referred for diagnostic testing for COVID-19.</p>
<p>References</p>	<p>CDC: https://www.cdc.gov/media/releases/2021/p0402-travel-guidance-vaccinated-people.html</p> <p>CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</p> <p>CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html</p> <p>CDC: https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html</p> <p>New York State Department of Health. Update to Interim Health Advisory: Revised protocols for persons in health care and other direct care settings to return to work following a COVID-19 exposure-including quarantine and quarantine requirements in different healthcare settings. March 10, 2021.</p> <p>New York State Department of Health. Interim guidance for quarantine restrictions on travelers arriving in New York State following out of state travel. March 10, 2021.</p>

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