

## COVID-19: INTERIM GUIDANCE FOR ILL HEALTH CARE PERSONNEL (HCP) AND HCP WITH EXPOSURE TO COVID-19

Revised January 10, 2024 (Issued August 31, 2023)

### KEY UPDATES (*highlighted in red*):

- **HCP with Symptoms of COVID-19 (see [FIGURE](#)):**
  - If you have symptoms of COVID-19, do not come to work. See additional recommendations for reporting, evaluation, and return to work below.
  - **HCP with symptoms of COVID-19 who test negative for SARS-CoV-2 by an antigen test should have a second antigen test (which may include a home antigen test) performed 48 hours after the first.** If HCP is afebrile and has mild symptoms, HCP can work during the period between the first and second antigen tests but **must wear a mask (well-fitting surgical mask or N95 respirator) when around patients, visitors, and other HCP.**
  - HCP COVID-19 PCR testing can no longer be scheduled via NYP Connect.
- **Return to Work after COVID-19 Infection:**
  - HCP with COVID-19 may return to work **AFTER Day 5** of their isolation period (where day 0 is day of symptom onset or, if asymptomatic, day of positive test) if certain criteria are met (see [Return to Work criteria](#) for full details)
  - Although masking is no longer universally required in all areas, **HCP who return to work before Day 10 after a COVID-19 infection must wear a mask (well-fitting surgical mask or N95 respirator) when around patients, visitors, and other HCP** through Day 10 after the date of symptom onset or date of positive test (if asymptomatic).
- **HCP with Exposure to COVID-19:**
  - Although masking is no longer universally required in all areas, HCP who have been exposed to COVID-19 and who are asymptomatic may continue to work but **must wear a mask (well-fitting surgical mask or N95 respirator) when around patients, visitors, and other HCP for 10 days** after the last day of exposure (last day of exposure is Day 0).
  - Testing for SARS-CoV-2 remains recommended, but not required, after an exposure.
- **International Travel:** CDC no longer recommends testing for SARS-CoV-2 among asymptomatic individuals after returning from international travel.

To minimize transmission of SARS-CoV-2 and other respiratory viruses from HCP to patients, other HCP, and their family and friends, appropriate management of ill HCP and HCP with potential exposures to individuals with COVID-19 is critical.

#### Contact Infection Prevention & Control:

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NYP-WBHC: 914-997-4377	NYP-LMH: 212-312-5976	NYP-W: 914-787-3045
NYP-BMH: 718-780-3569	NYP-HVH: 914-734-3950	NYP-Q: 718-670-1255

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### STEPS THAT ALL HCP SHOULD ALWAYS FOLLOW

- **Wear a mask** when in patient care areas where masking is required and when caring for high-risk patients for whom HCP mask use is required.
- **Be aware of COVID-19 symptoms:**
  - fever  $\geq$  100°F OR feeling feverish, chills, or rigors
  - new onset of lower acuity symptoms (muscle aches, fatigue, headache, nasal congestion OR diarrhea)
  - cough
  - shortness of breath
  - sore throat
  - new loss of sense of smell or altered sense of taste

### HCP WHO DEVELOP SYMPTOMS OF COVID-19 OR FEBRILE RESPIRATORY ILLNESS

- **If symptoms develop at home:**
  - Do **NOT** report to work.
  - Self-isolate.
  - Notify supervisor, manager, program director, or division chief.
  - **Please follow the instructions for reporting outlined below.**
- **If symptoms develop at work:**
  - Wear an N95 respirator (or, alternatively, a well-fitting surgical mask) and avoid contact with other HCP and patients.
  - Notify supervisor, manager, program director, or division chief.
  - **Go home. Prior to going home, please follow the instructions for reporting outlined below.**
- **Use NYP COVID Tracker (<https://covidtracker.nyp.org>) to report illness and obtain instructions on testing, if indicated, and guidance on return to work.** NYP has developed [Discharge Guidance](#) for ill HCP. If more information is needed, call the WHS Contact Center M through F from 7am to 5pm (646-697-9470 or 697-9470 when calling from within NYP).
- **Note: if symptomatic, a single negative antigen test is NOT sufficient to return to work due to the lower sensitivity of antigen tests. A PCR test should be obtained OR a second antigen test can be performed 48 hours after the first test. See [Figure](#) for acceptable testing strategies.**

**FOR COMPREHENSIVE GUIDANCE BASED ON COVID-19 SYMPTOMS, EXPOSURE, AND INITIAL PCR OR ANTIGEN TEST RESULT, PLEASE SEE [FIGURE](#) AT THE END OF THIS DOCUMENT.**

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### HCP WHO TEST POSITIVE FOR COVID-19 BY ANTIGEN OR BY PCR

- Remain home; notify your manager, program director, or division chief; report results in [NYP COVID-19 Tracker](#).
- **POSITIVE PCR (regardless of symptoms or exposure):**
  - Stay home until [Return to Work criteria](#) are met.
- **POSITIVE ANTIGEN (INCLUDING HOME ANTIGEN):**
  - Stay home until [Return to Work criteria](#) are met.
  - If asymptomatic and no known exposure to COVID-19, if a subsequent PCR test is negative, HCP may return to work. Report your negative result by calling the WHS Contact Center M through F from 7am to 5pm (646-697-9470 or 697-9470 when calling from within NYP).

