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| **Infection Control and Prevention Policy and Procedure**  | **Subject:** Return to Work After Exposure to or Covid-19 Infection |
| **Approved by:**  |  |
| **Effective:** 8/12/2021 | **Revised:** 12/29/2021; 1/5/2022; 1/12/2022; 2/9/2022; 4/24/2022,10/13/22,11/30/22 |

**POLICY:** It is the policy of this facility to follow Centers for Disease Control and Prevention (CDC) and New York State Department of Health (NYSDOH) guidance to guide decision making about return to work for nursing home staff after a Covid-19 exposure or after a Covid-19 infection. The facility willmaximize interventions to protect staff, residents, and visitors at all times, including when considering strategies to address staffing shortages.

**DEFINITIONS**

**Mild Illness**: Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness**: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

**Severe Illness**: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

**Critical Illness**: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

**Severely Immunocompromised**:

• Being on chemotherapy for cancer,

• Being within one year out from receiving a hematopoietic stem cell or solid organ transplant,

• Untreated HIV infection with CD4 T-lymphocyte count < 200,

• Combined primary immunodeficiency disorder, or

• Receipt of prednisone >20 mg/day for > 14 days.

**Prolonged Close Contact**: a cumulative time period of ≥15 minutes during a 24-hour period.

**Fully Vaccinated:** ≥2 weeks following receipt of the 2nd dose in a 2-dose series, or ≥2 weeks following receipt of 1 dose of a single-dose vaccine

**Up to Date:** a person has received all recommended Covid-19 vaccines, including any booster dose(s) when eligible.

**PROCEDURE**

The facility will follow all DOH and CDC guidance to determine when employees can return to work after a Covid-19 **infection or exposure**.

1. **Conventional Strategies**

 **Staff with confirmed SARS-CoV-2 Infection:**

* + Staff with [mild to moderate illness](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#MildIllness)who are *not*  [moderately to severely immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#Immunocompromised) could return to work after the following criteria have been met:
		- At least 7 days have passed *since symptoms first appeared* if a negative viral test is obtained within 48 hours prior to returning to work or 10 days if testing is not performed or if a positive test at day 5-7)*,***and**
		- At least 24 hours have passed *since last fever*without the use of fever-reducing medications, **and**
		- Symptoms (e.g., cough, shortness of breath) have improved
		- Either a NAAT (molecular) or antigen test may be used.  If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later
* HCP who were *asymptomatic* throughout their infection and are *not* [moderately to severely immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#Immunocompromised) could return to work after the following criteria have been met:
	+ At least 7 days have passed since the date of their first positive viral test if a negative viral test\* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7).
	+ Either a NAAT (molecular) or antigen test may be used.  If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.
* HCP with [severe to critical illness](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#SevereIllness) who are *not* [moderately to severely immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#Immunocompromised) could return to work after the following criteria have been met:
	+ At least 10 days and up to 20 days have passed *since symptoms first appeared,***and**
	+ At least 24 hours have passed *since last fever*without the use of fever-reducing medications, **and**
	+ Symptoms (e.g., cough, shortness of breath) have improved.
	+ The test-based strategy as described below for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.
* **A Test Based Strategy may be considered for return to work as outlined below**:
* **HCP who are symptomatic could return to work after the following criteria are met:**
	+ Resolution of fever without the use of fever-reducing medications, **and**
	+ Improvement in symptoms (e.g., cough, shortness of breath), **and**
	+ Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.
* **HCP who are not symptomatic could return to work after the following criteria are met:**
	+ Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT.
1. **Staff with a Higher Risk Exposure:**

Work restriction is not necessary for asymptomatic HCP following a higher-risk exposure, regardless of vaccination status

