



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

Date: November 30, 2022

To: All Healthcare Settings including but not limited to Hospitals, Nursing Homes, Diagnostic and Treatment Centers (DT&C) including End Stage Renal Disease (ESRD) Facilities, and Ambulatory Surgery Centers, Emergency Medical Services (EMS), Home Care, Outpatient Clinics, Dentists, and Private Practices

**Updated Advisory on Return-to-Work Protocols for Healthcare Personnel
with SARS-CoV-2 Infection or Exposure to SARS-CoV-2**

Please distribute immediately to:

Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Occupational Health Directors, Nursing Directors, Risk Managers, and Public Affairs Directors

The information contained herein is consistent with updated recommendations from the Centers for Disease Control and Prevention (CDC) and supersedes the February 4, 2022, New York State Department of Health (NYSDOH) return-to-work guidance. Updated CDC guidance will be reviewed by NYSDOH as it is released. Additional requirements may be added.

Healthcare personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCPs include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Managing HCP with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

All healthcare facilities should follow appropriate Centers for Medicare & Medicaid Services (CMS) and CDC guidance regarding HCP return to work after SARS-CoV-2 infection or after exposure to SARS-CoV-2, as found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.

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 NYSDOH if “crisis” strategies are required**, as below.

Crisis Strategies to Mitigate Current or Imminent Staffing Shortages that Threaten Provision of Essential Patient Services

Hospitals and non-hospital entities with an actual or anticipated inability to provide essential patient services despite instituting contingency strategies according to the guidance above should **notify NYSDOH of the need to follow CDC crisis capacity strategies**. Private medical and dental practices do not need to notify NYSDOH. Until further direction is given, hospitals and non-hospital entities should call the Surge and Flex Operations Center at 917-909-2676 to notify NYSDOH of the need to move to “crisis” strategies with a description of mitigation strategies already employed ([Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)), a description of crisis strategies regarding HCP return-to-work which they intend to implement, and their planned prioritization strategy.

Before moving to crisis strategies:

- Healthcare entities must ensure that they have strategies in place to mitigate HCP staffing shortages, including appropriate contingency strategies as outlined in CDC’s [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).
- Facilities should ensure that the criteria for identifying higher risk HCP exposures in healthcare settings are applied properly according to [CDC guidance](#) (e.g., missing PPE or inappropriate wearing of PPE while caring for a patient with suspected or confirmed COVID-19 or during aerosol-generating procedures).

Healthcare Personnel and COVID-19 Paid Leave Law

COVID-19 paid leave is available in New York State for individuals who must isolate or quarantine. For more information go to [Paid Sick Leave for COVID-19 Impacted New Yorkers](#).

Additional Assistance

General questions or comments about this advisory can be sent to: covidhospitaldtcinfo@health.ny.gov, or covidnursinghomeinfo@health.ny.gov, or covidadultcareinfo@health.ny.gov, or icp@health.ny.gov