### RETURN TO WORK criteria for HCP with COVID-19:

1. HCP with COVID-19 may return to work **AFTER Day 5** of their isolation period (where day 0 is day of symptom onset or, if asymptomatic, day of positive test) IF:
  - No fever for at least **72 hours** without the use of fever-reducing medications (such as Tylenol, ibuprofen, or aspirin), AND
  - Other symptoms (e.g., runny nose, cough) are improving and are **minimal enough to wear a well-fitting surgical mask or N95 respirator continuously** when around patients, visitors, and other HCP, AND
  - HCP is NOT moderately or severely immunocompromised<sup>1</sup>

HCP who return to work after Day 5 of isolation:

- **Must wear an N95 respirator or well-fitting surgical mask at all times when around patients, visitors, and other HCP through Day 10** (where day 0 is day of symptom onset or, if asymptomatic, day of positive test).
- Should not be assigned to work in clinical areas or on clinical services dedicated to severely immunocompromised patients until at least 7 days have passed since onset of symptoms or, if asymptomatic, date of positive test. Such units include dedicated transplant areas (inpatient and outpatient), dedicated oncology areas (inpatient and outpatient), and neonatal ICUs.

2. HCP who do NOT meet criteria to return to work after Day 5 of their isolation period may return to work **AFTER Day 7** of their isolation period (where day 0 is day of symptom onset or, if asymptomatic, day of positive test) IF:
  - No fever for at least **24 hours** without the use of fever-reducing medications (such as Tylenol, ibuprofen, or aspirin), AND
  - Symptoms have markedly improved

HCP who return to work after Day 7 of isolation:

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- **Must wear an N95 respirator or well-fitting surgical mask at all times when around patients, visitors, and other HCP through Day 10** (where day 0 is day of symptom onset or, if asymptomatic, day of positive test).

<sup>1</sup>Moderate and severe immunocompromising conditions and treatments include:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppression therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts <200/mm<sup>3</sup>, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., ≥20 mg prednisone or equivalent per day when administered for ≥2 weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.

### COMMUNITY OR WORK-RELATED EXPOSURE TO COVID-19

- Quarantine following a COVID-19 exposure in the community or at the workplace is not required for HCP.
- **Asymptomatic HCP who have been exposed to COVID-19 may continue to work but must wear a mask (well-fitting surgical mask or N95 respirator) when around patients, visitors, and other HCP for 10 days after the last day of exposure (last day of exposure is Day 0).**
  - **If the HCP is asymptomatic**, testing following a COVID-19 exposure is not required but is **recommended**. If the asymptomatic HCP had COVID-19 within the last 30 days, testing is not recommended and the HCP may continue to work while remaining asymptomatic.
  - Testing may be done EITHER by home antigen testing OR by PCR.
  - Ideally, testing should be done on days 1 (where day of last exposure is day zero), day 3, and day 5 after the exposure. **Report any positive test result to NYP COVID Tracker.**
    - For community exposures, home antigen kits or PCR are available through local commercial pharmacies/clinics.
    - For work-related exposures, WHS will contact those with confirmed work-related exposures and provide home antigen kits, if available.
- All **WORK-RELATED exposures** should be reported as soon as possible to Infection Prevention & Control (IP&C).
- **SEE TABLE 1** for exposure criteria and notification/reporting processes for community and work-related exposures.
- HCP working in nursing homes may have different requirements from the below and should contact the nursing home for specific instructions.

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**Table 1. EXPOSURE CRITERIA<sup>1</sup> for HCP (both fully vaccinated and unvaccinated) following Community and Work-Related Exposures**

	<b>EXPOSURE CRITERIA</b>	<b>PROCESS</b>
<b>Community Exposure</b>	<ul style="list-style-type: none"> <li>• Within <b>6 feet</b> of individual with COVID-19</li> <li>• For <b>15 or more minutes</b></li> <li>• Either one/both the HCP and individual with COVID-19 NOT wearing mask/face covering.</li> </ul>	Use <a href="#">NYP COVID Tracker</a> to report a community exposure and receive instructions.
<b>Exposure to COVID-Positive Co-Worker</b>	<ul style="list-style-type: none"> <li>• Within <b>6 feet</b> of individual with COVID-19</li> <li>• For <b>15 or more minutes</b> (cumulative over 24 hours)</li> <li>• <b>Potentially exposed HCP NOT wearing a mask</b></li> </ul>	<b>Contact IP&amp;C and local WH&amp;S</b>
<b>Exposure to COVID-Positive Patient or Visitor</b>	<b>NO Aerosol-Generating Procedure performed:</b> <ul style="list-style-type: none"> <li>• Within <b>6 feet</b> of individual with COVID-19</li> <li>• For <b>15 or more minutes</b> (cumulative over 24 hours)</li> <li>• <b>HCP NOT wearing mask or N95 respirator</b></li> </ul>	<b>Contact IP&amp;C</b> to report any potential work-related exposure for further investigation
	<b>Aerosol-Generating Procedure performed:</b> <ul style="list-style-type: none"> <li>• <b>HCP NOT wearing N95 respirator for any length of time.</b></li> </ul>	