* + Higher-risk exposures are classified as HCP who had prolonged close contact with a resident, visitor, or HCP **with** confirmed SARS-CoV-2 infection and:
		- HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask)
		- HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask
		- HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an **aerosol-generating procedure**
	+ Following a higher-risk exposure, HCP will:
		- Have a series of three viral tests for SARS-CoV-2 infection.
			* + Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test.  This will be day 1 (where day of exposure is day 0), day 3, and day 5.
				+ Testing will not be done for asymptomatic staff that have recovered from SARS-CoV-2 infection in the prior 30 days.
				+ Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of NAAT is recommended. (This is because some people may remain NAAT positive but not be infectious during this period.)
				+ Staff will follow all [recommended infection prevention and control practices](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html), including wearing well-fitting source control, monitoring themselves for fever or [symptoms consistent with COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html), and not reporting to work when ill or if testing positive
* Work restriction may be necessary for asymptomatic HCP following a higher-risk exposure if
	+ - HCP is unable to be tested or wear source control as recommended for the 10 days following their exposure.
		- HCP is moderately to severely immunocompromised.
		- HCP cares for or works on a unit with patients who are moderately to severely immunocompromised.
		- HCP works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions.
1. If work restriction is recommended, HCP could return to work after either of the following time periods:
	* HCP can return to work after day 7 following the exposure (day 0) if they do not develop symptoms and **all viral testing** as described for asymptomatic HCP following a higher-risk exposure is negative.
	* If viral testing is not performed, HCP can return to work after day 10 following the exposure (day 0) if they do not develop symptoms.

**Mitigating Staffing Shortages that Threaten Provision of Essential Services:**

**This strategy will be implemented if the facility is** expecting or experiencing staffing shortages due to COVID 19 outbreaks

* The facility will Inform residents and staff when the facility is utilizing these strategies, specify the changes in practice that should be expected, and describe the actions that will be taken to protect patients and HCP from exposure to SARS-CoV-2
* The Facility will allow staff with SARS-CoV-2 infection who are well enough and willing to work to return to work as follows:

**Contingency Strategy:**

Staff with [mild to moderate illness](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#MildIllness) who are *not* [moderately to severely immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#Immunocompromised):

* At least 5 days have passed *since symptoms first appeared*(day 0), **and**
* At least 24 hours have passed *since last fever*without the use of fever-reducing medications, **and**
* Symptoms (e.g., cough, shortness of breath) have improved.
* The facility may choose to confirm resolution of infection with a negative nucleic acid amplification test (NAAT) or a series of 2 negative antigen tests taken 48 hours apart\*.

Staff that are asymptomatic throughout their infection and are *not* [moderately to severely immunocompromised](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html#Immunocompromised):

* At least 5 days have passed since the date of their first positive viral test (day 0).
* During Contingency and/or crisis mode staff will utilize well fitting mask/N95, including in break rooms, and maintain physical distancing

**Crisis Staffing Strategy:**

* The Facility will notify NYSDOH Surge and Flex **(917 909- 2676)** if “crisis” strategies are required and follow NYSDOH and CDC guidance.
* The Facility will initiate Incident Command Structure to address crisis emergency staffing
* The facility will temporarily stop new admissions and evaluate if any residents need to be transferred to other health care settings
* **If shortages continue despite other mitigation strategies, as a last resort the facility will consider allowing HCP to work even if they have suspected or confirmed SARS-CoV-2 infection, if they are well enough and willing to work, even if they have not met all the contingency return to work criteria described above.**
* Considerations for determining which HCP should be prioritized for this option include:
	+ Where individual HCP are in the course of their illness (e.g., viral shedding is likely to be higher earlier in the course of illness).
	+ The types of symptoms they are experiencing (e.g., persistent fever, cough).
	+ Their degree of interaction with patients and other staff in the facility.
	+ The type of residents they care for (e.g., consider patient care only with patients known or suspected to have SARS-CoV-2 infection rather than patients who are immunocompromised).
* If staff are requesting to work before meeting all criteria, they should be restricted from contact with patients who are moderately to severely immunocompromised.
* Evaluate if staff with confirmed SARS-CoV-2 infection to provide direct care for residents with confirmed SARS-CoV-2 infection and/or exposed, preferably in a cohort setting.
* \*Staff who are immunocompromised will consult with facility’s employee health and/or Infectious Disease/PMD prior to returning to work.
* The Facility will communicate with NYSDOH Epidemiology as indicated

**REFERENCES:**

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CDC ( Updated 9/23/22) [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)

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NYSDOH (1/4/2022). Interim Advisory on Return-To-Work Protocols for Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 in Healthcare Settings. <https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/NYS_Updated_Isolation_and_Quarantine_Guidance_01042022_1641333320555_0.pdf>

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NYSDOH (2/4/2022). Updated Advisory on Return-to-Work Protocols for Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. <https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/HCP_RTW_Guidance_Matrix_Update_2042022_1644019024427_0.pdf>