



FAQ About 2019 Novel Coronavirus and COVID-19 for Health Care Providers

For updated information and guidance on the outbreak, including guidance on testing and managing patients who have suspected or confirmed coronavirus disease 2019 (COVID-19), please visit the provider web pages from the [New York City Health Department](#) and [U.S. Centers for Disease Control and Prevention](#) (CDC).

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About 2019 Novel Coronavirus and COVID-19 Respiratory Disease

What are the 2019 novel coronavirus and COVID-19?

A novel coronavirus — one not previously identified in humans — was first identified in December 2019 in Wuhan, Hubei Province, China. The virus, officially named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), causes a respiratory disease called COVID-19 and is spread person to person. The outbreak of COVID-19 has now become a pandemic, which means that it is spreading person to person in multiple parts of the world, including the United States. For the most recent tally of persons diagnosed with COVID-19 in New York City, visit nyc.gov/coronavirus.

How does the 2019 coronavirus spread?

There is an incomplete understanding of how this newly identified virus spreads. Most spread appears to occur person to person via respiratory droplets, primarily through close contact with a person with COVID-19. Close contact includes those persons who reside or provide care in the same household of the ill person or are an intimate partner of the ill person. Detectable levels of viral RNA appear to be highest right after onset of illness and then decline as the illness progresses and symptoms improve. Viral RNA levels are also higher among persons who are more severely ill. These findings suggest there is a greater risk of transmission from symptomatic persons, and during the early stages of a person's illness. Transmission from persons who are asymptomatic and pre-symptomatic has been reported, though its role in driving the pandemic is unknown. Studies and data from clinical settings are needed to fully understand transmission.

Can persons with COVID-19 shed the virus before or after showing symptoms?

The onset and duration of viral shedding and period of infectiousness for COVID-19 are not yet known. It is possible that SARS-CoV-2 RNA may be detectable in the upper or lower respiratory tract for weeks after illness onset, similar to what is seen with infection with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present. Asymptomatic infection with SARS-CoV-2 has been reported, but it is not yet known what role asymptomatic infection plays in transmission. Similarly, the role of pre-symptomatic transmission is unknown. Existing literature regarding SARS-CoV-2 and other coronaviruses (e.g. MERS-CoV, SARS-CoV) suggest that the incubation period may range from 2-14 days, but the mean is about 5-6 days.

Where can I find the most recent NYC COVID-19 data?

[Surveillance data on the COVID-19 pandemic impact in NYC](#) are updated each weekday morning with data from the preceding day regarding persons with confirmed COVID-19, the number of COVID-19 related deaths, and persons seeking care at NYC EDs for influenza like illness as well as the number



hospitalized for influenza-like-illness and pneumonia for persons over 18 years of age.

Note that the data likely do not reflect the true number of people with COVID-19 in NYC because of limited testing and therefore may overrepresent the proportion of COVID-19 cases in NYC requiring hospitalization.

If I am a New York State certified health care worker and want to help facilities that need more staff, what should I do?

Join the [New York City Medical Reserve Corps](#) (NYC MRC). As the pandemic progresses, there will be a need to organize volunteers to assist with the expected overwhelming demands on the NYC health care system. The NYC MRC is a community-based corps of over 9,000 medical and nonmedical volunteers with a mission to strengthen public health, improve emergency response capabilities, and build community resilience in NYC. NYC MRC is managed under the NYC Health Department and has served as a valuable staffing resource for emergency response and nonemergency public health and community resilience activities in NYC since its inception in 2004. NYC MRC volunteers represent a variety of professions, including physicians, physician assistants, nurse practitioners, registered nurses, medical students, as well as other health care professionals and nonmedical volunteers.

NYC MRC can mobilize volunteers for nonemergency public health or community resilience activities and rapidly deploy volunteers for emergency response operations. NYC MRC can recruit and select volunteers for assignments based on many criteria, such as profession, languages spoken, and home address. To become a member of the NYC MRC, visit nyc.gov/health/mrc.

Preparing to Manage Patients with Possible or Confirmed COVID-19

How can an outpatient practice best prepare for managing persons with possible or confirmed COVID-19?

Outpatient health care settings should devise strategies for a continuum of infection control [measures that should be implemented](#) before patient arrival, upon arrival, throughout the patient's visit, and until the patient's room is cleaned and disinfected. Have systems to rapidly identify patients and visitors who might have COVID-19 and take steps to prevent them from potentially infecting others. It is particularly important to protect individuals at increased risk of adverse outcomes from COVID-19 (e.g., older persons, persons with disabilities, and persons with comorbid conditions).

