Provider Guidance for COVID-19 Isolation, Quarantine and Transmission-Based Precautions by Category

This guidance from the New York City Department of Health and Mental Hygiene (NYC Health Department) is based on New York State Department of Health (NYSDOH) requirements and Centers for Disease Control and Prevention (CDC) recommendations regarding isolation and quarantine. This guidance applies to people with symptoms of COVID-19, a positive viral test, or a recent exposure to someone with COVID-19. The below tables cover guidance for the general public (Table 1), special populations including residents of congregate settings and people who are immunocompromised (Table 2), and health care personnel (HCP) (Table 3).

Resources
- For information on symptoms and what to do if you have COVID-19, including up-to-date quarantine and isolation guidance, visit **on.nyc.gov/covid-symptoms**.
- For NYSDOH's guidance repository, visit **coronavirus.health.ny.gov/covid-19-guidance-repository.**
- When calculating duration of:
  - Quarantine — the date of the exposure to a close contact who has COVID-19 is considered Day 0. Day 1 is the first full day after the exposure.
  - Isolation — Day 0 is the day of symptom onset or, if no symptoms, a positive viral test. Day 1 is the first full day after symptom onset or the day the test specimen was collected. If symptoms first develop after testing positive, the five-day isolation period should start over, such that Day 0 is the day of symptom onset.
- For patients and staff who need self-attestation forms for paid leave during isolation or quarantine, direct them to the NYSDOH's website. A negative test should not be required before someone with confirmed COVID-19 returns to work.[3]
  - Visit **coronavirus.health.ny.gov/new-york-state-contact-tracing** to view the **isolation affirmation form** and the **quarantine affirmation form.**
- Residents and staff of nursing homes should follow **Centers for Medicare & Medicaid Services (CMS)** and CDC guidance regarding isolation, quarantine of residents and when HCP return to work:
  - For CMS guidance, visit **cms.gov**.
  - For CDC guidance on isolation and HCP work restrictions, visit **cdc.gov/covid19**, select **Healthcare Workers**, then select **Isolation and work restriction guidance**.
  - For CDC guidance on addressing staff shortages, visit **cdc.gov/covid19**, select **Healthcare Workers**, then select **Contingency and crisis management.**
- For congregate settings guidance, visit **nyc.gov/health/covidproviders** and select **Facilities Guidance**.

Definitions

- **Isolation** is the separation of people who have a contagious disease to prevent them from transmitting it to others.
- **Quarantine** is the separation of people without symptoms who were exposed to a contagious disease to prevent them from transmitting it to others should they develop the disease.
- **Fully vaccinated** against COVID-19 means at least two weeks after completing a two-dose vaccine or the single-dose Johnson & Johnson vaccine.
- **Up to date on vaccines** means the person has received the recommended vaccine doses for which they are eligible based on age and minimum interval since the last dose. Recommended doses include the primary vaccine series, which may include an additional primary (third) dose of vaccine for people who are moderately or severely immunocompromised, and booster doses. A person is considered up to date immediately following receipt of a booster dose.
- **Viral tests** include any diagnostic SARS-CoV-2 nucleic acid assay (NAA), such as a PCR, or antigen test, including at-home tests. For more information on at-home tests, visit **on.nyc.gov/home-testing**.
  - **Note**: At-home test results may not be accepted for some purposes, such as school, employer or travel testing requirements, and are not appropriate for use in hospitalized patients. Viral tests do **not** include antibody tests.
- **Health care personnel**, as defined by NYSDOH (available by visiting **coronavirus.health.ny.gov/covid-19-guidance-repository** and searching for **Return-to-Work Protocols**), refers to all paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (for example, blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home health care personnel, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (for example, clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Table 1. General Public Non-hospitalized people regardless of vaccination status		
Isolation		
	What to do	**When to discontinue isolation**
Person has a positive viral test with or without symptoms OR has symptoms but not tested or awaiting results	Isolate at home[1]	If **symptomatic**, isolation can end after Day 5 from symptom onset, if the person has been fever-free without the use of fever-reducing medication for 24 hours and symptoms are resolving; otherwise, the person must continue isolation until these criteria are met.[2] If **asymptomatic**, isolation can end after Day 5 from the specimen collection date of the positive viral test. For **all**, a negative test is not required to end isolation, however if performed and is positive, or person develops symptoms during the five-day isolation period they must adjust the period of isolation to end five days after the date of symptom onset or positive test date.[3] Upon completion of isolation the person must wear a well-fitting mask for five additional days (days 6 to 10) and take other precautions.[4] Children under age 2 and others who are unable to wear a well-fitting mask should isolate for 10 days.
Quarantine		
	What to do if a person had close contact with a person with COVID-19	**When to discontinue quarantine**
Person is asymptomatic and (i) up to date on vaccination; OR (ii) was confirmed with COVID-19 within the last 90 days (positive viral test) and recovered	There is no need to quarantine; however, they should monitor for symptoms, wear a well-fitting mask when around others, and take other precautions[5] for 10 days from the date of their last close contact. They should also get tested five days after their last close contact (or right away if they develop symptoms); people with confirmed COVID-19 within the last 90 days need only get tested if they have symptoms. If the person tests positive or develops symptoms, refer to isolation guidance above.	N/A
Person is asymptomatic and (i) <u>not</u> up to date on vaccination; OR (ii) was <u>not</u> confirmed with COVID-19 within the last 90 days (positive viral test) and recovered	Quarantine at home and get tested five days after the date of the last close contact.[1] If positive, or symptoms develop, follow isolation guidance above. Children may be able to attend school during quarantine, and some people may be able to attend work. People should consult with their school or employer.	If test is negative (or they did not test) and person remains asymptomatic, discontinue quarantine five days after the last exposure but continue to monitor for symptoms, wear a well-fitting mask when around others, and take other precautions for 10 days.[4] **Exception:** Children under age 2 and others who are unable to wear a well-fitting mask must continue to quarantine for 10 days.

