



Department of Health

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DATE: June 3, 2020
TO: All Healthcare Settings, except Nursing Homes, including but not limited to Hospitals, Adult Care Facilities (ACFs), End Stage Renal Disease (ESRD) Facilities, Emergency Medical Services (EMS), Home Care, Outpatient Clinics, and Private Practices
FROM: New York State Department of Health (NYS DOH)

Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection

Please distribute immediately to:

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

This advisory supersedes guidance from the New York State Department of Health pertaining to the COVID-19 outbreak, entitled “Updated Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection”, released on April 1, 2020. This guidance does not apply to nursing homes, which must follow the return to work [guidance](#) released by NYS DOH on April 29, 2020, which requires 14 days of quarantine or isolation.

- A. Entities may allow healthcare personnel (HCP) who have **been exposed to a confirmed case of COVID-19**, or who have traveled internationally in the past 14 days, whether healthcare providers or other facility staff, to work if all of the following conditions are met:
1. Furloughing such HCP would result in staff shortages that would adversely impact operation of the healthcare entity.
 2. HCP who have been contacts to confirmed or suspected cases are **asymptomatic**.
 3. HCP who are asymptomatic contacts of confirmed or suspected cases should self-monitor 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.
 4. HCP who are asymptomatic contacts of confirmed or suspected cases should wear a facemask while working, until 14 days after the last high-risk exposure.
 5. To the extent possible, HCP working under these conditions should preferentially be assigned to patients at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly).
 6. HCP allowed to return to work under these conditions should maintain self-quarantine when not at work.
 7. At any time, if the HCP 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.

- B. Entities may allow HCP with **confirmed or suspected COVID-19**, whether healthcare providers or other facility staff, to continue to work if all of the following conditions are met:
1. To be eligible to return to work, HCP 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 72 hours without the use of fever reducing medications, and must have other symptoms improving.
 2. HCP who are severely immunocompromised as a result of medical conditions or medications should consult with a healthcare provider before returning to work. Entities should consider seeking consultation from an infectious disease expert for these cases.
 3. If HCP 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 72 hours fever-free without fever reducing medications and with other symptoms improving.
 4. Staff who are recovering from COVID-19 and return to work after 10 days should wear a facemask while working until symptoms have completely resolved, so long as mild symptoms are improving, if they persist.
 5. In the **rare** instance when an HCP with unique or irreplaceable skills critical to patient care is affected by COVID-19, the healthcare entity may contact NYS DOH to discuss alternative measures to allow such HCP to safely return to work before 10 days have elapsed.

HCP who are furloughed due to isolation, or because they do not meet the above conditions for returning to work, qualify for paid sick leave benefits, and their employers can provide them with a letter confirming this, which can be used to demonstrate eligibility for the benefit.

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