THE REGIONAL EMERGENCY MEDICAL SERVICES COUNCIL OF NEW YORK CITY, INC.

NYC REMAC

Advisory No.	2021-06		
Title:	Omicron/Covid Surge Shortening of Quarantine		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

Return to Work:

- Due to the widespread community transmission in NYC, quarantine of asymptomatic providers is no longer recommended.
- Self-monitoring should be continued.
- Symptomatic providers who are not hospitalized but who have possible or confirmed COVID-19, should:
  - Isolate themselves in a private residence until 7 days following onset of illness, AND,
  - 72 hours afebrile, without antipyretics AND,
  - with resolving symptoms.
    - Whichever is longest.

Attachment: NYSDOH Advisory on Shortening Isolation Period for Certain Fully Vaccinated Healthcare Workers and Other Critical Workforce

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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Date: December 24, 2021

Advisory on Shortening Isolation Period for Certain Fully Vaccinated Healthcare Workers and Other Critical Workforce

The information contained herein supersedes portions of previously issued Return to Work guidance for Healthcare Personnel and other previous guidance related to returning to work after SARS-CoV-2 infection.

Background

On 12/23/2021, the CDC updated its guidance on isolation of healthcare workers (Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 and Strategies to Mitigate Healthcare Personnel Staffing Shortages). Given the very high case counts during the current COVID-19 surge in NYS, the Department expects a large number of mild or asymptomatic cases in fully vaccinated persons. Imposing a full 10 days of isolation in these circumstances has the potential to substantially impact critical services including healthcare, a sector already experiencing severe staffing shortages. In general, symptoms and duration of illness in SARS-CoV-2 infections among fully vaccinated people are reduced compared with those who are unvaccinated (CDC Science Brief: COVID-19 Vaccines and Vaccination). At this time there is limited evidence documenting viral dynamics of SARS-CoV-2 Omicron variant infections among vaccinated and unvaccinated individuals; however, the Department has reviewed data from other variants to help inform decision-making. For vaccine breakthrough infections including infections by the Delta variant, one study has reported the overall duration of infection among vaccine recipients is lower (5.5 days) as compared with unvaccinated cases (7.5 days) (Kissler et al). Therefore, given the extremely high vaccination rate among NYS healthcare workers and the high rate in the population as a whole, the NYS guidance below applies to fully vaccinated staff.

Guidance for return-to-work during isolation

In limited circumstances where there is a critical staffing shortage, employers may allow a person to return to work after day 5 of their isolation period (where day zero is defined as either date of symptom onset if symptomatic, or date of collection of first positive test if asymptomatic) if they meet all the following criteria:

- The individual is a healthcare worker or other critical workforce member (see Appendix below).
- The individual is fully vaccinated (e.g. completed 1 dose of Janssen or 2 doses of an mRNA vaccine at least 2 weeks before the day they become symptomatic or, if asymptomatic, the day of collection of the first positive specimen). Complete information about who can be

considered fully vaccinated (e.g. certain individuals vaccinated overseas or vaccinated as part of clinical trials) can be found at Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States.

- The individual is asymptomatic, or, if they had mild symptoms, when they return to work they must:
    - Not have a fever for at least 72 hours without fever-reducing medication
    - Have resolution of symptoms or, if still with residual symptoms, then all are improving
    - Not have rhinorrhea (runny nose)
    - Have no more than minimal, non-productive cough (i.e., not disruptive to work and does not stop the person from wearing their mask continuously, not coughing up phlegm)
- The individual is able to consistently and correctly wear a well-fitting face mask, a higher-level mask such as a KN95, or a fit-tested N95 respirator while at work. The mask should fit with no air gaps around the edges.
    - In the healthcare setting, if the individual wears a face mask rather than a respirator then it must be a well-fitting "surgical" face mask.
    - In other settings, face masks should be well-fitting, disposable, non-woven masks. Other face coverings including cloth masks are not allowed except as part of double masking with a disposable mask underneath. See https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html.
- Individuals who are moderately to severely immunocompromised are not eligible to return to work under this guidance (see https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html).
- For healthcare settings:
    - Hospitals; nursing homes; adult care facilities; home care; hospice; OMH, OPWDD, and OASAS facilities; private medical offices; and other essential healthcare settings (see Appendix) may allow their essential workers to participate.
    - The individual should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology, neonatal ICU).
    - A respirator or well-fitting surgical facemask should be worn even when the individual is in non-patient care areas such as breakrooms or offices.

