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Date: January 7, 2020

To: All Healthcare Settings including but not limited to Hospitals, End Stage Renal Disease (ESRD) Facilities, Emergency Medical Services (EMS), Home Care, Outpatient Clinics, Dentists, and Private Practices

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

Please distribute immediately to:
Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Nursing Directors, Risk Managers, and Public Affairs.

Summary

- **Hospitals, ESRDs, Dentists, Private Practices, EMS, Nursing Homes, Adult Care Facilities, Home Care, Hospice must contact the Department's Surge and Flex Operations Center at 917-909-2676** anytime they are concerned about staffing, patient care capacity, or other triage concerns. The Surge and Flex Operations Center is available 24 hours a day, 7 days a week.
- This document clarifies the December 26, 2020 "Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure." The information contained herein supersedes such guidance and any other previous guidance related to healthcare personnel (HCP) returning to work after exposure to COVID-19 or travel beyond a state contiguous to New York.
- This clarification aligns with the December 14, 2020 Centers for Disease Control and Prevention "Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19" and the December 14, 2020 "Strategies to Mitigate Healthcare Personnel Staffing Shortages."
- HCP at nursing homes or adult care facilities certified as Enhanced Assisted Living Residences (EALR) or licensed as Assisted Living Programs (ALP) should note **additional requirements** listed for them below.
- This guidance **addresses HCPs exposure and return to work only**. It does not apply to HCP with confirmed or suspected COVID-19 or the end of isolation. HCPs with diagnosed COVID must follow the requirements for the discontinuation of isolation should be followed for these individuals.

Background

New York State is experiencing a surge in COVID-19 cases and expects to see increasing case numbers and hospitalizations at least through mid-January. COVID-19 disease transmission will continue until the number of people vaccinated reaches critical mass, which is expected to occur sometime between June and September of 2021.

A surge in COVID-19 cases increases the possibility of exposures for health care personnel. This may affect staffing levels. However, concerns about staff shortages must be balanced

against the risk of further exposures and outbreaks among hospital staff and possible transmission of COVID-19 to patients.

Furthermore, on December 14, 2020, the Centers for Disease Control and Prevention (CDC) updated work restriction guidance for healthcare personnel (HCP) with potential exposure to COVID-19 (Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19) to emphasize that **"in general, healthcare personnel with travel or community-associated exposures where quarantine is recommended should be excluded from work for 14 days after their last exposure**."

To ensure adequate and appropriate staffing in hospitals and direct care settings while minimizing risk of transmission, New York State issued revised guidelines on December 26, 2020 for return to work for HCPs, whether direct health care providers or other staff who have been exposed to a confirmed case of COVID-19 and are asymptomatic. The purpose of this update is to provide clarification on the next steps for health care entities with current or imminent staffing shortages that threaten essential patient services.

<u>Guideline for Asymptomatic Healthcare Personnel (HCP) Returning to Work After Being Exposed to COVID-19</u>
Asymptomatic HCPs who have had exposure to or been in contact with a confirmed or suspected case of COVID-19 (e.g. had higher-risk prolonged healthcare close contact with a patient, visitor, or HCPs with a confirmed or suspected COVID-19 case while not wearing recommended personal protective equipment per CDC guidelines (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html); had close community contact within 6 feet of a confirmed or suspected case for 10 minutes or more; or was deemed to have had an exposure [including proximate contact] by a local health department) may return to work **after a 10 day quarantine without testing** if no symptoms have been reported during the quarantine period, providing the following conditions are met:

- o HCP must continue daily symptom monitoring through Day 14;
- o HCP must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene, the use of face masks or other appropriate respiratory protection face coverings, and the use of eye protection.
- o HCP must be advised that if any symptoms develop, they should immediately self-isolate and contact the local public health authority or their healthcare provider to report this change in clinical status and determine if they should seek testing.

- Asymptomatic HCPs returning from travel to a non-contiguous state or a country or territory subject to a CDC Level 2 or higher COVID-19 risk assessment level or for which the COVID-19 risk level is designated by the CDC as unknown may return to work consistent with the essential worker requirements set forth in the Department's travel advisory, however such **HCP shall receive a diagnostic test for COVID-19 within 24 hours of arrival in New York and again on the fourth day after their return**.

- Asymptomatic HCPs at Nursing Homes and Adult Care Facilities Certified as EALRs or ALPs who have had exposure to or been in contact with a confirmed or suspected case of COVID-19 may be released from quarantine in accordance with the guidance described above after 10 days; with the exception that <u>they must remain furloughed from work for the full 14 days</u>.

Health Care Personnel and COVID-19 Paid Sick Leave Law
HCPs who are furloughed due to contact with a known positive case, or because they do not meet the above conditions for returning to work, may 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. However, New York employees will forgo their paid sick leave benefits from New York's COVID-19 paid sick leave law if they engage in travel not directed by their employer to a country designated as having a Level 2 or higher health notice by the CDC <u>or</u> to states other than those contiguous to New York from the time of return to New York until the end of the required period of quarantine or isolation.

