



Last issued: May 17, 2021

Revised: September 2, 2021, 2021 (new material underlined)

**Revised Protocols for Personnel in Clinical and
Direct Care Settings to Return to Work Following
COVID-19 Exposure or 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 March 30, 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; 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; or having been deemed to have had an exposure [including proximate contact] by a local health department.

A. Asymptomatic Fully Vaccinated Staff

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 masks through day 14 following exposure.

Fully vaccinated is defined, for purposes of this guidance, as being 2 or more weeks after the final dose of the vaccine 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.

B. 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.

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 reinfection 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.

C. 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 if **no symptoms** have been reported during the quarantine period and if the 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 and use of face coverings.
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.

D. Staff With Confirmed or Suspected COVID-19

Providers may allow personnel with confirmed or suspected COVID-19, 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. Personnel 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.

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