

Return to Work and Off Duty Protocol for Covid-19 Exposure Flu Signs and Symptoms Post Vaccination Management

Update 04.02.2021

Per CDC Guidelines

<https://www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

<https://www.governor.ny.gov/news/no-2052-quarantine-restrictions-travelers-arriving-new-york>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

VNSNY Protocol for Staff Who Are Symptomatic or Have Been Exposed to Covid-19 or Suspected Covid-19

Step 1

- Staff member is identified by EHS, self report or manager as a potential COVID-19 case for any reason (travel, exposure, symptoms)

Step 2

- Manager follows protocol A or B

Step 3

- Manager speaks with staff member to determine status, explain procedure. Details are recorded in clinical tracker.

Asymptomatic HCW exposed to Known or Suspected COVID-19 Case

A

HCW exposed to known or suspected Covid-19 Case

- Action

1. Stay at work

2. Self Monitor

4. Wear a face mask

Symptomatic HCW (See symptoms ***)

B

HCW with Covid-19 Compatible Symptoms (See notes) ***

•Action see symptom notes for more guidance

1. Employee is put off duty (Information captured on Tracker as DATE of FIRST SYMPTOMS)

2. Self monitor and isolate at least ten (10) days from onset of symptoms before being allowed to return to work

3. Must also be afebrile for 24 hours

4. Wear a mask

VNSNY Protocol for Staff Who Are Symptomatic or Have Been Exposed to Flu

Step 1

- Staff member is identified by EHS, self report or manager as a potential Flu case for any reason (exposure, signs and symptoms). Staff member calls CERT team.

Step 2

- CERT team follows protocol A or B

Step 3

- CERT team speaks with staff member to determine status, explain procedure. Details are recorded in CERT clinical tracker.
- Advise staff member to get tested for Flu and Covid-19.

SYMPTOM NOTES**

- Fever, cough, shortness of breath are the major symptoms. Fever is 100F or more. Other symptoms include diarrhea, nasal congestion, sore throat, muscle aches and fatigue.
- Temperature and symptoms should be taken and recorded before beginning work and at least once every 12 hours.
- All staff who have direct contact with clients are required to self monitor every 12 hrs and submit assessment in Workday or CareConnect before starting work day.
- Report fever or any other symptoms to manager and stop work quickly.
- Clinicians can return to work after meeting these requirements and clearance by EHS. (Minimum of 10 days since first onset of symptoms)
- Employees with severe or critical COVID-19 illness and positive test
 - Isolate for 10 days after symptom onset
- Employees with COVID-19 positive test who are severely immunocompromised
 - consult primary care provider about isolation (can isolate for up to 20 days)
- Wear a surgical or “flu” mask when seeing patients (VNSNY COVID-19 Protocols A, B, C)

Required Self Monitoring For Staff

All staff who DID NOT have COVID-19 vaccine within the past 3 days AND have a direct contact with clients are required to self monitor every 12 hrs and submit assessment in Workday or CareConnect prior to work every day working

Self Monitoring -

- Diarrhea
- Nasal Congestion
- Fatigue
- Muscle aches
- Headache
- Sore throat

TWO or more of the following symptoms – **ISOLATE** for 24 hours, reassess. If resolved with no additional signs & symptoms return to work.

If symptoms are unresolved **WITHOUT** the use of antipyretics, obtain PCR test and isolate while waiting for PCR test results.

If PCR test is negative AND symptoms have resolved, return to work.

If PCR test is positive, **ISOLATE** for 10 days from symptom onset.

Required Self Monitoring For Staff

All staff who have direct contact with clients are required to self monitor in either Workday and or CareConnect.

Self Monitoring -

- Fever
- Chills
- Repeated shaking with chills
- Cough
- Shortness of breath or difficulty breathing
- New loss of taste or smell

Yes to **ONE** or more, obtain PCR test within 24 hours and isolate while waiting for PCR test results.
If PCR test is negative AND symptoms have resolved, return to work.
If PCR test is positive, ISOLATE for 10 days from symptom onset.

Management of Staff Post-Vaccination Symptoms*

Systemic symptoms can occur within 3 days after vaccination, more common after a 2nd dose, usually resolve within 1-2 days. All staff who have direct contact with clients are required to self monitor in either Workday and or CareConnect.

Potential Systemic Symptoms

Fever or chills
Fatigue
Headache
Muscle pain & weakness
Nausea and vomiting

Symptom management (OTC remedies)
Monitor for 24 hrs
Return to Work if symptoms resolved
Adhere to Protocols A, B, C for patient care
If symptoms worsen, follow slides 7 & 8

Symptoms Requiring COVID-19 Test

- Cough
- Shortness of breath or difficulty breathing
- Rhinorrhea
- Sore throat
- New loss of taste or smell

Yes to **ONE** or more, obtain PCR test within 24 hours and isolate while waiting for PCR test results.
If PCR test is negative AND symptoms have resolved, return to work.
If PCR test is positive, ISOLATE for 10 days from symptom onset.

Return to Work For Staff with Positive COVID-19 Test – Symptomatic

Symptomatic

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.