Individuals working under this policy must continue to stay at home, take precautions to avoid household transmission, and observe other required elements of isolation while not at work until the end of the 10-day period.

Testing is not required.

Workers participating in this program should be instructed that:

- They should practice social distancing from coworkers at all times except when job duties do not permit such distancing.
- If they must remove their respirator or well-fitting facemask, for example, in order to eat or drink, they should separate themselves from others.

They should self-monitor for symptoms and seek re-evaluation from occupational health or their personal healthcare provider if symptoms recur or worsen.

References

CDC Science Brief: COVID-19 Vaccines and Vaccination.
https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html

Kissler SM, Fauver JR, Mack C, Tai CG, Breban MI, Watkins AE, Samant RM, Anderson DJ, Metti J, Khullar G, Baits R. Viral Dynamics of SARS-CoV-2 Variants in Vaccinated and Unvaccinated Persons. New England Journal of Medicine. 2021 Dec 1. https://www.nejm.org/doi/full/10.1056/NEJMc2102507

Appendix

1. Essential health care operations including

- research and laboratory services
- hospitals
- walk-in-care health clinics and facilities
- veterinary and livestock medical services
- senior/elder care
- medical wholesale and distribution
- home health care workers or aides for the elderly
- doctors and doctors' offices
- dentists and dental practices
- residential health care facilities
- medical supplies and equipment manufacturers and providers
- licensed mental health providers
- licensed substance abuse treatment providers
- medical billing support personnel
- speech pathologists and speech therapy
- chiropractic services
- acupuncture
- physical therapy
- occupational therapy

2. Essential infrastructure including

- public and private utilities including but not limited to power generation, fuel supply, and transmission
- public water and wastewater
- telecommunications and data centers
- airlines/airports
- commercial shipping vessels/ports and seaports
- transportation infrastructure such as bus, rail, for-hire vehicles, garages

3. Essential manufacturing including

- food processing, manufacturing agents including all foods and beverages
- pharmaceuticals
- food-producing agriculture/farms
- defense industry and the transportation infrastructure

4. Essential retail including

- grocery stores including all food and beverage stores
- pharmacies
- restaurants/bars
- pet food

5. Essential services including

- trash and recycling collection, processing, and disposal
- snow removal/salting services
- childcare services
- funeral homes, crematoriums and cemeteries

6. Providers of basic necessities to economically disadvantaged populations including

- homeless shelters and congregate care facilities
- food banks
- human services providers whose function includes the direct care of patients in state-licensed or funded voluntary programs; the care, protection, custody and oversight of individuals both in the community and in state-licensed residential facilities; those operating community shelters and other critical human services agencies providing direct care or support

7. Defense

- defense and national security-related operations supporting the U.S. Government or a contractor to the US government

8. Essential services necessary to maintain the safety, sanitation and essential operations of residences or other businesses including

- law enforcement, including corrections and community supervision, and court employees, as well as attorneys participating in legal proceedings
- fire prevention and response
- building code enforcement
- security
- emergency management and response, EMS and 911 dispatch
- building cleaners or janitors
- general and specialized maintenance whether employed by the entity directly or a vendor, including but not limited to heating, ventilation, and air conditioning (HVAC) and pool maintenance
- automotive repair
- cleaning, disinfection, and sanitation services
- occupational safety and health professionals
- residential and commercial moving services

9. School personnel, pre-K through higher education

- Teachers, aides, auxiliary staff
- Support services needed to maintain a safe and effective educational environment, including employed and contracted school bus drivers.

10. Vendors that provide essential services or products, including logistics and technology support, childcare and services including but not limited to:

- logistics
- technology support for online services
- childcare programs and services
- government owned or leased buildings
- essential government services

- any personnel necessary for online or distance learning or classes delivered via remote means