1. Strongly discourage persons who have a mild or moderate disease consistent with COVID-19-like illness (fever, cough, shortness of breath, or sore throat) and who do not require medical care from leaving their homes. This minimizes risk of transmission to others, especially health care workers.
2. Implement measures to prevent unnecessary in-person health care visits by patients with mild

to moderate illness.

3. Consider contacting patients in advance of their appointment by phone, text, or other methods.
4. Consider placing signage and greeters at entry points to screen persons seeking care and visitors by asking if they have a COVID-19-like illness.
5. Post signage in multiple languages instructing patients at entry points to immediately report fever or respiratory illness (e.g., cough, shortness of breath, sore throat). Posters can be downloaded from NYC Health Department's [coronavirus provider webpage](#).
6. Train greeters and triage staff to place a face mask (also called surgical or procedure masks) on any patient who presents with fever, cough, shortness of breath, or sore throat.
7. Triage personnel should have a supply of face masks and tissues for patients with signs or symptoms of COVID-19-like illness. These should be provided to patients with symptoms of COVID-19-like illness upon arrival. Putting a face mask over the mouth and nose of a symptomatic patient can help prevent transmission to others.

How can hospitals best prepare for receiving and managing persons with possible or confirmed COVID-19?

CDC has several resources on its [Healthcare Facilities page](#) including:

- [Steps Healthcare Facilities Can Take](#)
- [Interim Guidance for Healthcare Facilities](#)
- [Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities](#)
- [Interim Guidance for Outpatient Hemodialysis Facilities](#)

Also visit the [Greater New York Hospital Association \(GNYHA\) website](#).

Clinical Management of Patients with Possible or Confirmed COVID-19

What is COVID-19-like illness?

COVID-19-like illness is described as new onset of **any** of the following that cannot be attributed to an underlying or previously recognized condition:

- Subjective fever or measured fever (temperature of 100.4 degrees F or 38.0 degrees C or greater)
- Cough
- Shortness of breath
- Sore throat



In children, fever with sore throat may be attributable to conditions other than COVID-19 (e.g., strep throat) and parent/guardian should be instructed to consult a health care provider to rule out other etiologies.

What is the difference between a confirmed and a possible case of COVID-19?

A confirmed case of COVID-19 is defined as an ill person with a positive laboratory test for COVID-19. A possible case of COVID-19 is defined as a person with COVID-19-like illness for whom testing was not performed.

Where can I find updated information for providers on COVID-19?

The NYC Health Department's response is evolving rapidly. Please see the Department's [provider webpage](#) and the [CDC provider webpage](#) for updated information on testing and clinical guidance.

Consider signing up for the NYC Health Department Health Alert Network (HAN). The HAN contains public health information for medical providers, including:

- Up-to-date health alert information, delivered to your inbox and archived on the web
- An online document library on public health topics

Visit the [HAN webpage](#) to learn more and to [subscribe to the HAN](#).

What should I tell patients who are worried or want to be tested for COVID-19?

Do NOT test non-hospitalized patients for COVID-19. Patients who can be safely managed at home should therefore be strongly advised to do so. Tell patients who are not hospitalized and who try to get tested that testing can lead to:

- Possible transmission of COVID-19 to others, especially health care workers, during travel and clinic visits.
- Worsening of the shortage of medical equipment, tests, and other resources that others in the hospital need more.
- Increased risk that they might get infected if they do not already have COVID-19 while traveling or visiting a medical clinic.
- A positive test result will likely not change the medical management of person with COVID-19 who is not hospitalized.
- A false negative result in a patient with COVID-19 could lead them to unnecessarily expose others.

For most people, whether they test positive or negative will not change what they should do — stay home and isolate if they have symptoms. A positive test result will not change that advice. See [NYC Health Advisory #8: Do not test non-hospitalized patients and preserve PPE](#).

What is the risk to pregnant people with COVID-19?

It is not currently known if pregnant people have a greater chance of getting sick or having more serious illness from COVID-19 than the general public. Pregnancy can sometimes weaken a person's immune system, increasing their risk of some infections. With viruses from the same family as COVID-19, and other viral respiratory infections, such as influenza, pregnant people have had a higher risk of developing severe illness. It is always important for pregnant people to protect themselves from viral respiratory infections. For more information, visit the [CDC's webpage on COVID-19 and pregnancy](#).

