



Updated October 1, 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.

1. 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 all of the following conditions are met:

Personnel who have been in contact with confirmed or suspected cases are **asymptomatic**;

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;

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);

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 (HCP) 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. COVID-19 testing is recommended for fully vaccinated HCP who have been exposed to COVID-19.

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**

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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 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) Per **CDC Domestic Travel Guidance**, recommendations for fully vaccinated individuals,
 - a. After Travel

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- i. Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
 - ii. Follow all [state and local](#) recommendations or requirements.
- b. You do NOT need to get tested or self-quarantine if you are fully vaccinated or have recovered from COVID-19 in the past 3 months.

Recommendations for not fully vaccinated individuals,

- a. After you travel:
 - i. Get tested with a [viral test](#) 3-5 days after travel **AND** stay home and self-quarantine for a full 7 days after travel.
 - ii. Even if you test negative, stay home and self-quarantine for the full 7 days.
 - iii. If your test is positive, [isolate](#) yourself to protect others from getting infected.
 - a. If you don't get tested, stay home and self-quarantine for 10 days after travel.
 - b. Avoid being around people who are at [increased risk for severe illness](#) for 14 days, whether you get tested or not.
 - c. Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
 - d. Follow all [state and local](#) recommendations or requirements.

See complete CDC Domestic Travel Guidance [here](#).

2) Per [CDC International Travel Guidance](#), recommendations for fully vaccinated individuals,

- a. Before you arrive in the United States:
 - i. All air passengers coming to the United States, **including U.S. citizens and fully vaccinated people, [are required](#)** to have a negative COVID-19 test result no more than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States.
- b. After travel:
 - i. Get tested with a [viral test](#) 3-5 days after travel.
 - ii. Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
 - iii. Follow all [state and local](#) recommendations or requirements after travel.

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 - i. All air passengers coming to the United States, including U.S. citizens and fully vaccinated people, [are required](#) to have a negative COVID-19 viral test result no more

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than 3 days before travel or documentation of recovery from COVID-19 in the past 3 months before they board a flight to the United States.

- b. After you travel:
 - i. Get tested with a [viral test](#) 3-5 days after travel **AND** stay home and self-quarantine for a full 7 days after travel.
 - a. Even if you test negative, stay home and self-quarantine for the full 7 days.
 - b. If your test is positive, [isolate](#) yourself to protect others from getting infected.
 - ii. If you don't get tested, stay home and self-quarantine for 10 days after travel.
 - iii. Avoid being around people who are at [increased risk for severe illness](#) for 14 days, whether you get tested or not.
 - iv. Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
 - v. Follow all [state and local](#) recommendations or requirements.

See complete CDC International Travel Guidance [here](#).

NYS follows the CDC recommendations with the following exception:

-All unvaccinated healthcare personnel (HCP) 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 NYS DOH 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,

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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.

Following the CDC's 9/10/21 **Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2** (see [here](#))

1. A symptom-based strategy for determining when HCP with SARS-CoV-2 infection could return to work is preferred in most clinical situations.
2. In general, asymptomatic HCP who have had a higher-risk exposure do not require work restriction if they have been fully vaccinated or if they have recovered from SARS-CoV-2 infection in the prior 90 days. (Though COVID-19 testing is recommended, even for fully vaccinated HCP.)

General questions or comments about this guidance can be sent to AddictionMedicine@oasas.ny.gov