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## Department of Health

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### **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 updates the January 7, 2021 “Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure.” The information contained herein supersedes such guidance and any other previous guidance related to healthcare personnel (HCP) returning to work after exposure to COVID-19 or travel out of New York to a non-contiguous state. In this guidance, contiguous states to New York include Pennsylvania, New Jersey, Connecticut, Massachusetts, and Vermont.
- This update aligns with the December 14, 2020 Centers for Disease Control and Prevention (CDC) guidance “[Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)” and “[February 14 2021 CDC update to “Strategies to Mitigate Healthcare Personnel Staffing Shortages.”](#)”
- This update aligns with the February 14, 2021 CDC update to “[Testing Healthcare Personnel for SARS-CoV-2.](#)” It addresses testing of asymptomatic HCP who have recovered from COVID-19 and testing of asymptomatic HCP exposed to COVID-19, who are allowed to return to work earlier than 10 days from such diagnosis or exposure, to the extent that these are both mitigation strategies to reduce staffing shortages. It otherwise does not apply to HCP with confirmed or suspected COVID-19 or the end of isolation for such confirmed or suspected case. HCP with diagnosed COVID must follow the requirements for the discontinuation of isolation.

## **Background**

There is continued community spread of COVID-19 in New York. COVID-19 disease transmission will continue until the number of people vaccinated 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 hospital staff and possible transmission of COVID-19 to patients.

Furthermore, on December 14, 2020, the CDC updated work restriction guidance for HCP with potential exposure to COVID-19 ([“Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19”](#)) to emphasize that **“in general, healthcare personnel with travel or community-associated exposures where quarantine is recommended should be excluded from work for 14 days after their last exposure.”**

On February 10, 2021, the CDC issued [guidance](#) that asymptomatic individuals who have been fully vaccinated against COVID-19 do not need to quarantine during the first 3 months after vaccination. On February 14, 2021, the CDC issued an update the [“Strategies to Mitigate Healthcare Personnel Staffing Shortages,”](#) clarifying that the return to work of asymptomatic fully vaccinated healthcare workers exposed to COVID-19 is a contingency strategy to address staffing shortages.

To ensure adequate and appropriate staffing in hospitals and direct care settings while minimizing risk of transmission, the Department issued revised guidelines on January 7, 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 clarification regarding quarantine, furlough, and testing for HCP exposed to COVID-19, including those who are fully vaccinated, and advise on next steps for healthcare provider entities with current or imminent staffing shortages that threaten essential patient services.

## **Guidelines for Asymptomatic Healthcare Personnel Returning to Work After Being Exposed 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 higher-risk 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.

\*Exception: 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) until the 14th day after exposure.

- Asymptomatic HCP returning from [travel](#) to a non-contiguous US state or territory may return to work consistent with the essential worker requirements set forth in the Department's travel advisory, however such **HCP must receive a COVID-19 diagnostic test within 24 hours of arrival in New York, and again on the fourth day after their return.**
- 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. New York State essential worker exemptions do not apply to international travel.

### **Healthcare Personnel and COVID-19 Paid Sick Leave Law**

HCP who are furloughed due to contact with a known positive case, or because they do not meet the above conditions for returning to work, may qualify for paid sick leave benefits, and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit. However, New York employees will forgo their paid sick leave benefits from New York's COVID-19 paid sick leave law if they engage in travel not directed by their employer to another country or to a non-contiguous US state or territory from the time of return to New York until the end of the required period of quarantine or isolation.

### **Guidelines for Health Care Entities 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 February 14, 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 staff who recently traveled, furlough only HCP who have traveled internationally or those who traveled domestically and have not been tested within 24 hours of arrival in New York and again on the fourth day after their return.
3. Following CDC's February 14, 2021 "[Testing Healthcare Personnel for SARS-CoV-2](#)" recommendation that **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.**
4. Curtail non-essential procedures and visits 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.
5. 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.
6. 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.
7. Identify/hire additional HCP to work in the facility including per diem staff, staff from other entities including other facilities within same health system.
8. 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.
9. Do not furlough asymptomatic HCP who have been fully vaccinated against COVID-19 during the first 3 months after full vaccination if the criteria and conditions listed in the next section are met.

### **Asymptomatic Fully Vaccinated HCP Exposed to COVID-19 and Quarantine/Furlough**

Asymptomatic HCP who have been fully vaccinated against COVID-19 do **not** need to quarantine or furlough during the first 3 months after full vaccination if:

- Such HCP is fully vaccinated (i.e.,  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine);
- Such HCP is within 3 months following receipt of the last dose in the series;
- Such HCP has remained asymptomatic since the last COVID-19 exposure.

- HCP working in a nursing home or adult care facility must:
  - Participate in diagnostic COVID-19 testing twice per week or as determined by the Commissioner of Health in accordance with EO 202.88;
  - Be assigned to areas in which they will only have contact with vaccinated residents (except for HCP working in pediatric facilities and units).
- HCP working in hospital or healthcare facility other than a nursing home or adult care facility must:
  - Participate in diagnostic COVID-19 testing between 5-7 days after current COVID-19 exposure, or as soon as possible if exposure is not discovered until day 7 or later;
  - Attempts should be made to assign these healthcare workers to lower-risk patients.

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.

**Guidelines for Healthcare Entities Continuing to Experience Staffing Shortages that Threaten Provision of Essential Patient Services**

Facilities still experiencing staffing shortages should go to [HCP 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 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.

### **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](mailto:covidhospitaldtcinfo@health.ny.gov), or [covidadultcareinfo@health.ny.gov](mailto: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 or who return from domestic travel without being tested within 24 hours of arriving in NY and on the fourth day after their return?		
3. Is the facility pausing on furloughing exposed asymptomatic HCP who have recovered from COVID-19 in the past 3 months?		

**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?		
7. Allowed exposed asymptomatic HCP who have been fully vaccinated against COVID-19 during the first 3 months after full vaccination to continue working?		

**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: \_\_\_\_\_