Does COVID-19 during pregnancy hurt the fetus?

It is not currently known if there is any risk to the fetus of a pregnant person who has COVID-19. There have been a small number of problems reported (e.g. preterm birth) in babies born to people who tested positive for COVID-19 during pregnancy. However, it is not clear that these outcomes were related to the birth parent's infection. To date, there have been a small number of studies of infants born to birth parents with COVID-19 who have tested negative for the COVID-19 virus. The virus was also not found in samples of amniotic fluid or breastmilk.

How should I treat a patient with possible or confirmed COVID-19?

- Currently, medical care for COVID-19 is supportive.
- Corticosteroids should be avoided unless they are indicated for other reasons (e.g., COPD exacerbation, septic shock).
- The antiviral remdesivir is being studied as one experimental treatment. Criteria for compassionate use of the drug as per the manufacturer Gilead include a confirmed SARS-CoV-2 infection, pneumonia and hypoxia (oxygen saturation $\leq 94\%$ on room air). Exclusion criteria may include creatinine clearance < 30 ml/min and liver function tests > 5 times normal. Clinicians interested in obtaining the drug can directly reach out to the National Institutes of Health (NIH) or Gilead. In addition, see [CDCs current Clinical Guidance](#). Off-label use of drugs without clinical data should be discouraged.
- Azithromycin and hydroxychloroquine are not recommended for management of non-hospitalized people with COVID-19 like illness. Reserve therapeutic agents such as azithromycin and hydroxychloroquine for patients who will benefit from their indicated use. As mandated by [New York State Executive Order](#), "no pharmacist shall dispense hydroxychloroquine or chloroquine except when written as prescribed for an FDA-approved indication or as part of a state approved clinical trial related to COVID-19 for a patient who has tested positive for COVID-19, with such test results documented as part of the prescription". No other experimental or prophylactic use shall be permitted, and any permitted prescription is limited to one fourteen day prescription with no refills.

Should individuals with COVID-19-like illness avoid NSAIDs or ACE inhibitors?

At this time, there are no reliable data to support claims that the use of non-steroidal anti-inflammatories (NSAIDs) may contribute to poorer outcomes in persons with COVID-19. Additionally, the [American College of Cardiology \(ACC\) released a statement](#) that:

Currently there are no experimental or clinical data demonstrating beneficial or adverse outcomes with background use of angiotensin-converting enzyme (ACE) inhibitors, angiotensin-receptor blockers (ARBs) or other renin-angiotensin-aldosterone system (RAAS) antagonists in COVID-19 or among COVID-19 patients with a history of cardiovascular disease treated with such agents. The Heart Failure Society of America (HFSA), ACC, and American Heart Association (AHA) recommend continuation of RAAS antagonists for those patients who are currently prescribed such agents for indications for which these agents are known to be beneficial, such as heart failure, hypertension, or ischemic heart disease.

What do I do when I discharge, or send home, a person with confirmed or possible COVID-19?

When preparing to discharge patients with confirmed or possible COVID-19 from the emergency or inpatient unit, or send them home from an outpatient health care facility, instruct them to self-isolate at home (see Guidance on Self-Monitoring and Home Isolation section below for details) and remind their household contacts to self-monitor (see below). The NYC Health Department does not require a negative COVID-19 test to release a patient from a health care facility or to have them return to work or school following self-isolation. If the patient is a health care worker, refer to the section below with questions specific to health care workers. Persons who have to travel using public transportation should be advised to use physical distancing (maintain a distance of 6 feet or more from other people), supply them with tissues and remind them to cover their mouth and nose with a tissue or sleeve when sneezing or coughing. They should not use their hands to cover their sneeze or cough.

How do I determine when to discontinue COVID-19 transmission-based precautions (e.g., droplet and isolation) for a patient with confirmed or possible COVID-19?

COVID-19 transmission based precautions for patients with possible and probable COVID-19 can be discontinued after 7 days have passed since the patient onset of illness, or the patient has been fever free (without the use of antipyretics) and their respiratory symptoms have begun to improve for at least 72 hours, whichever one is longer.

Testing and Reporting

How can I test for the virus that causes COVID-19?

