



Date: January 4, 2022

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

Interim Advisory on Return-to-Work Protocols for Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 in Healthcare Settings

Please distribute immediately to:

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

The information contained herein clarifies when to follow the NYSDOH return-to-work guidance issued on December 24, 2021 ([NYSDOH Shortening Isolation](#)) for healthcare workers and when to follow Centers for Disease Control and Prevention (CDC) return to work guidance for healthcare personnel. It supersedes return to work guidance for healthcare personnel issued before December 24, 2021.

This is interim guidance. CDC guidance is in flux and will be reviewed by NYSDOH as it is released. Additional requirements may be added.

Definitions

- **Healthcare personnel (HCP):** HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
- **Fully vaccinated:** Currently, a person is considered fully vaccinated against COVID-19 2 weeks after their second dose in a 2-dose series, such as the Pfizer-BioNTech or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine. Complete information about who can be considered fully vaccinated (e.g. certain individuals vaccinated outside the United States or vaccinated as part of clinical trials) can be found at [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) and [Interim Public Health Recommendations for Fully Vaccinated People](#).

- **Exposure** in HCP is defined as having a higher-risk exposure 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](#), or had [close contact](#) (e.g., in a community setting) within 6 feet of a person confirmed or suspected to have COVID-19 infection for a cumulative 15 minutes or more within a 24-hour period, or was deemed to have had an exposure (including proximate contact) by a local health department.

Managing HCP with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

- Nursing homes should follow appropriate CMS and CDC guidance regarding HCP return to work after SARS-CoV-2 infection or after exposure to SARS-CoV-2, as found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.
- Other healthcare facilities and settings should follow NYSDOH and CDC guidance as follows:
 - Follow NYSDOH guidance ([NYSDOH Shortening Isolation](#)) when implementing “contingency” strategies ([Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)) for return-to-work for infected HCP.
 - Note that NYSDOH guidance allowing a shortened furlough for infected HCP applies to fully vaccinated HCP. For HCP who are not fully vaccinated (e.g., those with medical exemptions), follow CDC guidance for “conventional” strategies.
 - Follow CDC guidance when implementing “conventional” and “crisis” strategies for return-to-work for infected HCP.
 - Follow CDC guidance for return-to-work for exposed HCP.
 - Guidance is summarized in the matrix below. Where NYSDOH guidance applies, details may be found at [NYSDOH Shortening Isolation](#). Where CDC guidance applies, details of guidance for conventional strategies may be found at [Managing HCP Infection or Exposure](#), and details of guidance for contingency and crisis strategies may be found at [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).
- Transition from conventional to contingency to crisis strategies should be based on ability to provide essential services, as determined by the facility. Facilities should notify NYSDOH if “crisis” strategies are required; individual staff waivers are no longer required. Until further direction is given, facilities should call the Surge and Flex Operations Center at 917-909-2676 to notify NYSDOH of the need to move to “crisis” strategies. Private medical and dental practices do not need to notify NYSDOH.

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](#).

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

Hospitals and non-hospital entities with an actual or anticipated inability to provide essential patient services despite instituting contingency strategies according to the guidance above and matrix below should notify NYSDOH of their need to follow CDC crisis capacity strategies. Until further direction is given, hospitals and non-hospital entities should call the Surge and Flex Operations Center at 917-909-2676 to notify NYSDOH of the need to move to “crisis” strategies with a description of mitigation strategies already employed ([Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)) and a description of crisis strategies regarding HCP return-to-work which they intend to implement and their planned prioritization strategy.

Before moving to crisis strategies:

- Healthcare entities must ensure that they have strategies in place to mitigate HCP staffing shortages, including appropriate Contingency strategies as outlined in CDC’s [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).
- Facilities should ensure that the criteria for identifying higher risk HCP exposures in healthcare settings are applied properly according to [CDC guidance](#) (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).

Additional Assistance

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

Work Restrictions for Healthcare Personnel				
	Vaccination status	Conventional	Contingency	Crisis
Infected	Boosted, fully vaccinated	CDC Conventional Strategies : 10 days; or 7 days with negative test; asymptomatic or mildly symptomatic and improving	NYSDOH Shortening Isolation : 5 days, asymptomatic or mildly symptomatic and improving	Facilities contact NYSDOH and follow CDC Crisis Strategies
	UN-boosted, fully vaccinated	CDC Conventional Strategies : 10 days; or 7 days with negative test; asymptomatic or mildly symptomatic and improving	NYSDOH Shortening Isolation : 5 days, asymptomatic or mildly symptomatic and improving	Facilities contact NYSDOH and follow CDC Crisis Strategies
	Not fully vaccinated	CDC Conventional Strategies : 10 days; or 7 days with negative test; asymptomatic or mildly symptomatic and improving	CDC Conventional Strategies : 10 days; or 7 days with negative test; asymptomatic or mildly symptomatic and improving	Facilities contact NYSDOH and follow CDC Crisis Strategies
Exposed	Boosted, fully vaccinated	CDC Conventional Strategies : No work restrictions, negative test on days 2 and 5-7	CDC Contingency Strategies : No work restrictions	CDC Crisis Strategies : No work restrictions
	UN-boosted, fully vaccinated	CDC Conventional Strategies : 10 days, or 7 days with negative test	CDC Contingency Strategies : No work restrictions with negative tests on days 1, 2, 3, and 5-7	CDC Crisis Strategies : No work restrictions (test if possible). Facilities contact NYSDOH if unable to test.
	Not fully vaccinated	CDC Conventional Strategies : 10 days, or 7 days with negative test	CDC Contingency Strategies : No work restrictions with negative tests on days 1, 2, 3, and 5-7	CDC Crisis Strategies : No work restrictions (test if possible). Facilities contact NYSDOH if unable to test.