



Date: February 4, 2022

To: All Healthcare Settings including but not limited to Hospitals, Nursing Homes, Adult Care Facilities, Diagnostic and Treatment Centers (DT&C), End Stage Renal Disease (ESRD) Facilities, 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 supersedes the January 4, 2022 NYSDOH return-to-work guidance. Updated CDC guidance will be reviewed by NYSDOH as it is released. Additional requirements may be added.**

**Definitions**

- **Healthcare personnel (HCP):** 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. HCP 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).
- **“Up to date” with vaccination:** A person is considered up to date when all recommended COVID-19 vaccines doses have been received, including any booster dose(s) when eligible. Many people who are immunocompromised may need an additional dose as part of their primary vaccine series. [See: CDC Stay Up to Date with Your Vaccines](#)

- **Fully vaccinated:** Currently, a person is considered fully vaccinated against COVID-19 two weeks after their second dose in a 2-dose series, such as the Pfizer-BioNTech or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine. Complete information about who can be considered fully vaccinated (e.g. certain individuals vaccinated outside the United States 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](#) and [Interim Public Health Recommendations for Fully Vaccinated People](#).
- **Exposure** in HCP is defined as having a higher-risk exposure in a healthcare setting to a patient, visitor, or HCP with confirmed or suspected COVID-19 while not wearing recommended personal protective equipment per [CDC guidelines](#), or had [close contact](#) (e.g., in a community setting) within 6 feet of a person confirmed or suspected to have COVID-19 infection for a cumulative 15 minutes or more within a 24-hour period, or was deemed to have had an exposure (including proximate contact) by a local health department.

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

All healthcare facilities should follow appropriate 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-assesment-hcp.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>. Guidance is summarized in the matrix below.

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](mailto:covidhospitaldtcinfo@health.ny.gov), or  
[covidnursinghomeinfo@health.ny.gov](mailto:covidnursinghomeinfo@health.ny.gov), or  
[covidadultcareinfo@health.ny.gov](mailto:covidadultcareinfo@health.ny.gov), or  
[icp@health.ny.gov](mailto:icp@health.ny.gov).

Summary of Work Restrictions for Healthcare Personnel <sup>1</sup>				
	Vaccination Status	<a href="#">CDC Conventional Strategies</a>	<a href="#">CDC Contingency Strategies</a>	<a href="#">CDC Crisis Strategies</a>
Infected	Any	10 days OR 7 days with negative test <sup>2</sup> , 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 <sup>3</sup>	<b>Up to date:</b> Fully vaccinated and boosted OR Fully vaccinated but not eligible for booster dose	No work restrictions, negative test on days 1 <sup>4</sup> and 5-7	No work restrictions	No work restrictions
	<b>Not up to date:</b> Fully vaccinated and eligible for booster but not boosted OR Not fully vaccinated	10 days OR 7 days with negative test <sup>2</sup>	No work restrictions with negative tests on days 1 <sup>4</sup> , 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.