At this point in the pandemic, the NYC Health Department strongly recommends against testing persons with mild or moderate illness who can be safely managed at home, unless a diagnosis may impact patient management. This means that testing should focus on the most ill or vulnerable persons that have been admitted to the hospital. This will minimize possible exposures to health care workers,



patients and the public and reduce the demand for personal protective equipment (PPE). Whenever possible, test for common causes of respiratory illness (e.g., influenza) before testing for COVID-19. COVID-19 testing is not indicated for persons who are asymptomatic. Several commercial and hospital-based laboratories are now offering COVID-19 testing using a molecular assay. In most cases, these tests will be conducted at no cost to the patient, per a New York State directive.

How can I request testing at the NYC Public Health Lab (PHL) for the virus that causes COVID-19?

NYC Health Department's PHL will only accept preapproved specimens for hospitalized patients with severe acute lower respiratory illness (e.g., pneumonia). To obtain approval for PHL testing, call the NYC Health Department Coronavirus Testing Call Center by calling the Provider Access Line (PAL) at 866-692-3641. If testing is approved, the clinical team should transfer patient specimens to the hospital's central laboratory and also provide the hospital's central laboratory with the unique identification number provided by the call center. The hospital's central laboratory should submit the necessary laboratory requisition online through PHL's eOrder. The hospital's central laboratory should then call back the PAL with the eOrder number and the unique identification number provided by the Call Center to arrange courier transportation of the specimen to PHL (the hospital can also arrange for its own courier to PHL). If you do not already have an eOrder account, please visit the [PHL webpage for more information](#).

What specimens should I collect for testing at PHL?

Specimens required for COVID-19 testing at PHL include one nasopharyngeal (NP) swab and one oropharyngeal (OP) swab **packaged in the same** viral transport medium (VTM) collection tube. One lower respiratory tract specimen (e.g., sputum) can also be submitted if it can be easily collected (e.g., bronchial or tracheal aspirate in patients who are on ventilator support).

How will PHL test results be reported to me?

All PHL test reports will be delivered by fax to the submitting laboratory. The report will also be available in eOrder. Providers should contact their hospital's central laboratory for test results. **The NYC Health Department will not report back results to patients on behalf of providers.**

Should providers report possible or confirmed COVID-19 cases to the NYC Health Department?

All positive test results will be sent directly from the laboratory to the NYC Health Department.

What do I tell my patient who has possible or confirmed COVID-19?

Any patient with laboratory confirmed COVID-19 or a COVID-19-like illness should be advised to self-isolate at home (see Guidance on Self-Monitoring and Home Isolation section below for details). The



NYC Health Department is not contacting individuals with confirmed COVID-19. Guidance can be found at nyc.gov/coronavirus.

Should a hospital notify patients if a health care worker has been exposed to COVID-19?

The NYC Health Department is not requiring hospitals to notify patients potentially exposed to COVID-19 by a health care worker. There is widespread community transmission and patients could have been exposed in the hospital or community. However, the hospital can issue their own notification letters if they would like.

I suspect my patient has COVID-19, but their test for the disease came back negative. What does this mean?

If a patient for whom the clinical suspicion of COVID-19 is high has a negative COVID-19 test result, the test result may be inaccurate. If there is reason to suspect an inpatient has COVID-19 despite a negative test result, consider retesting and continuing infection control practices appropriate for COVID-19. Outpatients with symptoms consistent with COVID-19 should not be tested. They should self-isolate at home (see Guidance on Self-Monitoring and Home Isolation section below for details). A negative test does not rule out COVID-19 in an individual with symptoms.

What can you tell me about the new serologic assays for COVID-19 that I have seen advertised?

Under a new policy, the Food and Drug Administration (FDA) is allowing commercial manufacturers to distribute diagnostic serology test kits when, according to the manufacturer, they have been validated and FDA has been notified of the manufacturer's intent. In contrast, the nucleic acid amplification-based diagnostic tests that have been used to this point in the U.S. were granted Emergency Use Authorization (EUA) by the FDA, after it had reviewed validation data submitted by each assay's manufacturer. The NYC Health Department asks New York City providers and clinical laboratories to consider not using new diagnostic serology tests coming into the marketplace now until they have been vetted properly by a neutral scientific agency and their reliability have been established.

Infection Prevention and Control

Do I need to manage patients with possible of confirmed COVID-19 in an airborne infection isolation room (AIIR)?

