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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:

o Follow NYS DOH RTW guidance for Healthcare Personnel (here) which outlines and mirrors CDC guidance on conventional and contingency management strategies for return-to-work for infected or potentially infected HCP.

- Note that NYS DOH guidance allowing a shortened furlough for infected or potentially infected follows the CDC RTW Matrix. For exposed HCP who are Not Up to Date (e.g., those with medical exemptions), follow CDC guidance for "conventional" strategies. See the CDC HCP RTW Matrix below for definitions of Up to Date and Not Up to Date.

o Follow CDC guidance when implementing conventional, contingency, and crisis strategies for RTW for infected HCP.

o Follow CDC guidance when implementing conventional, contingency, and crisis strategies for RTW for exposed HCP.

o Guidance is summarized in the NYS DOH HCP RTW matrix below. The CDC HCP RTW matrix is below as well.

- **Transition from conventional or contingency to *crisis* strategies should be based on ability to provide essential services, as determined by the facility. Facilities do not need to notify the OASAS Regional Office (RO) if contingency strategies are utilized. Facilities should notify the OASAS RO if "crisis" strategies are required; individual staff waivers are no longer required, but facility waivers are still required. If crisis strategies are adopted, justification must be provided to the RO and the crisis strategies y 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 RO at StateWideRO@oasas.ny.gov before implementing 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 and/or infected staff return

to work,

NYS DOH HCP RTW Matrix 2/4/22:

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

Summary of Work Restrictions for Healthcare Personnel[1]					
	Vaccination Status	CDC Conventional Strategies	CDC Contingency Strategies	CDC Crisis Strategies
Infected	Any	10 days OR 7 days with negative test[2], if asymptomatic or mild-moderate illness with improving symptoms	5 days with/without negative test, if asymptomatic or mild-moderate illness with improving symptoms	Facilities contact NYSDOH. No work restrictions, with prioritization considerations (e.g., types of patients they care for).
Exposed[3]	**Up to date**: Fully vaccinated and boosted OR Fully vaccinated but not eligible for booster dose	No work restrictions, negative test on days 1[4] and 5-7	No work restrictions	No work restrictions
	Not up to date: Fully vaccinated and eligible for booster but not boosted OR Not fully vaccinated	10 days OR 7 days with negative test[2]	No work restrictions with negative tests on days 1[4], 2, 3, and 5-7 (if shortage of tests prioritize testing for day 1-2 and 5-7)	No work restrictions (test if possible). Facilities contact NYSDOH if unable to test.

1. For details and for return to work recommendations for HCP who are immunocompromised, have severe or critical illness, or are within 90 days of a prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards), Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards), and Infection Control FAQs at Clinical Questions about COVID-19: Questions and Answers.
2. Negative test result within 48 hours before returning to work.
3. HCP who are not able to avoid ongoing exposure to an infected individual throughout the duration of the individual's illness (e.g., a household contact) should be tested according to the matrix above and then regularly thereafter, with the final testing occurring 5-7 days after their last exposure. See Infection Control FAQs at Clinical Questions about COVID-19: Questions and Answers.
4. For calculating day of test: For those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; for those with exposure consider day of exposure as day 0.

Link to the CDC HCP RTW Matrix (1/21/22) is here.

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):

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 iimmunocompromised, 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

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test†, if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

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

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1‡ and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test†	No work restriction with negative tests on days 1‡, 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

cdc.gov/coronavirus

Asymptomatic Staff Exposed to COVID-19: Conventional Strategy:

- **Up to Date Staff:** Staff that have received all COVID-19 vaccine doses, including booster dose/s as recommended by the CDC. See CDC Guidance on COVID-19 boosters here.
  - No work restrictions, *with a negative COVID-19 test on days 1 and days 5-7*
- **Not Up to Date, even if within 90 days of prior COVID-19 infection Staff:** HCP are considered Not Up to Date if they have NOT received all COVID-19 doses, including booster dose/s as recommended by the CDC. See CDC Guidance on COVID-19 boosters here.
  - 10-day quarantine *OR* 7-day quarantine *with a negative COVID-19 test*

Asymptomatic Staff Exposed to COVID-19: Contingency Strategy:

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

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

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

***Use of 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 10. 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 10 when not at work;

Work restrictions still should be considered for fully vaccinated HCP who have underlying immunocompromising conditions which might impact the level of protection provided by the COVID-19 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 should seek testing. ***Testing is recommended for all persons who are exposed to COVID-19 and/or are symptomatic regardless of COVID-19 vaccination or booster status.***

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

- **Up to Date Staff and Not Up to Date 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:

- **Up to Date and Not Up to Date 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 the definition of immunocompromised*

Staff with Suspected (Symptomatic) or Confirmed COVID-10: Crisis Strategy*:

- **Up to Date and Not Up to Date 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 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 booster dose/s, 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 1/21/22 **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 are Up to Date. (Though COVID-19 testing is recommended, even for Up to Date 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 with currently circulating variants or subvariants 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, RTW decisions should be based on their other suspected or confirmed diagnoses.

Guidance for RTW 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 Up to Date (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 24 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 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 ALL Travelers:**
   a. Get tested for current infection with a viral test if your travel involved situations with greater risk of exposure such as being in crowded places while not wearing a well-fitting mask or respirator.
      i. Follow additional guidance if you know you were exposed to a person with COVID-19.
   b. Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
   c. Follow all state, tribal, local, and territorial recommendations or requirements after travel.

See complete CDC Domestic Travel Guidance here.

2) **Per CDC International Travel Guidance, recommendations for individuals who are Not Up to Date, it is recommended that you**
   a. Stay home and self-quarantine for a full **5 days** after travel.
   b. Follow additional recommendations below for ALL travelers.

Recommendations for ALL International Travelers, it is recommended that you

- Get tested for current infection with a COVID-19 viral test 3-5 days after arrival.
  - Find a U.S. COVID-19 testing location near you.
- Self-monitor for COVID-19 symptoms; isolate and get tested if you develop symptoms.
- Follow all state, tribal, local, and territorial, recommendations or requirements after arrival.

See complete CDC International Travel Guidance here.

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