Updated January 28, 2022

Guidance for Health Care Personnel (HCP) in Clinical and Direct Care Settings to Return to Work (RTW) Following COVID-19 Exposure or Infection or Travel

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

OASAS facilities should follow NYS DOH and CDC guidance as follows:

- Follow NYS DOH guidance (NYS DOH Shortening Isolation) when implementing “contingency” strategies (Strategies to Mitigate Healthcare Personnel Staffing Shortages) for return-to-work for infected HCP.
  - Note that NYS DOH guidance allowing a shortened furlough for infected HCP applies to fully vaccinated HCP. For HCP who are not fully vaccinated (e.g., those with medical exemptions), follow CDC guidance for “conventional” strategies. See the CDC HCP RTW Matrix below for definitions of unvaccinated, vaccinated, and boosted.

- Follow CDC guidance when implementing “conventional” and “crisis” strategies for return-to-work for infected HCP.

- Follow CDC guidance for return-to-work for exposed HCP.

- Guidance is summarized in the NYS DOH HCP RTW matrix below. Where NYS DOH guidance applies, details may be found at NYSDOH Shortening Isolation. Where CDC guidance applies, details of guidance for conventional strategies may be found at Managing HCP Infection or Exposure, and details of guidance for contingency and crisis strategies may be found at Strategies to Mitigate Healthcare Personnel Staffing Shortages. The CDC HCP RTW matrix is below as well.

  - Transition from conventional to contingency to crisis strategies should be based on ability to provide essential services, as determined by the facility. Facilities should notify the OASAS Regional Office (RO) if “crisis” strategies are required; individual staff waivers are no longer required, but facility waivers are still required. If contingency or crisis strategies are adopted, justification must be provided to the RO and the contingency or crisis strategies outlined in the matrices below must be applied in their entirety. The provider agency must complete an OASAS attestation for the facility, not for any specific individual (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 implementing contingency or crisis strategies as outlined below.
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.

NYS DOH HCP RTW Matrix 1/4/22:

Link for the NYS DOH HCP RTW Matrix and Guidance is here

<table>
<thead>
<tr>
<th>Vaccination status</th>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infected</td>
<td>CDC Conventional Strategies: 10 days; or 7 days with negative test; asymptomatic or mildly symptomatic and improving</td>
<td>NYSDOH Shortening Isolation: 5 days, asymptomatic or mildly symptomatic and improving</td>
<td>Facilities contact NYSDOH and follow CDC Crisis Strategies</td>
</tr>
<tr>
<td>UN-boosted, fully vaccinated</td>
<td>CDC Conventional Strategies: 10 days; or 7 days with negative test; asymptomatic or mildly symptomatic and improving</td>
<td>NYSDOH Shortening Isolation: 5 days, asymptomatic or mildly symptomatic and improving</td>
<td>Facilities contact NYSDOH and follow CDC Crisis Strategies</td>
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<tr>
<td>Not fully vaccinated</td>
<td>CDC Conventional Strategies: 10 days; or 7 days with negative test; asymptomatic or mildly symptomatic and improving</td>
<td>CDC Conventional Strategies: 10 days; or 7 days with negative test; asymptomatic or mildly symptomatic and improving</td>
<td>Facilities contact NYSDOH and follow CDC Crisis Strategies</td>
</tr>
<tr>
<td>Exposed</td>
<td>CDC Conventional Strategies: No work restrictions, negative test on days 2 and 5-7</td>
<td>CDC Contingency Strategies: No work restrictions</td>
<td>CDC Crisis Strategies: No work restrictions</td>
</tr>
<tr>
<td>UN-boosted, fully vaccinated</td>
<td>CDC Conventional Strategies: 10 days, or 7 days with negative test</td>
<td>CDC Contingency Strategies: No work restrictions with negative tests on days 1, 2, 3, and 5-7</td>
<td>CDC Crisis Strategies: No work restrictions (test if possible). Facilities contact NYSDOH if unable to test</td>
</tr>
<tr>
<td>Not fully vaccinated</td>
<td>CDC Conventional Strategies: 10 days; or 7 days with negative test</td>
<td>CDC Contingency Strategies: No work restrictions with negative tests on days 1, 2, 3, and 5-7</td>
<td>CDC Crisis Strategies: No work restrictions (test if possible). Facilities contact NYSDOH if unable to test</td>
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Link to the CDC HCP RTW Matrix (12/23/21) is here; the CDC updated the language in its HCP RTW Matrix on 1/21/22: the content/recommendations of the below grid did not change, but how groups were defined did change. Now the terms Up to Date and Not Up to Date are preferred over Boosted, Vaccinated, and Unvaccinated.

Up to Date is defined here. **Up to date** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible. If you do not mean the CDC definition of Up to Date, then you are considered to be Not Up to Date.

Link to the CDC Interim Guidance for Managing HCP with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (12/23/21, updated 1/21/22) is here
CDC HCP RTW Matrix (1/21/22), with updated language, but no change in clinical recommendations:

**Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures**

*Up to Date* with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC

For more details, including recommendations for healthcare personnel who are immunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

### Work Restrictions for HCP With SARS-CoV-2 Infection

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Up to Date and Not Up to Date</td>
<td>10 days OR 7 days with negative test, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)</td>
<td>No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)</td>
</tr>
</tbody>
</table>

### Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

<table>
<thead>
<tr>
<th>Vaccination Status</th>
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<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to Date</td>
<td>No work restrictions, with negative test on days 1, 2, 3, and 5–7</td>
<td>No work restriction with negative tests on days 1, 2, 3, and 5–7 (if shortage of tests prioritize Day 1 to 2 and 5–7)</td>
<td>No work restrictions (test if possible)</td>
</tr>
</tbody>
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Asymptomatic Staff Exposed to COVID-19: Conventional Strategy:

