



Updated April 20, 2021

**Guidance for Personnel in Clinical and Direct Care Settings to Return to Work  
Following COVID-19 Exposure or Infection or Travel**

This guidance applies to all facilities and services operated, licensed, or otherwise authorized by OASAS.

**A. Asymptomatic Staff Exposed to COVID-19**

Consistent with recent CDC guidance, providers may allow clinical and direct support professionals or other facility staff who have **been exposed to a confirmed case of COVID-19** to return to work after ten (10) days of quarantine if **no symptoms** have been reported during the quarantine period and if the all of the following conditions are met:

1. Personnel who have been in contact with confirmed or suspected cases are **asymptomatic**;
2. Personnel must continue symptom monitoring through Day 14. Self-monitoring should be completed 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;
3. Personnel must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and mandatory use of surgical masks; eye protection (face shield or goggles) is recommended;
4. To the extent possible, direct care professionals and clinical staff working under these conditions should be assigned preferentially to individuals at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly);
5. Personnel allowed to return to work under these conditions should maintain self-quarantine through Day 14 when not at work;
6. At any time, if personnel who are asymptomatic with contact to a positive case and 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 self-isolate immediately 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.

**Addenda to (A): Asymptomatic Fully Vaccinated Healthcare Personnel Exposed to COVID-19 Exception:**

1. Asymptomatic HCP who have been fully vaccinated against COVID-19 do not need to quarantine or furlough after exposure to COVID-19. Fully vaccinated is defined as being 2 weeks or more after either receipt of the second dose in a 2-dose series or receipt of one dose of a single-dose vaccine.
2. 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.
3. 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.

**B. Asymptomatic Exposed Staff During a Staffing Shortage**

Providers may allow **clinical and direct care professionals or other facility staff, who have not been vaccinated fully**, who have **been exposed to a confirmed or suspected case of COVID-19** to return to work **before** ten (10) days of quarantine if **no symptoms** have been reported during the quarantine period and if all of the following conditions are met:

1. Furloughing such personnel would result in staff shortages that would adversely affect the health and safety of individuals served by the facility;  
**The provider agency must complete an OASAS attestation (see [here](#)), acknowledging that the agency has implemented or attempted staffing shortage mitigation efforts and is experiencing a staffing shortage that threatens provision of essential care services and that all of the below factors and requirements will be or are being met.**  
The attestation form should be submitted to the OASAS Regional Office (RO) at [StateWideRO@oasas.ny.gov](mailto:StateWideRO@oasas.ny.gov) before asymptomatic exposed staff are permitted to return to any work location. One attestation may be submitted by each provider operating program(s) within these parameters but must list the locations/sites where staffing shortages require that exposed staff return to work before 10-day quarantines are completed.
  - a. Personnel who have been in contact with confirmed or suspected cases are **asymptomatic**;

b. Personnel must continue symptom monitoring through Day 14. Self-monitoring should be completed twice a day (i.e. temperature, symptoms), including temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift;

c. Personnel must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and mandatory use of surgical masks; eye protection (face shield or goggles) is recommended;

d. Personnel must be advised that if any symptoms develop, they should immediately stop work, self-isolate at home, and contact their local public health authority or their healthcare provider to report this change in clinical status and determine if they should seek testing;

- Note that personnel who test positive for COVID-19 must isolate and contact their Local Health Department (section D below);
- 2. To the extent possible, **direct care professionals and clinical staff** approved to work under these conditions should be assigned preferentially to individuals at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly); AND
- 3. Personnel approved to return to work under these conditions should maintain self-quarantine through Day 14 when not at work.

### **C. Staff Who Travel**

- 1) **As of April 10, 2021, asymptomatic travelers entering New York after domestic travel are no longer required to test, work furlough, or quarantine. Unvaccinated domestic travelers who have not recovered from laboratory confirmed COVID-19 during the previous 3 months are recommended to get tested 3-5 days after arrival in NYS, consider non-mandated self-quarantine (7 days if tested on day 3-5, otherwise 10 days), and avoid contact with people at higher risk for severe disease for 14 days, regardless of test result. All travelers who have visited a non-contiguous state to NYS for greater than 24 hours must complete the NYS Traveler Health Form. Symptomatic domestic travelers must self-isolate immediately, contact their local health department, and seek testing. See the full DOH guidance document [here](#).**
- 2) International travelers (excluding travel to Canada by vehicle via land borders) must comply with CDC requirements, which currently no longer require quarantine, work furlough, or testing requirements for asymptomatic international travelers. **However, NYS DOH has released new guidance that has additional requirements for unvaccinated healthcare personnel.**

**NYS follows the CDC recommendations with the following exceptions:**

**-Fully vaccinated individuals who have not recovered from COVID-19 in the past 3 months are *recommended* to get tested 3-5 days after arrival in NYS from international travel (*quarantine or work furlough is not required; testing is recommended, but not required*)**

**-All unvaccinated healthcare personnel who travel internationally who have not recovered from COVID-19 in the past 3 months *must* furlough for 7 days with a test on day 3-5 after arrival on NYS or furlough for 10 days if not tested (*quarantine or work furlough is required; testing is recommended, but not required*)**

**NYS does not grant exemptions from the travel advisory for international travel.**

See the NYS DOH Updated Interim Guidance for Quarantine Restrictions on Travelers Arriving In New York State [here](#), the NYS Traveler Health Form [here](#), and the CDC International Travel Guidance [here](#).

#### **D. Staff with Confirmed or Suspected COVID-19**

Providers may allow personnel with **confirmed or suspected COVID-19**, whether **direct care professionals, clinical staff or other facility staff**, to return to work only if all the following conditions are met:

1. To be eligible to return to work, **personnel with confirmed or suspected COVID-19 must have maintained isolation for at least 10 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;**
2. Personnel who are severely immunocompromised, as a result of medical conditions or medications, should consult with a healthcare provider before returning to work. Providers should consider seeking consultation from an infectious disease expert for these cases;
3. If a staff member is asymptomatic, but tested and found to be positive, they must maintain isolation for at least 10 days after the date of the positive test and, if they develop symptoms during that time, they must maintain isolation for at least 10 days after illness onset and must have been at least 72 hours fever-free without fever reducing medications and with other symptoms improving.
4. Following the CDC's 2/14/21 Testing Healthcare Personnel for SARS-CoV-2 (see [here](#)) and the 3/11/21 [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) (see [here](#)) recommendation that asymptomatic healthcare personnel 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.

General questions or comments about this guidance can be sent to [AddictionMedicine@oasas.ny.gov](mailto:AddictionMedicine@oasas.ny.gov)

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