Table 2. Special Populations
Residents of adult care facilities or other congregate settings with at-risk residents,[6] hospitalized patients,[7] and people who are moderately or severely immunocompromised

Isolation

What to do if a person has symptoms of or tests positive for COVID-19	When to discontinue isolation or transmission-based precautions[8] for people receiving medical care
Residents of adult care facilities or other congregate settings with at-risk residents **Note:** Staff can adhere to guidance for general public but should contact their employer for information about when they can return to work.[9]	
Isolation	Isolation can end 10 days from symptom onset if fever-free for 24 hours without the use of fever-reducing medication and symptoms have improved.[4] If asymptomatic, isolate can end 10 days from the test date.[4]
Hospitalized patients and anyone who is moderately or severely immunocompromised[10] in any setting regardless of vaccine status	
Isolation or transmission-based precautions[8] for those receiving medical care	Isolation can end 10 days (or up to 20 days) from symptom onset (or if asymptomatic from test date) if fever-free for 24 hours without the use of fever-reducing medication and symptoms have improved.[4] A test-based strategy[11] may be considered if there is concern of prolonged infectiousness; consult infectious disease experts.

Quarantine

What to do if a person has close contact with a person with COVID-19	When to discontinue quarantine
Residents of adult care facilities, or other congregate settings with at-risk residents who are asymptomatic[12,13] **Note**: Staff can adhere to guidance for general public but should not return to work until after Day 10[9]	
Quarantine regardless of vaccination and booster status.	Quarantine can end after 10 days from the last exposure to someone with COVID-19.

Table 3. Health Care Personnel Return to Work Guidance[14,15]

Guidance on when to return to work depends on whether a health care facility or practice modifies staffing strategies for expected or current staffing shortages due to COVID-19. The information below is for conventional and contingency strategies only. Facilities should notify the NYSDOH if crisis strategies are required. HCP can continue to follow regular isolation and quarantine protocols when not at work (Table 1).

HCP with a positive viral test, with or without symptoms

Conventional Strategy: Regardless of vaccination status, HCP can return to work after seven days (on Day 8) from symptom onset (or test date if asymptomatic) if fever-free without the use of fever-reducing medication for 24 hours, asymptomatic or symptoms are resolving, and a negative test is obtained within 48 hours prior to returning to work. If test is positive, or testing is not done, the HCP can return after 10 days (on Day 11).

Contingency Strategy (NYS/CDC): If up to date or fully vaccinated, HCP can return to work after five days have passed from symptom onset (or test date if asymptomatic) if they have no symptoms or symptoms are resolving and they have been fever-free for 24 hours without the use of fever-reducing medication.[16]
HCP **not** up to date or fully vaccinated should adhere to the *Conventional Strategy* described above.

HCP with close contact with a person diagnosed with COVID-19

Symptoms/Vaccination Status	When HCP can return to work
HCP who are asymptomatic[13] and up to date on COVID-19 vaccines with an exposure[17] to a person with COVID-19.	*Conventional Strategy*: Can continue to work; get a viral test one day after the exposure and, if negative, again five to seven days after exposure. *Contingency Strategy*: Can continue to work; no testing required.
HCP who are asymptomatic[13] and are not up to date on COVID-19 vaccines with an exposure[17] to a person with COVID-19.	*Conventional Strategy*: Exclude from work until after Day 7 (on Day 8) following exposure if a viral test performed on or after Day 5 is negative.[18] If no viral test is performed, return to work after Day 10 (on Day 11). *Contingency Strategy*: If facility grants permission to work, perform viral testing one day after exposure (Day 0) and, if negative, again, two, three, five, six, and seven days after exposure. If limited test supplies, prioritize testing one to two days after exposure and, if negative, five to seven days after exposure.

Endnotes

---

[1] Includes isolation or quarantine in a NYC COVID-19 Take Care Hotel; the program provides free hotel rooms to eligible New Yorkers unable to safely isolate or quarantine where they live. For more information on the Take Care Hotel program, visit **nychealthandhospitals.org/test-and-trace/take-care**.

