NEW YORK STATE | Office of Addiction Services and Supports

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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 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 including HCP who have received a booster dose.**

All healthcare facilities are expected to know which of their staff have been vaccinated and received a booster dose. Any vaccinated staff who did not receive the COVID-19 vaccine primary series and/or booster dose 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 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

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 90 days.

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 1 day before travel or documentation of recovery from COVID-19 in the past 90 days 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.

Recommendations for not 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 viral test result no more than 1 day before travel or documentation of recovery from COVID-19 in the past 90 days 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 90 days *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, 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 12/23/21 **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 and boosted 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 and boosted HCP.)

3. HCP with even mild symptoms of COVID-19 should be prioritized for viral testing with nucleic acid or antigen detection assays; ensure that SARS-CoV-2 testing is performed with a test that is capable of detecting SARS-CoV-2 even with currently circulating variants in the United States.

When a clinician decides that testing a person for SARS-CoV-2 is indicated, negative results from at least one previously administered FDA Emergency Use Authorized COVID-19 viral test indicates that the person most likely did not have an active SARS-CoV-2 infection at the time the sample was collected. A second test for SARS-CoV-2 RNA may be performed at the discretion of the evaluating clinician, particularly when a higher level of clinical suspicion for SARS-CoV-2 infection exists. The test user should be familiar with the FDA Instructions for Use (IFU) for the specific test being utilized. The IFU are available online. Many rapid Antigen (Ag) tests are intended to be used serially (e.g., two tests done 2-3 days apart) before relying on the results. Many tests do not have acceptable sensitivity and specificity with a single test. Consultation with an infectious disease expert should be considered to resolve any discrepant results.

For HCP who were initially suspected of having COVID-19 but following evaluation another diagnosis is suspected or confirmed, return to work decisions should be based on their other suspected or confirmed diagnoses.

E. Advisory on Shortening Isolation Period for Certain Fully Vaccinated Healthcare Workers and Other Critical Workforce

Background: On 12/23/2021, the CDC updated its guidance on isolation of healthcare workers (Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 and Strategies to Mitigate Healthcare Personnel Staffing Shortages: see full CDC guidance here). Given the very high case counts during the current COVID-19 surge in NYS, the NYS DOH expects a large number of mild or asymptomatic cases in fully vaccinated persons. Imposing a full 10 days of isolation in these circumstances has the potential to substantially impact critical

services including healthcare, a sector already experiencing severe staffing shortages. In general, symptoms and duration of illness in SARS-CoV-2 infections among fully vaccinated people are reduced compared with those who are unvaccinated (CDC Science Brief: COVID-19 Vaccines and Vaccination: see CDC Science brief here). At this time there is limited evidence documenting viral dynamics of the SARS CoV-2 Omicron variant infections among vaccinated and unvaccinated individuals; however, the NYS DOH has reviewed data from other variants to help inform decision-making. For vaccine breakthrough infections including infections with the Delta variant, one study has reported the overall duration of infection among vaccine recipients is lower (5.5 days) as compared with unvaccinated cases (7.5 days) (Kissler et al). Therefore, given the extremely high vaccination rate among NYS healthcare workers and the high rate in the population as a whole, the NYS DOH guidance below applies to fully vaccinated staff. See full DOH guidance here.

Guidance for return-to-work during isolation

In limited circumstances where there is a critical staffing shortage, employers may allow a person to return to work after day 5 of their isolation period (where day zero is defined as either date of symptom onset if symptomatic, or date of collection of first positive test if asymptomatic) if they meet all the following criteria:

- The individual is a healthcare worker or other critical workforce member (see Appendix below).

- The individual is fully vaccinated (e.g., completed 1 dose of J&J/Janssen or 2 doses of an mRNA vaccine [Pfizer or Moderna] at least 2 weeks before the day they become symptomatic or, if asymptomatic, the day of collection of the first positive specimen). Complete information about who can be considered fully vaccinated (e.g., certain individuals vaccinated overseas or vaccinated as part of clinical trials) can be found at Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States.

- The individual is asymptomatic, or, if they had mild symptoms, when they return to work they must:

o Not have a fever for at least 72 hours without fever-reducing medication

o Have resolution of symptoms or, if still with residual symptoms, then all are improving

o Not have rhinorrhea (runny nose)

o Have no more than minimal, non-productive cough (i.e., not disruptive to work and does not stop the person from wearing their mask continuously, not coughing up phlegm)

- The individual is able to consistently and correctly wear a well-fitting face mask, a higher-level mask such as a KN95, or a fit-tested N95 respirator while at work. The mask should fit with no air gaps around the edges.

o In the healthcare setting, if the individual wears a face mask rather than a respirator then it must be a well-fitting "surgical" face mask.

o In other settings, face masks should be well-fitting, disposable, non-woven masks. Other face coverings including cloth masks are not allowed except as part of double masking with a disposable mask underneath. See CDC guidance on masks here.

- Individuals who are moderately to severely immunocompromised are not eligible to return to work under this guidance (see CDC guidance here).

- For healthcare settings:

o Hospitals; nursing homes; adult care facilities; home care; hospice; OMH, OPWDD, and OASAS facilities; private medical offices; and other essential healthcare settings (see Appendix) may allow their essential workers to participate.

o The individual should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology, neonatal ICU).

o A respirator or well-fitting surgical facemask should be worn even when the individual is in non-patient care areas such as breakrooms or offices.

Individuals working under this policy must continue to stay at home, take precautions to avoid household transmission, and observe other required elements of isolation while not at work until the end of the 10-day period.

Testing is not required.

Workers participating in this program should be instructed that:

- They should practice social/physical distancing from coworkers at all times except when job duties do not permit such distancing.

- If they must remove their respirator or well-fitting facemask, for example, in order to eat or drink, they should separate themselves from others. They should self-monitor for symptoms and seek re-evaluation from occupational health or their personal healthcare provider if symptoms recur or worsen.

Appendix

Essential health care operations including:

- research and laboratory services
- hospitals
- walk-in-care health clinics and facilities
- veterinary and livestock medical services
- senior/elder care
- medical wholesale and distribution
- home health care workers or aides for the elderly

- doctors and doctors' offices
- dentists and dental practices
- **residential health care facilities***
- medical supplies and equipment manufacturers and providers
- **licensed mental health providers***
- **licensed, funded, or otherwise certified substance use disorder treatment providers***
- medical billing support personnel
- speech pathologists and speech therapy
- chiropractic services
- acupuncture
- physical therapy
- occupational therapy

***Applies to OASAS licensed, funded, or otherwise certified providers.**

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