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REVISED

COVID-19 Protocols for Direct Care Staff to Return to Work Following a COVID-19 Exposure

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Health Advisory: Revised Protocols for Personnel in Clinical and Direct Care Roles in Certain Designated Residential Settings ONLY to Return to Work Following COVID-19 Exposure or Infection

This guidance applies to the following categories of residential programs licensed or certified by the New York State Office for Children and Family Services (OCFS):

- congregate foster care;
- residential programs for victims of domestic violence;
- runaway and homeless youth; and
- juvenile detention programs.

Exposure to COVID-19

Exposure is defined as (a) having had prolonged close contact with another person with confirmed or suspected COVID-19 while not wearing recommended personal protective equipment, per Centers for Disease Control and Prevention (CDC) guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>); (b) 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 (c) having been deemed to have had an exposure by a local health department.

The following guidance informs the protocol for staff to follow after a known exposure to COVID-19:

A. Fully Vaccinated Asymptomatic Staff Exposed to COVID-19

Staff who have been **fully vaccinated** against COVID-19 do not need to quarantine or furlough after exposure to COVID-19, regardless of essential status, so long as they experience **no symptoms**. These staff must wear well-fitting and appropriate face masks while at work.

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. Staff must 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.

B. Not Fully Vaccinated Asymptomatic Staff Exposed to COVID-19

Consistent with recent CDC guidance, a program or agency may allow clinical and direct care professionals in the programs or positions described above who have **been exposed to a confirmed case of COVID-19, but who is not fully vaccinated (as defined in Section A)** to return to work after ten (10) days of quarantine or sooner, as may be allowed by the relevant Local Department of Health, if **no symptoms** have been reported during the quarantine period and if all of the following conditions are met:

1. Personnel who have been in contact with confirmed or suspected cases remain **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 be assigned to individuals at lower risk for severe complications, as opposed to higher-risk residents (e.g., residents who are severely immunocompromised).
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 these personnel develop symptoms consistent with COVID-19, they must immediately stop working and isolate at home. All staff with symptoms consistent with COVID-19 should be immediately instructed to contact their local public health authority or their healthcare provider to report this change in clinical status and determine if they should seek testing.

C. Not Fully Vaccinated Asymptomatic Staff Exposed to COVID-19 During a Staffing Shortage

A program or agency may allow clinical and direct care professionals in the programs or positions described above who have **been exposed to a confirmed or suspected case of COVID-19** to return to work **before** ten (10) days of quarantine, or prior to any shortened quarantine period required by the relevant Local Department of Health, if **no symptoms** have been reported during the quarantine period and if all of the following conditions are met:

1. Furloughing such personnel would result in staff shortages that would adversely affect the health and safety of individuals served by the facility;
 - a. **The program or agency must submit a completed attestation, acknowledging that the agency has implemented or attempted staffing shortage mitigation efforts and is experiencing a staffing shortage that threatens provision of essential services and that all of the below factors and requirements will be or are being met.** The attestation form is enclosed with this guidance. The completed attestation must be submitted to the **OCFS staff indicated below** before asymptomatic exposed staff are approved to return to any work location. One attestation may be submitted by each agency or provider operating program(s) within these parameters but must list each location/site where staffing shortages require that exposed staff return to work before 10-day quarantines are completed. If you operate more

than one type of program, then multiple attestations are necessary.

- i. The completed attestation should be submitted to the following contacts:
 - ii. Foster Care: David.Bach@ocfs.ny.gov
 - iii. Detention: Daniel.Hulihan@ocfs.ny.gov
 - iv. Runaway and Homeless Youth: Madeline.Hehir@ocfs.ny.gov
 - v. Close to Home: Jewel.Brown-Gregory@ocfs.ny.gov
2. Personnel who have been in contact with confirmed or suspected cases remain **asymptomatic**;
 3. Personnel must continue symptom monitoring through Day 14. Self-monitoring should be completed twice a day (i.e., temperature, symptoms), including temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift;
 4. Individuals must be counseled to continue strict adherence to all recommended non-pharmaceutical interventions, including hand hygiene and use of face coverings;
 5. Individuals must be advised that if any symptoms develop, they must immediately stop working, self-isolate at home, contact their local public health authority or their healthcare provider to report this change in clinical status and determine if they should seek testing;
 6. To the extent possible, direct care professionals and clinical staff approved to work under these conditions should be assigned to individuals at lower risk for severe complications, as opposed to higher-risk residents (e.g., residents who are severely immunocompromised); AND
 7. Personnel approved to return to work under these conditions should maintain self-quarantine through Day 14 when not at work.

D. Staff with Confirmed or Suspected COVID-19

A program or agency 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 other symptoms must have improved.
2. Personnel who are severely immunocompromised as a result of medical conditions or medications 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 fever-free for at least 24 hours free without the use of fever reducing medications, and other symptoms must have improved.

Questions about this advisory can be sent to the following:

- Detention: Daniel.Hulihan@ocfs.ny.gov
- Runaway and Homeless Youth: Madeline.Hehir@ocfs.ny.gov
- Close to Home: Donte.Blackwell@ocfs.ny.gov
- Residential Programs for Victims of Domestic Violence: Jara.Traina@ocfs.ny.gov or Marie.Limbach@ocfs.ny.gov
- Foster Care: David.Bach@ocfs.ny.gov, in addition please feel free to contact your regional office:
 - Albany Regional Office - John Lockwood (518) 486-7078 John.Lockwood@ocfs.ny.gov
 - Buffalo Regional Office - Amanda Darling (716) 847-3145 Amanda.Darling@ocfs.ny.gov
 - New York City Regional Office - Ronni Fuchs (212) 383-1788 Ronni.Fuchs@ocfs.ny.gov
 - Rochester Regional Office - Christopher Bruno (585) 238-8192 Christopher.Bruno@ocfs.ny.gov
 - Syracuse Regional Office - Sara Simon (315) 423-1200 Sara.Simon@ocfs.ny.gov
 - Westchester Regional Office - Sheletha Chang (914) 801-3231 Sheletha.Chang@ocfs.ny.gov
 - Native American Services - Heather LaForme (716) 847-3123 Heather.LaForme@ocfs.ny.gov