As per the [newest CDC guidance](#), patients can be managed with droplet precautions. This means that patients can be evaluated in a private examination room with the door closed. An AIIR is no longer required by the CDC unless the patient will be undergoing an aerosol-generating procedure (the CDC does not consider the collection of an NP or OP swab an aerosol-generating procedure).

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

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If a private exam room is not readily available, ensure that the patient is not allowed to wait among other patients seeking care. Identify a separate space that allows the patient to be separated from others by at least 6 feet, with easy access to respiratory hygiene supplies (e.g., tissues, trash can, hand sanitizer). In some settings, patients might opt to wait in a personal vehicle or outside the health care facility where they can be contacted by mobile phone when it is their turn to be evaluated.

What PPE is recommended while caring for someone with possible or confirmed COVID-19?

As per the [newest CDC guidance](#), patients can be managed with droplet precautions. The safety of health care workers is a top priority for the NYC Health Department. As we gain more understanding of COVID-19, our guidance will evolve. The use of standard, contact and droplet precautions with eye protection is appropriate when caring for patients who have possible or confirmed COVID-19. PPE should include a face mask (procedure or surgical mask) and gown and gloves and eye protection (goggles or face shield).

This means the NYC Health Department recommends health care workers do not need to use a fit tested N95 respirator or powered air purifying respirator (PAPR), and that patients can be evaluated in a private examination room with the door closed.

However, an N95 respirator or PAPR should be used during aerosol-generating procedures (e.g., intubation, suctioning, nebulizer therapy, some high flow oxygenation strategies) and when caring for patients with severe illness requiring intensive care. The CDC does not consider the collection of nasopharyngeal or oropharyngeal swabs to be aerosol-generating procedures.

What should outpatient providers do to protect themselves and their patients if they do not have access to appropriate PPE recommended by the NYC Health Department (as described above), or a separate room to examine a patient with suspected or confirmed COVID-19?

If a facility is not able to implement droplet precautions using PPE as defined in the previous question, and you have decided that testing for COVID-19 will change management, arrange transport to a facility that can safely evaluate the patient. If you already have a system in place to transfer a patient to another facility, use that system. Inform the receiving facility before notifying the transport entity.

Where can I find information on how to conserve PPE?

Rapidly diminishing supplies of PPE are being reported. Supplies of PPE must be reserved for high-risk procedures due to potential supply chain constraints. Ample studies indicate the safety of droplet precautions which may also help prevent the complete exhaustion of fit-tested N95 respirators and PAPRs; higher-level PPE will continue to be needed to protect health care workers during critical and medically necessary aerosol-generating procedures (e.g., intubation, suctioning) throughout the course of this outbreak. The New York State Department of Health (NYSDOH) and NYC Health Department are monitoring the need and supply of PPE among health care providers and will advise of any updates as



needed.

Strategies for optimizing the supply of PPE

To manage shortages or the complete lack of PPE supplies, facilities should use a variety of interventions to work within the contingency and crisis capacity scenarios. General interventions to minimize the need for PPE may include:

- Implement telemedicine options whenever possible.
- Install physical barriers (e.g., glass or plastic windows) at reception areas to limit contact between triage personnel and potentially infectious patients.
- Restrict the number of health care workers entering rooms with COVID-19 patients and bundle care activities.
- Use [PPE recommended by the NYC Health Department for caring for patients with COVID-19](#).
- Educate and train staff on correct PPE use and appropriate donning and doffing procedures.

Contingency and crisis strategies have been developed by the NYC Health Department and the CDC. Refer to this guidance using the links provided:

For goggles or face shields, face masks, and gowns:

- Refer to [CDC's guidance on strategies for contingency and crisis capacity for eye protection](#).
- Refer to [CDC's guidance on how to optimize gowns supply during contingency and surge capacity](#).
- Refer to [CDCs guidance on how to optimize facemasks supplies following contingency and surge capacity strategies](#).

For N95 respirators:

- [NYC Health Department strategies to conserve respiratory PPE](#) can be found online.
- CDC recommends that N95s that have exceeded their manufacturer-designated shelf life should be used only as outlined in the [Strategies for Optimizing the Supply of N95 Respirators](#).
- [More information about the use of expired respirators when supplies are low can be found on the CDC website](#) as well as [guidance on what to check to make sure they are still good](#).
- Refer to [CDC's detailed guidance on how to optimize N95 respirator supplies including contingency and crisis strategies](#).
- Information on [the use of N95 respirators beyond the manufacturer's shelf life](#) can also be accessed online.
- On March 14th, the Occupational Safety and Health Administration (OSHA) released Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak. [The guidance can be found online](#). A fit test is



required for anyone wearing a respirator to protect against COVID-19. Annual fit test can be temporarily suspended if the employee has already been fit tested to that respirator.

