

**GUIDANCE**  
**HEALTHCARE WORKERS RETURN TO WORK FOLLOWING COVID-19**  
**EXPOSURE OR INFECTION**



HHCMPA62020 v1

Effective Date: 03.18.2020

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Purpose	<p>This document supersedes all previous guidance regarding healthcare workers returning to work following COVID-19 exposure or infection.</p> <p>Healthcare workers, including direct care providers and other facility staff, are expected to follow the below guidelines:</p>
Scope	NYC Health and Hospitals System
Requirements	<p>Centers for Disease Control and Prevention (CDC)</p> <p>NYC Department of Health and Mental Hygiene (NYC DOHMH)</p> <p>NYS Department of Health (NYS DOH)</p>
Policies	<ol style="list-style-type: none"> <li>1. <b>Healthcare workers who have had exposure with a suspected or known positive COVID-19 individual and are asymptomatic</b> are expected to keep working. If the healthcare worker exposure was high risk* or if the healthcare worker is involved in the care of vulnerable patients (e.g. over 50 years of age, immunocompromised, diabetic, has chronic lung disease, heart disease, or cancer), the healthcare worker is required to wear a surgical mask for 14 days since the last exposure.</li> <li>2. <b>Healthcare workers with confirmed or suspected COVID-19 <u>must stay home under isolation for at least 7 days from symptom onset.</u></b> These healthcare workers are expected to return to work after the 7 days once they are at least 72 hours fever-free (<math>\leq 100.0^{\circ}\text{F}</math>) (without use of antipyretics, i.e. aspirin, acetaminophen/paracetamol (Tylenol), ibuprofen, and others), with other symptoms improving. These healthcare workers must wear a face-mask while working for 14 days since onset of the illness if mild symptoms persist but are improving. <b>Note: NYC DOHMH does not require healthcare workers to undergo quarantine or to have a negative test for COVID-19 to return to work.</b></li> <li>3. <b>All healthcare workers should self-monitor twice a day (temperature, symptoms) whether at work or home</b> and undergo temperature monitoring and symptom checks at the beginning of each shift and at least every 12 hours. If symptoms develop at work, healthcare workers <b>MUST</b> immediately leave the patient care area, isolate, and notify their supervisor. Don facemask.</li> <li>4. For those staff who do not work on a clinical unit, their temperature will also be taken upon arrival for their shift by the departmental</li> </ol>

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	<p>supervisor. All departments will be provided thermometers by the NYCH+H.</p> <p>5. Any staff member who has a single temperature elevation of over 100.0 F, must report this to their direct supervisor, and will be relieved of duty via the standard NYCH+H HR process</p> <ul style="list-style-type: none"> <li>○ If febrile, don facemask prior to exiting</li> </ul>	
Definitions	High Risk Exposure Includes:	High risk exposure includes: unmasked provider having prolonged close contact (less than six feet for more than a few minutes) with an unmasked confirmed COVID-19 patient; provider not wearing eye protection while present for an aerosol generating procedure (e.g. CPR, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction); unmasked provider present for an aerosol generating procedure.

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Approved by: *Machelle Allen, MD* *System Chief Medical Officer* *18 Mar. 2020*

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**Reviewed and Readopted Without Change**

Signature	Title	Date

**Removed from Service**

Reason: \_\_\_\_\_

By _____	By _____	By _____
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