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Revised Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure of Infection

This advisory supersedes prior guidance from the New York State Office for People With Developmental Disabilities (OPWDD) pertaining to the COVID-19 outbreak, entitled “Updated Protocols for Personnel in Clinical and Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection,” released on March 28, 2020 and last updated October 10, 2021. This guidance applies to all facilities and services certified by OPWDD.

Exposure is defined as having had prolonged close contact with another person with confirmed or suspected COVID-19 while not wearing recommended personal protective equipment per CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>); having had close community contact within 6 feet of a confirmed or suspected case for a cumulative 15 minutes or more within a 24 hour period; performing an aerosol-generating procedure while not wearing all recommended PPE; or having been deemed to have had an exposure [including proximate contact] by a local health department.

Fully vaccinated is defined, for purposes of this guidance, as being 2 or more weeks after the final dose of the primary vaccine series approved by the FDA or authorized by the FDA for emergency use or listed by the World Health Organization. Providers may require staff to provide proof of vaccination (e.g. Excelsior Pass or COVID-19 CDC vaccine administration card, or other vaccine provider sourced document) to be considered vaccinated.

A. Fully Vaccinated Staff With Confirmed or Suspected COVID-19 During a Staffing Shortage

Fully vaccinated personnel with confirmed or suspected COVID-19, whether direct care professionals, clinical staff or other facility staff, may return to work after day 5 of their isolation period (where day zero is defined as either the date of symptom onset if symptomatic, or the date of collection of the first positive test if asymptomatic) if they meet all of the following criteria:

1. The employee is fully vaccinated.

2. The employee is an essential worker¹;
3. The employee is asymptomatic; or if mildly symptomatic, the employee has not had a fever for at least 72 hours without fever reducing medicine; all symptoms are improving; does not have rhinorrhea (runny nose); and has no more than minimal, non-productive cough (i.e, not disruptive to work and does not stop the employee from wearing their mask continuously and is not coughing up phlegm);
4. The employee is able to continuously and correctly wear a well-fitting surgical face mask, a higher-level face 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.
5. The employee continues to quarantine at home, while not at work, takes precautions to avoid household transmission and observe other required elements of isolation while not at work until the end of the 10 day period;
6. The employee should be restricted from contact with severely immunocompromised individuals;

Employees who are moderately to severely immunocompromised are not eligible to return to work under this guidance. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Workers should be instructed that:

- They should practice social distancing from co-workers at all times except when job duties do not permit such distancing;
- If they must remove their respirator or face mask, while eating or drinking, for example, they should separate themselves from others;

¹ An essential worker is one who works for a human services provider whose function includes the direct care of patients or individuals in state-licensed or funded voluntary programs; the care, protection, custody and oversight of individuals both in the community and in state-licensed residential facilities; those operating community shelters or other critical human services agencies providing direct care and support. Essential workers also include those performing services necessary to maintain the safety, sanitation and essential operations of residences and other businesses including security, cleaners or janitors, and maintenance workers.

https://coronavirus.health.ny.gov/system/files/documents/2021/12/return-to-work-isolation-guidance_12-24-21.pdf

- They should self-monitor for symptoms and seek re-evaluation from occupational health or their personal healthcare provider if symptoms recur or worsen

B. Asymptomatic Fully Vaccinated Staff Who Have Been Exposed to COVID-19

Staff who have been fully vaccinated against COVID-19 do not need to quarantine or furlough after exposure to COVID-19, so long as they remain asymptomatic. These staff must wear well-fitting face masks while at work. The use of cloth masks or other homemade masks (e.g., bandanas, scarves) for clinical and direct support staff providing direct care to individuals, is not permitted. Employers should consult their respiratory protection policies and/or OSHA policies to determine if N95 respirators should be used.

Fully vaccinated is defined, for purposes of this guidance, as being 2 or more weeks after the final dose of the primary vaccine series approved by the FDA or authorized by the FDA for emergency use or listed by the World Health Organization. Providers may require staff to provide proof of vaccination (e.g. Excelsior Pass or COVID-19 CDC vaccine administration card, or other vaccine provider sourced document) to be considered vaccinated.

Please note that work restrictions should still be considered for staff with underlying immunocompromising conditions which might impact the level of protection provided by the vaccine.

