NEW YORK STATE OF OPPORTUNITY. Department of Health

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DATE: March 31, 2020

TO: All Healthcare Settings, including but not limited to Hospitals, Long Term Care Facilities (LTCFs), Adult Care Facilities (ACFs), End Stage Renal Disease (ESRD) Facilities, Emergency Medical Services (EMS), Home Care, Outpatient Clinics, and Private Practices

FROM: NYSDOH Bureau of Healthcare Associated Infections (BHAI)

Health Advisory: Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection

Please distribute immediately to:
Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Nursing Directors, Risk Managers, and Public Affairs.

This advisory supersedes guidance from the New York State Department of Health to Hospitals, Nursing Homes (NHs) and Adult Care Facilities (ACFs) pertaining to the COVID-19 outbreak, released on March 16, 2020, and further clarifies the updated guidance issued on March 28, 2020.

Entities may allow healthcare personnel (HCP) who have **been exposed to a confirmed or suspected case of COVID-19,** or who have traveled internationally in the past 14 days, whether healthcare providers or other facility staff, to work if all of the following conditions are met:

1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity.
2. HCP who have been contacts to confirmed or suspected cases are **asymptomatic**.
3. HCP who are asymptomatic contacts of confirmed or suspected cases should self-monitor twice a day (i.e. temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.
4. HCP who are asymptomatic contacts of confirmed or suspected cases should wear a facemask while working, until 14 days after the last high-risk exposure.
5. To the extent possible, HCP working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this outbreak grows, all staff will need to be assigned to treat all patients regardless of risk level.
6. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work.
7. At any time, if the HCP who are asymptomatic contacts to a positive case and working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. Testing should be prioritized for hospitalized

health care workers. All staff with symptoms consistent with COVID-19 should be managed as if they have this infection regardless of the availability of test results.

Entities may request healthcare personnel (HCP) with **confirmed or suspected COVID-19,** whether healthcare providers or other facility staff, to continue to work if all of the following conditions are met:

1. Furloughing such HCP for the entire 14-day quarantine period would result in staff shortages that would adversely impact operation of the healthcare entity.
2. However, to be eligible to return to work, HCP with confirmed or suspected COVID-19 must have maintained isolation for at least 7 days after illness onset, must have been fever-free for at least 72 hours without the use of fever reducing medications, and must have other symptoms improving.
3. If HCP is asymptomatic but tested and found to be positive, they must maintain isolation for at least 7 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 7 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving. There are concerns that a COVID-19 positive, asymptomatic HCP may be pre-symptomatic and there are growing concerns about transmission of COVID-19 from asymptomatic, infected individuals.
4. Staff who are recovering from COVID-19 and return to work after seven days should wear a facemask while working until 14 days after onset of illness, if mild symptoms persist but are improving.
5. To the extent possible, staff working under these conditions should preferentially be assigned to patients at lower risk for severe complications (e.g. on units established for patients with confirmed COVID-19), as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.
6. In the **rare** instance when an HCP, with unique or irreplaceable skills critical to patient care, is affected by COVID-19, the healthcare entity may contact NYSDOH to discuss alternative measures to allow such HCP to safely return to work before seven days have elapsed.

HCP who are furloughed due to isolation, or because they do not meet the above conditions for returning to work, 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.

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