For more information:

[Novel Coronavirus \(COVID-19\) page](#) on the NYP Infonet or the [CDC's COVID-19 website](#).

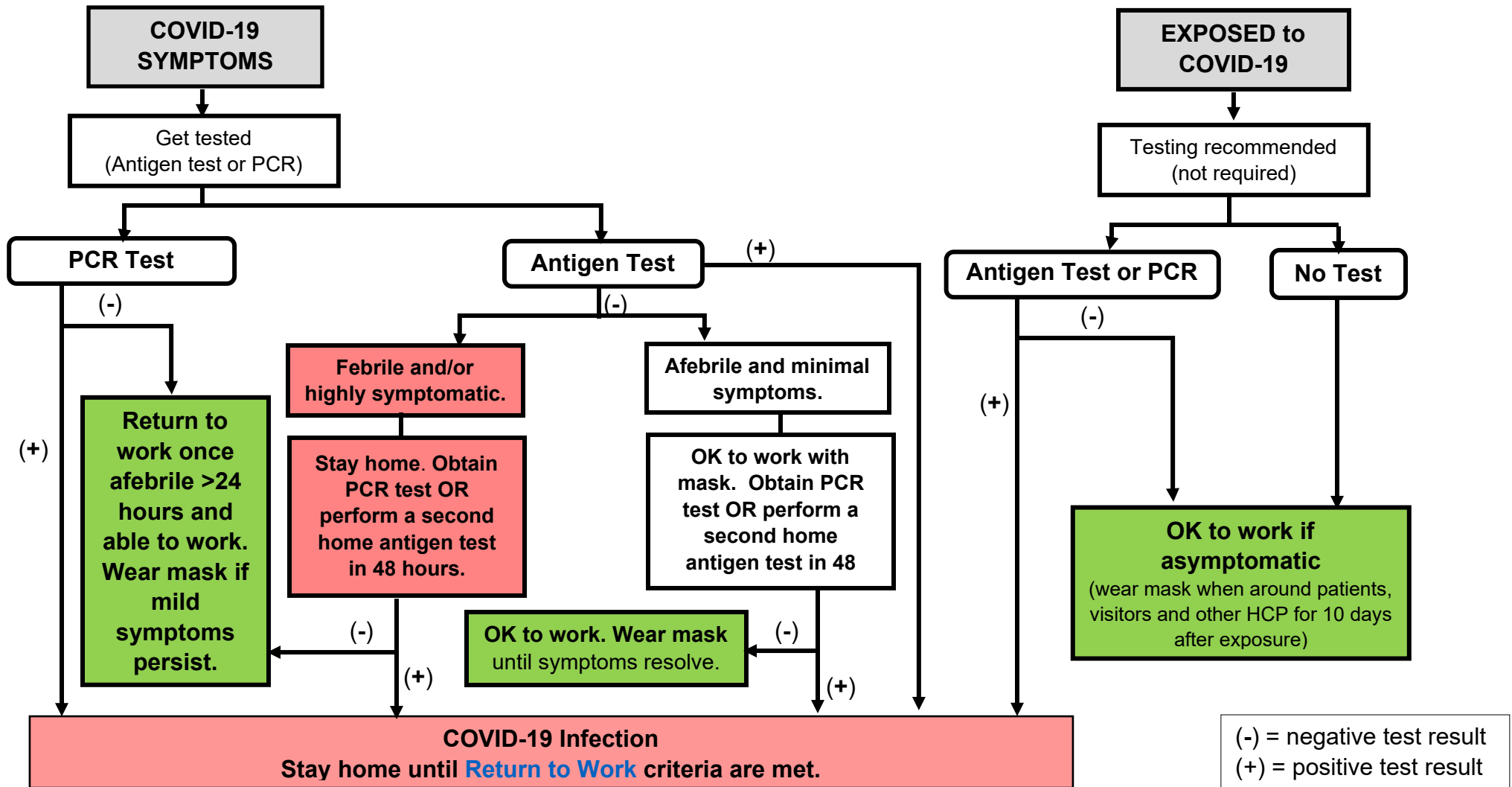
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**FIGURE: Recommendations Based on Symptoms, Exposure, and Initial PCR or Antigen Test Result**



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