Guideline for Healthcare Entities with Current or Imminent Staffing Shortages that Threaten Provision of Essential Patient Services
Hospitals with an actual or anticipated inability to provide essential patient services prior to reaching 85% bed capacity, and non-hospital entities, including nursing homes, adult care facilities, ALP, EALR, home care, hospice, and other congregate settings, as well as EMS, with an actual or anticipated inability to provide essential patient services, may allow exposed HCPs to return to work early upon approval of the Commissioner of Health.

Before requesting authorization to allow exposed HCPs to return to work early, healthcare entities must ensure that they have in place strategies to mitigate healthcare personnel staffing shortages such as those outlined in CDC's December 14, 2020 [Strategies to Mitigate Healthcare Personnel Staffing Shortages.](#)

Healthcare entities should go to [HCPs Return to Work Waiver](#) to complete the required checklist and upload the signed CEO attestation documenting that the facility has implemented or attempted to implement staffing mitigation strategies and is experiencing a current or imminent staffing shortage that threatens provision of essential patient services. Upon review and **approval** by the Commissioner of Health, healthcare entities will be allowed to implement crisis capacity strategies to mitigate staffing shortages. <u>Do not call the Surge and Flex Operations Center to request authorization to allow exposed HCPs to return to work early</u>. Do call the Surge and Flex Operations Center for all other capacity and emergency concerns.

Under crisis capacity strategies, if approved by the Commissioner of Health, entities may allow asymptomatic HCPs who have had exposure to or been in contact with (as defined above) a confirmed or suspected case of COVID-19 within the past 10 days to return to work, <u>provided the following conditions are met</u>:

- o HCPs must be asymptomatic.
- o HCPs must have a negative test (PCR or antigen) to return to work after an exposure and subsequently be tested every 2-3 days after the first test until Day 10 after exposure.
- o HCPs must self-monitor for symptoms and conduct daily temperature checks through Day 14.
- o HCPs must quarantine when not at work consistent with the Department's guidance on quarantine.
- o At any time, if the HCPs 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.

Additional Assistance
Hospitals, ESRDs, Dentists, Private Practices, EMS, Nursing Homes, Adult Care Facilities, Home Care, Hospice must contact the Department's Surge and Flex Operations Center at 917-909-2676 anytime they are concerned about staffing, patient care capacity, or other triage concerns. The Surge and Flex Operations Center is available 24 hours a day, 7 days a week.

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

Checklist and Attestation
Name of Healthcare Entity: _____ **Date:**_____

Is the healthcare entity correctly furloughing staff exposed to COVID-19?		
Questions	Yes	No
1. Have HCPs had prolonged close contact with a patient/resident, visitor, or HCPs with confirmed COVID-19 (HCPs not wearing: a respirator or facemask; eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask; all recommended PPE while performing aerosol-generating procedure)?		
2. Have HCPs had non-work COVID exposures or travel (without being tested within 24 hours of arriving in NY and on the fourth day after their return) for which quarantine is needed?		
Has the healthcare entity implemented staffing mitigation strategies? **(consult CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages for suggestions)**		
Questions	Yes	No
1. For hospitals only: Are non-essential procedures curtailed? Non-essential procedures are those procedures scheduled in advance that do not involve a medical emergency and for which delay would not be detrimental to the patient's health.		
2. For hospital only: If no to #1, Has the hospital reduced non-essential procedures to the level needed to maintain essential patient services? The level procedures are reduced to should be based upon staffing capacity, clinical judgment, and DOH guidance.		
3. Shifted HCPs who work in underutilized areas to support essential patient services in other areas within the facility or attempted to use other qualified agency providers to fill positions?		
4. Attempted to address social factors that might prevent unexposed HCPs from reporting to work such as 1) safe transportation; 2) housing that allows for social distancing if HCPs live with individuals with underlying medical conditions or older adults; 3) child care for HCPs with younger children and children enrolled in remote school?		
5. Attempted to identify/hire additional HCPs to work in the facility, brought on per diem staff, or worked with other entities to share staff where appropriate?		
6. If appropriate, requested that HCPs postpone elective time off from work (with consideration for the mental health benefits of time off and that the burden of the disease and care-taking responsibilities may differ substantially among certain racial and ethnic groups)?		
Attestation		

I hereby certify, under penalty of law, that I am the Chief Executive Officer (CEO) of the healthcare entity identified below and the foregoing is accurate and truthful to the best of my knowledge. I am requesting that HCPs exposed to COVID-19 return to work at my facility before the quarantine period has ended.

Name of Healthcare Entity: _____

Signature:_____   Date: _____

Printed name:_____   Title (CEO only):_____

Best phone number:_____   Best email:_____