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

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

- This supersedes the previously issued April 1, 2021 Return to Work guidance for Healthcare Personnel.
- The information contained herein supersedes such guidance and any other previous guidance related to fully vaccinated or recently recovered asymptomatic healthcare personnel (HCP) returning to work after exposure to COVID-19 or travel.
- **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.

Background

The purpose of this update is to provide further clarifications regarding quarantine, furlough, and testing for HCP exposed to COVID-19, including those who are fully vaccinated or recovered from previous COVID-19 infection, and returning from travel.

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.

General Updates and Definitions

- **Fully vaccinated** is defined as being 2 or more weeks after the final dose (e.g., first for Janssen/Johnson & Johnson, second for Pfizer and Moderna) of the vaccine approved by the FDA or authorized by the FDA for emergency use.
 - Vaccines that are not authorized by the U.S. Federal Drug Administration (FDA) for emergency use or approved by the FDA do not satisfy this definition.
- **Recently recovered** is defined as 1) recovered from laboratory-confirmed COVID-19 by meeting the criteria for discontinuation of isolation; 2) within the 3-month period between date of exposure and either the initial onset of symptoms related to the laboratory confirmed COVID-19 infection or, if asymptomatic during the illness, the date of the laboratory confirmed test; and 3) asymptomatic.
- **Exposure** is defined as having had 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 a cumulative 10 minutes or more within a 24 hour period; or was deemed to have had an exposure [including proximate contact] by a local health department.

HCP Return to Work after Exposure to COVID-19

Asymptomatic Fully Vaccinated HCP

Asymptomatic HCP who have been fully vaccinated against COVID-19 do **not** need to quarantine or furlough after exposure to COVID-19.

Work restrictions should still be considered for fully vaccinated HCP who have underlying immunocompromising conditions which might impact the level of protection provided by the vaccine. Data on specific conditions that might affect response to the COVID-19 vaccine and the magnitude of risk are not available.

All fully vaccinated HCP **working in a nursing home, EALR, or ALP** must continue to participate in diagnostic COVID-19 testing twice per week or as otherwise required by the Commissioner of Health in accordance with Executive Order (EO) 202.88 as extended.

It is recommended that fully vaccinated HCP **working in a nursing home, EALR, or ALP** be assigned to areas in which they will only have contact with vaccinated residents (except for HCP working in pediatric facilities and units).

Asymptomatic HCP Recently Recovered from COVID-19

Asymptomatic HCP who have recently recovered do not need to quarantine or furlough after exposure to COVID-19.

Facilities may choose to implement furlough for asymptomatic recovered HCP if there is concern of:

- Underlying immunocompromising conditions because they might be at increased risk for reinfection. Data on specific conditions that might lead to higher risk and the magnitude of risk are not available.
- An initial diagnosis of SARS-CoV-2 infection having been based on a false positive test result.
- Suspicion or evidence that they were exposed to a variant for which the risk of reinfection may be higher.

Exposed recovered HCP **working in a nursing home, EALR, or ALP** must continue to participate in diagnostic COVID-19 testing twice per week or as otherwise required by the Commissioner of Health in accordance with EO 202.88 as extended.

It is recommended that exposed recovered HCP in these facilities be assigned to areas in which they will only have contact with vaccinated residents (except for HCP working in pediatric facilities and units).

Asymptomatic HCP Not Fully Vaccinated & Not Recently Recovered from COVID-19

Asymptomatic HCP who have had exposure to a confirmed or suspected case of COVID-19, **may return to work after completing a 10-day quarantine without testing if no symptoms have been reported during the quarantine period**, provided 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 working in a nursing home, EALR, or ALP must furlough for 14 days.

Guidelines for Asymptomatic Healthcare Personnel and Travel

HCP should refer to the [NYS travel guidance](#) for updated NYS travel guidance. As of April 10, 2021, there are generally **no quarantine requirements** for asymptomatic travelers, but furlough requirements remain for specific categories of HCP.

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](#).

Strategies 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 a “Return to Work” waiver, healthcare entities must ensure that they have in place strategies to mitigate HCP staffing shortages such as those outlined in CDC’s March 10, 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 asymptomatic staff who recently traveled internationally, only those HCP who are not vaccinated and have not recovered from COVID-19 in the previous 3 months must furlough.
3. Curtail non-essential procedures in hospitals and similar settings. Facilities experiencing significant staffing challenges should consider canceling 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. Alternatively, 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.
4. 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.
5. 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.
6. Identify/hire additional HCP to work in the facility including per diem staff, staff from other entities including other facilities within same health system.
7. 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 caretaking responsibilities may differ substantially among certain racial and ethnic groups.

Crisis Capacity Strategies and Waiver Requests for Healthcare Entities Continuing to Experience Staffing Shortages that Threaten Provision of Essential Patient Services

Facilities still experiencing staffing shortages should go to [HCPs 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 not been vaccinated as well as HCP who recovered from previous COVID infection **more than 3 months ago**, 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.

Nursing homes, EALRs, ALPs, should first return to work unvaccinated exposed HCP who have completed their 10-day quarantine but are still on furlough through Day 14, before bringing back any other unvaccinated exposed HCP.

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 covidhospitaldcinfo@health.ny.gov, or 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 unvaccinated not recovered from COVID-19 in the past 3 months who are returning from international travel?		
3. Is the facility allowing exposed asymptomatic HCP who have recovered from COVID-19 in the past 3 months to work?		
4. Is the facility facilitating access to COVID-19 vaccinations to interested and eligible staff?		
5. Is the facility limiting furloughs to exposed unvaccinated and not fully vaccinated HCP?		

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?		

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: _____