- **Boosted (Up to Date) Staff:** Staff that have received all COVID-19 vaccine doses, including a booster dose as recommended by the CDC. See CDC
Guidance on COVID-19 boosters here.
  o No work restrictions, with a negative COVID-19 test on days 2 and days 5-7

- **Vaccinated (not boosted) or Unvaccinated, (Not Up to Date), even if within 90 days of prior COVID-19 infection Staff:** HCP are considered Vaccinated or Unvaccinated if they have NOT received all COVID-19 doses, including a booster dose as recommended by the CDC. See CDC Guidance on COVID-19 boosters here.
  o 10-day quarantine OR 7-day quarantine with a negative COVID-19 test

**Asymptomatic Staff Exposed to COVID-19: Contingency Strategy***:

- **Boosted (Up to Date) Staff:** Staff that have received all COVID-19 vaccine doses, including a booster dose as recommended by the CDC. See CDC Guidance on COVID-19 boosters here.
  o No work restrictions
- **Vaccinated (not boosted) or Unvaccinated, (Not Up to Date), even if within 90 days of prior COVID-19 infection Staff:** HCP are considered Vaccinated or Unvaccinated if they have NOT received all COVID-19 doses, including a booster dose as recommended by the CDC. See CDC Guidance on COVID-19 boosters here.
  o No work restrictions with negative COVID-19 tests on days 1, 2, 3, and 5-7

**Asymptomatic Staff Exposed to COVID-19: Crisis Strategy***:

- **Boosted (Up to Date) Staff:** Staff that have received all COVID-19 vaccine doses, including a booster dose as recommended by the CDC. See CDC Guidance on COVID-19 boosters here.
  o No work restrictions
- **Vaccinated (not boosted) or Unvaccinated, (Not Up to Date), even if within 90 days of prior COVID-19 infection Staff:** HCP are considered Vaccinated or Unvaccinated if they have NOT received all COVID-19 doses, including a booster dose as recommended by the CDC. See CDC Guidance on COVID-19 boosters here.
  o No work restrictions (test if possible: recommended)

*Use of Contingency or Crisis Strategy must be approved by the OASAS RO

**General Recommendations for all Asymptomatic HCP Exposed to COVID-19**

For HCP who have been in contact with confirmed or suspected cases and are asymptomatic:

HCP 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;

HCP 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; *See the CDC updated mask guidance and recommendations here.

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;

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.

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 their supervisor to report this change in clinical status and determine if they should seek testing. Testing is recommended for all persons who are exposed to COVID-19 and/or are symptomatic regardless of vaccination or booster status.

Staff with Suspected (Symptomatic) or Confirmed COVID-19: Conventional Strategy:

- **Boosted, Vaccinated (not boosted), or Unvaccinated Staff (All Staff):**
  - Isolate for 10 days, OR 7 days with a negative test (the negative test result must be within 48 hours of returning to work), IF asymptomatic or mildly symptomatic (all symptoms must be improving, there should be NO rhinorrhea/runny nose or cough with sputum production, and at least 24 hours have passed since last fever without the use of fever-reducing medications)
  - See full CDC guidance here
  - For staff who are moderately to severely immunocompromised, requirements are more stringent, see full CDC guidance here, including the definition of immunocompromised

Staff with Suspected (Symptomatic) or Confirmed COVID-19: Contingency Strategy*:

- **Boosted, Vaccinated (not boosted), or Unvaccinated Staff (All Staff):**
  - Isolate for 5 days, with or without a negative test, IF asymptomatic or mildly symptomatic (all symptoms must be improving, there should be NO rhinorrhea/runny nose or cough with sputum production, and at least 24 hours have passed since last fever without the use of fever-reducing medications)
  - See full CDC guidance here
  - For staff who are moderately to severely immunocompromised, requirements are more stringent, see full CDC guidance here, including
Staff with Suspected (Symptomatic) or Confirmed COVID-10: Crisis Strategy*:

- **Boosted, Vaccinated (not boosted), or Unvaccinated Staff (All Staff):**
  - No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic), (all symptoms must be improving, there should be NO rhinorrhea/runny nose or cough with sputum production, and at least 24 hours have passed since last fever without the use of fever-reducing medications)
  - See full CDC guidance [here](#).
  - For staff who are moderately to severely immunocompromised, requirements are more stringent, see full CDC guidance [here](#), including the definition of immunocompromised.

*Use of Contingency or Crisis Strategy must be approved by the OASAS RO

All healthcare facilities are expected to know which of their staff have been vaccinated and received a booster dose, including which vaccine and booster and when received. 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.

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.

**Guidance for return-to-work during isolation** (See full CDC guidance here)

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](https://www.cdc.gov/vaccines/covid-19/reading-room/clinical-considerations.html).

- The individual is asymptomatic, or, if they had mild symptoms, when they return to work they must:
  
  - Not have a fever for at least 72 hours without fever-reducing medication
  
  - Have resolution of symptoms or, if still with residual symptoms, then all are improving
  
  - Not have rhinorrhea (runny nose)
  
  - 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.
  
  - 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.
  
  - 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:
  
  - 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.
The individual should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology, neonatal ICU).

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 (amended):

Essential health care operations including:

- residential health care facilities*
- licensed mental health providers*
- licensed, funded, or otherwise certified substance use disorder treatment providers*

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

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 5 days after travel.
      ii. Even if you test negative, stay home and self-quarantine for the full 5 days.
      iii. If your test is positive, isolate yourself to protect others from getting infected.
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 5 days after travel.
         a. Even if you test negative, stay home and self-quarantine for the full 5 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 to 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](#).

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