[2] Prior to discontinuing isolation, symptoms should be resolving (loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation). If fever or other symptoms have not improved after five days of isolation, wait to end isolation until fever-free for 24 hours without use of fever-reducing medication and other symptoms have improved.

[3] If testing is pursued when ending isolation, an antigen test is preferred over an NAA test. If the test result is positive, continue to isolate for 10 days. If negative, continue to adhere to recommendations described in footnote 4.

[4] Continue the following during and after isolation and quarantine for 10 days (from symptom onset, or test date if asymptomatic, or exposure), even if isolation or quarantine ends sooner:

- Spending time with people who are immunocompromised, are ages 65 or older, or have a medical condition that increases their risk for severe COVID-19
- Visiting nursing homes and other high-risk settings
- Going to crowded places and places where a mask cannot always be worn
- Eating around others at home, at work and at a restaurant
- Travel and non-essential activities

[5] Everyone with a recent exposure who is exempt from quarantine, should take enhanced precautions for 10 days after the exposure, including avoiding the following: visiting places where masks cannot be worn, including restaurants and some gyms; traveling; eating around others; avoid being around people, including those in the same residence, who are immunocompromised or at high risk for severe disease; and visiting nursing homes and other high-risk settings.

[6] Defined by NYSDOH as correctional facilities, detention facilities, homeless shelters, adult care facilities, group homes, cruise ships, NYS Office for People with Developmental Disabilities facilities, some NYS Office of Mental Health facilities (if masking, distancing or other prevention measures cannot be followed) and other congregate settings with individuals who are at high risk for severe COVID-19 or for transmission.

[7] Per NYSDOH, individuals who are hospitalized or who are moderately to severely immunocompromised may need to isolate for longer.

[8] Transmission-based precautions should be used in addition to standard precautions for patients who may be infected with SARS-CoV-2 or other agents for which additional precautions are needed. For more information, visit **cdc.gov/covid19** and search for **Infection Control Guidance**.

[9] Per NYSDOH, if staffing shortages jeopardize the safe provision of services or resident health and safety, facilities may implement a five-day furlough. For more information, visit **coronavirus.health.ny.gov/covid-19-guidance-repository** and search for **Isolation and Quarantine Guidance**.

[10] For a description and list of immunocompromising conditions from the CDC, visit **cdc.gov/covid19** and search for **People With Certain Medical Conditions**.

[11] The NYSDOH defers to the CDC, which requires the following to discontinue transmission-based precautions when using a test-based strategy:

- Patients who are symptomatic:
    - o Resolution of fever without the use of fever-reducing medications;
    - o Symptoms (for example, cough, shortness of breath, etc.) have improved; **and**
    - o At least two negative NAA test results from respiratory specimens collected at least 24 hours apart.
- Patients who are asymptomatic:
    - o At least two negative NAA test results from respiratory specimens collected at least 24 hours apart.

[12] The CDC recommends that inpatients and residents in health care settings who are up to date with vaccination continue to quarantine following close contact with someone with COVID-19.

[13] If a person develops symptoms of COVID-19, they should get COVID-19 testing and isolate while waiting for their test results. HCP should be excluded from work during this period.

[14] For CDC guidance on when to end isolation for HCP with severe illness or who are moderately to severely immunocompromised, visit **cdc.gov/covid19**, select **Healthcare Workers**, then select **Isolation and work restriction guidance**.

[15] HCP should notify their employer if they have symptoms of or test positive for COVID-19 or have had an exposure to a person with COVID-19. HCP must adhere to their employer's guidance for return to work, which may differ from that of the CDC, NYSDOH or NYC Health Department.

[16] Per NYSDOH, prior to returning to work, HCP should adhere to the following contingency strategy:
- Have no symptoms or all residual symptoms are improving
  - They must not have rhinorrhea (runny nose) and have no more than minimal, non-productive cough (not disruptive to work and does not stop the person from wearing their mask continuously, not coughing up phlegm)
- Be 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 health care 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.

[17] Exposure defined by the CDC as HCP who was not wearing a face mask or respirator and spent 15 or more minutes within 6 feet of a person with confirmed COVID-19; HCP who was not wearing eye protection and spent 15 or more minutes within 6 feet of a person with confirmed COVID-19 who was not wearing a face mask; or, HCP who did not wear all recommended personal protective equipment (such as gloves, gown, N95 respirator, and either goggles or face shield) during an aerosol-generating procedure was performed (such as intubating, suctioning, high-flow oxygen, nebulizer). For more information, visit **cdc.gov/covid19**, select the **Healthcare Workers** tab and then select **Potential Exposure at Work**.

[18] HCP must follow all recommended infection prevention and control practices, including monitoring themselves for fever or symptoms consistent with COVID-19 and not reporting to work when sick.

The NYC Health Department may change recommendations as the situation evolves. 1.26.22