C. Asymptomatic Staff Who Have Recently Recovered From COVID-19

Staff who have recently recovered from COVID 19 do not need to quarantine or furlough after new exposure to COVID-19, so long as they remain asymptomatic. These staff must wear well-fitting face masks while at work. Employers should consult their respiratory protection policies and/or OSHA policies to determine if N95 respirators should be used.

Recently recovered, for purposes of this guidance, is defined as: 1) having recovered from laboratory-confirmed COVID-19 by meeting the criteria for discontinuation of isolation; 2) within the 3-month period after either the initial onset of symptoms related to the laboratory confirmed COVID-19 infection or, if asymptomatic during the illness, the date of the laboratory confirmed test.

Facilities may choose to implement furlough for asymptomatic recovered staff if there is concern of any of the following:

- Underlying immunocompromising conditions because they might be at increased risk of reinfection;

- An initial diagnosis of COVID-19 was based on a false positive;
- Suspicion or evidence that staff was exposed to a variant for which the risk of re-infection may be higher.

It is recommended that exposed recovered staff be assigned to residents who have been fully vaccinated, if possible.

In all exposure situations, staff should monitor their symptoms through 14 days after exposure and practice non-pharmaceutical interventions described below through day 14.

D. Asymptomatic Staff Exposed to COVID-19 Who are Not Fully Vaccinated and Not Recently Recovered from COVID-19

Consistent with CDC guidance, providers may allow clinical and direct support professionals or other facility staff who have **been exposed, per the definition above, to a confirmed case of COVID-19** and who are not fully vaccinated or who have not recently recovered from COVID-19 to return to work after ten (10) days of quarantine or sooner, as may be allowed by the relevant Local Department of Health, if **no symptoms** have been reported during the quarantine period and if 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. Individuals must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene. These staff must wear well-fitting face masks while at work. Employers should consult their respiratory protection programs and/or OSHA policies to determine whether N95 respirators should be used.
4. To the extent possible, direct care professionals and clinical staff working under these conditions should preferentially be assigned 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 the personnel who are asymptomatic contacts 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 be immediately referred for diagnostic testing for SARS-CoV-2.

E. Unvaccinated Staff With Confirmed or Suspected COVID-19 or Staff with Confirmed or Suspected COVID-19 in a Facility Without a Staffing Shortage

Providers may allow unvaccinated personnel with confirmed or suspected COVID-19 or personnel with confirmed or suspected COVID-19 who work in a facility without a staffing shortage, 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 24 hours without the use of fever-reducing medications, and must have other symptoms improving.
2. Staff who are severely immunocompromised as a result of medical conditions or medications or who had severe or critical illness 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 24 hours fever-free without fever-reducing medications and with other symptoms improving. These staff must wear well-fitting face masks while at work. Employers should consult their respiratory protection policies and/or OSHA policies to determine whether N95 respirators should be used.

F. Asymptomatic Staff Exposed to COVID-19 Who are Not Fully Vaccinated and Not Recently Recovered from COVID-19 During a Staffing Shortage

Providers may allow clinical and direct support professionals or other facility staff 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 staff would result in staff shortages that would adversely affect the health and safety of individuals served by the facility;

The provider agency must submit a completed attestation, 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 can be found here:

[\[https://opwdd.ny.gov/system/files/documents/2021/01/1.22.21-opwdd-return-to-work-exposed-staff-attestation.pdf\]](https://opwdd.ny.gov/system/files/documents/2021/01/1.22.21-opwdd-return-to-work-exposed-staff-attestation.pdf) and should be submitted to quality@opwdd.ny.gov before asymptomatic exposed staff are approved 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.

2. Staff who have been in contact with confirmed or suspected cases are **asymptomatic**.
3. Staff 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;
4. Staff must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene. These staff must wear well-fitting face masks while at work. Employers should consult their respiratory protection policies to determine whether N95 respirators should be used.
5. Staff 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;
6. To the extent possible, direct care professionals and clinical staff approved to work under these conditions should preferentially be assigned to individuals at lower risk for severe complications, as opposed to higher-risk individuals (e.g. severely immunocompromised, elderly); AND

7. Staff approved to return to work under these conditions should maintain self- quarantine through Day 14 when not at work.

General questions or comments about this advisory can be sent to Susan Prendergast, OPWDD Statewide Director of Nursing Services, at Susan.B.Prendergast@opwdd.ny.gov