Can I get masks and other supplies from the emergency stockpile?

Currently, PPE in the stockpile that is available to health care facilities and providers in NYC includes N95 respirators, N95 respirators that are labelled expired, face masks, eye protection (goggles and face shields), gloves, and isolation gowns. Due to the overwhelming demand for supplies, severe shortages in the supply chain, and limited stockpiled resources, requests for PPE will be prioritized based on the facility and provider type and stratified by the type of patient care provided. At this time requests will only be considered from hospitals, emergency medical services (EMS), nursing homes, dialysis centers, visiting nurses providing necessary medical care (e.g., wound care) to patients with suspected or confirmed COVID-19; home care organizations providing services to some clients with confirmed or suspected COVID-19; and group homes for low-functioning residents, licensed by the New York State Office for People with Developmental Disabilities (OPWDD), and whose staff routinely have close physical contact when caring for the residents.

When can I discontinue isolation precautions for a patient with possible or confirmed COVID-19?

NYC Health Department advises that isolation precautions can be discontinued for hospitalized and residential patients after at least seven days from their symptom onset OR 72 hours after their fever has ended without fever-reducing medicines and their symptoms are improving, whichever is longer.

The New York State Department of Health may have differing recommendations, and NYS DOH regulated facilities should refer to them for guidance.

Cleaning Health Care Facilities and Ambulances

How long does SARS-CoV-2 survive on surfaces?

How long a virus can survive on a surface depends on several factors, including:

- The characteristics of the virus itself
- The type of surface
- Environmental conditions, including temperature, humidity, and exposure to sunlight
- Cleaning products used

Some early scientific evidence suggests that viable SARS-CoV-2 can survive for 2 to 3 hours on surfaces like stainless steel, though this was determined under experimental conditions and does not necessarily occur outside of a laboratory-controlled setting. However, it does highlight there is a role for appropriate cleaning and decontamination of the environment in certain settings (see Infection Prevention and Control section). Person to person spread is thought to be the most important driver of transmission.

After a person with suspected or confirmed COVID-19 exits an exam room, what is the recommended cleaning and down-time before the room can be returned to routine use?

If no aerosol generating procedure was performed, an exam room can immediately be cleansed using routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant). Focus on frequently touched surfaces or objects for appropriate contact times as indicated on the product's label and use products which are appropriate for SARS-CoV-2 in health care settings. Cleaning staff should use gown and gloves; if there is a risk of splash, include mask and eye protection.

Refer to the [List N of Disinfectants for Use Against SARS-CoV-2](#) on the Environmental Protection Agency (EPA) website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

If an aerosol generating procedure was performed, it is reasonable to wait two hours, an amount of time that is commonly used for pathogens spread by the airborne route (e.g., measles, tuberculosis). The room should undergo appropriate cleaning and surface disinfection before it is returned to routine use. Anyone entering a room before two hours after a patient exits should use appropriate personal protective equipment as determined by your facility.

What is the recommendation for environmental cleaning products in clinical settings?

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in health care settings, including patient-care areas in which aerosol-generating procedures are performed. Clean frequently touched, non-porous surfaces and objects with cleansers and water prior to applying an EPA-registered, hospital-grade disinfectant that is effective against coronaviruses. Refer to the product label for appropriate contact time. Refer to the List N of Disinfectants for Use Against SARS-CoV-2 on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

How should standard medical waste (e.g., sputum cup) from a patient suspected or confirmed to be infected with SARS-CoV-2 be handled?

The SARS-CoV-2 virus is not a Category A infectious substance. Waste contaminated with SARS-CoV-2 should be treated routinely as regulated medical waste. If your contract waste company is applying stricter criteria, the facility should address the issue directly with the contractor.

- Management of laundry, food service utensils and medical waste should also be performed in accordance with routine procedures.
- Use personal protective equipment, such as puncture-resistant gloves and face or eye protection to prevent worker exposure to medical waste, including sharps and other items that can cause

injuries or exposures to infectious materials.

- Regulated medical waste information is available in:
 - CDC’s guidelines for environmental infection control in health care facilities
 - [CDC’s interim infection prevention and control recommendations for hospitalized patients with MERS](#)
 - [OSHA’s general MERS infection prevention and control recommendations](#).