Staff who are recovering from COVID-19 and return to work after TEN days. All staff must wear a face shield/goggles and a face mask as a minimum requirement for all patient care. Follow appropriate Protocol A, B or C.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Return to Work For Staff with Positive COVID-19 Test – Asymptomatic*

If Staff is asymptomatic but tested and found to be positive, they must quarantine for at least 10 days since the date of their first positive test.

If Staff develops symptoms during that time, they must quarantine for at least 10 days since symptoms first appeared and must have been at least 24 hours fever-free without fever reducing medications and with other symptoms improving to return to work.

* Asymptomatic Staff who have been fully vaccinated against COVID-19 do not need to quarantine or furlough during the first 3 months after full vaccination if:

- ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine);
- within 3 months following receipt of the last dose in the series;
- HCP has remained asymptomatic since the last COVID-19 exposure.

*NYS DOH March 10, 2021 UPDATE to Interim Health Advisory: Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure:

https://coronavirus.health.ny.gov/system/files/documents/2021/03/update-interim-hcp-return-to-work-march-10-2021_0.pdf

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

Return to Work For Staff Who Have Traveled to Non-Contiguous States for >24 hours (Domestic Travel)

Travel Advisory Requirements for Healthcare Workers

As of April 1, 2021, **asymptomatic** HCP returning from travel to another U.S. state or territory may return to work upon arrival in New York State.

Continue to follow ALL VNSNY PPE Protocols at a minimum face mask, face shield and gloves for every patient encounter.

Clinical and Office-based Staff must communicate with the CERT team for any questions related to Travel.

Staff who are visiting clients in SNF/ALF must resume regular weekly testing per the State requirement following the initial negative test.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

https://coronavirus.health.ny.gov/system/files/documents/2021/04/update_interim_travel_advisory_april2021.pdf

Return to Work For Staff Who Have Traveled by Air Internationally



All staff who arrive into the US following **International travel by AIR**, must get a COVID-19 diagnostic test (either PCR or Rapid at their own expense) within **3 days** before their scheduled flight departure **or documentation of recovery from COVID-19 prior from their provider per CDC international travel requirements.**

If they have a negative test then staff must still quarantine for a period of 7 days from arrival and must get another COVID-19 diagnostic test 3-5 days (either PCR or Rapid at their own expense) after arrival.

If both tests are **negative** then staff can return to work on day **8**.

If staff test positive then they must remain off duty and quarantine for **10** days since first positive test result date.

Please call the CERT team for further instructions.

If staff does not obtain 2 tests, staff must remain off duty and quarantine for 10 days since arrival.

Unless staff are authorized to work remotely, staff must utilize PTO for quarantine if available or not be paid their time if PTO is exhausted.

Asymptomatic HCP returning from travel to another country can return to work upon completion of the CDC quarantine requirements **except for HCP working in nursing homes, EALRs, or ALPs. These HCP cannot return to their workplace (must furlough) through the 14th day after return from international travel unless they meet the vaccination or recent COVID-19 recovery criteria to reduce the length of quarantine.**

Staff who are visiting clients in SNF/ALF must resume regular weekly testing per the State requirement following the initial negative test.

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<https://www.governor.ny.gov/news/no-2052-quarantine-restrictions-travelers-arriving-new-york>

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Return To Work for Asymptomatic Health Care Personnel After Exposure to Lab-Confirmed COVID-19*

Assess Exposure Risk (NYS DOH/CDC):

Community: close prolonged contact within 6 feet for >10-15 minutes with confirmed or suspected COVID-19;

Health Department: local health department deemed HCP had an exposure and mandated quarantine;

Higher Risk Exposure in Health:

1. Close direct contact (less than 6 feet) over >10-15 minutes with patient/household member AND
2. Exposure was 2 days prior OR within 10 days (20 days if severely immunocompromised) since the date first positive COVID-19 test was collected AND
3. HCP did not wear adequate PPE (if known):
 - a. Staff was not wearing N95 or surgical face mask OR
 - b. Staff was wearing N95 or surgical face mask without eye protection AND the person with COVID-19 was not wearing a cloth face covering or a face mask (if known) OR
 - c. Staff was performing an aerosol-generating procedure AND was not wearing all PPE (Protocol A: N95, eye protection, gown, gloves)

Obtain PCR test within 5-7 days after current exposure (or as soon as possible if exposure was not discovered until day 7 or later)***

Quarantine while awaiting test results up to 10 days following the exposure (HCP working in nursing homes, EALRs, or ALPs, can return to their workplace after 14 days)*

If PCR test is negative AND no symptoms, return to work.

If PCR test is positive AND no symptoms, ISOLATE for 10 days from the date first positive test result was collected.

*Does not apply to asymptomatic fully vaccinated HCP: COVID-19 vaccine \geq 14 days following receipt of the 2nd dose in a 2-dose series, or \geq 14 days following receipt of a single-dose vaccine within 3 months OR asymptomatic HCP who previously had laboratory-confirmed COVID-19 if within three months after the date of symptom onset from the initial SARSCoV-2 infection or, if asymptomatic, the date of first positive diagnostic test (COVID-19 Provider FAQ, March 24, 2021).

**CDC, "Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2, updated March 11, 2021

***NYS DOH March 10, 2021 Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure – Including Quarantine and Furlough Requirements for Different Healthcare Settings

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