If a person with suspected or confirmed COVID-19 is transported in an ambulance, what is the cleaning procedure and down-time recommendation before that ambulance is allowed back into service?

When no aerosol generating procedure was performed, routine disinfection procedures for ambulances are recommended. Any waste generated is not considered Category A waste. Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient according to the equipment and disinfectant manufacturers’ instructions for use.

If an aerosol generating procedure was performed the current down-time recommendation is to take an ambulance that was used to transport a patient with suspected COVID-19 out of service for two hours, consistent with the recommendation for airborne pathogens such as measles or tuberculosis. Alternatively, determine when the ambulance is safe to use again by using the ambulance manufacturer’s guidance to determine when the vehicle’s passenger compartment air changes per hour will remove 99.9% of airborne contaminants.

For additional information, see CDC guidance: [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PSAPs\) for COVID-19 in the United States](#)

Self-Monitoring, Quarantine, Isolation and Having Contact With a Person With COVID-19

What is the difference between quarantine and isolation?

Isolation and quarantine are different. These two terms are not interchangeable. Isolation refers to the separation of sick people with a contagious disease from people who are not sick. Quarantine refers to the separation of asymptomatic people who were exposed to a contagious disease to see if they become sick. The NYC Health Department is not issuing either mandatory isolation or quarantine orders for persons with COVID-19. People who are sick with possible or confirmed COVID-19 need to self-isolate at



home: “If you are sick, stay home.” Refer to the guidance on Self-Isolation for COVID-19 question below for details.

What is self-monitoring?

To help prevent further spread of COVID-19, all New Yorkers should **self-monitor** daily (see Guidance on Self-Monitoring for details). The virus causing COVID-19 is now spreading rapidly in NYC and all New Yorkers should act as if they have possibly been exposed to COVID-19. Self-monitoring is an important tool to help people remember to recognize when they are becoming sick so they can self-isolate at home and avoid infecting others. Self-monitor every day for the onset of any of the following new symptoms that cannot be attributed to another preexisting condition (e.g., asthma, emphysema):

- Fever (temperature 100.4 degrees F or 38.0 degrees C or greater) or begin to feel warm
- Cough
- Shortness of breath
- Sore throat

Note: In children, fever with sore throat may be due to conditions other than COVID-19 (e.g., strep throat) and parents/guardians should be instructed to consult a health care provider to rule out other etiologies.

Assume that anyone who has developed these symptoms has COVID-19. If their symptoms are mild or moderate and they can be safely managed at home, they should be advised to follow the home isolation measures below, and that that they do not need to seek medical care unless they have worsening illness which may include difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to stay awake or bluish lips or face.

Testing for COVID-19 is not currently recommended for people with mild or moderate illness, unless a diagnosis would impact patient management.

Are non-respiratory symptoms such as diarrhea, generalized weakness, or malaise suggestive of COVID-19?

COVID-19 like illness is defined as new fever, shortness of breath, cough, or sore throat. Patients with COVID-19 like illness may also present with other symptoms (e.g., diarrhea, weakness, malaise, loss of sense of smell or taste), but these symptoms alone do not meet criteria for COVID-19 like illness.

Should I tell my patient who has possible or confirmed COVID-19 to isolate themselves at home while they are sick?

Yes. Persons with either of the following:

- 1) A positive test result for COVID-19
- 2) Any subjective or measured fever (100.4 degrees F or 38.0 degrees C or greater), cough, shortness of breath or sore throat that is not due to an underlying or known medical condition (such as asthma or emphysema)

Should be directed to self-isolate by staying home for at least seven days after their symptoms started or at least 72 hours after their respiratory symptoms have begun to improve and fever has ended without fever-reducing medicines, whichever one is longer. Examples:

- Fever begins on March 1 and lasts until March 3. Remain isolated until March 8 (seven days from beginning of symptoms)
- Cough begins on March 1 and does not begin to significantly improve until March 8 which is also your last day of fever. Remain isolated until March 11 (three days from fever ending and symptom improvement)

Upon completion, persons can return to their normal activities within the context of current New York State or New York City executive orders. Note: Health care workers and other staff employed by a facility regulated by the New York State Department of Health (e.g., an Article 28 Facility) or a jurisdiction outside of NYC should check with their employer before returning to work as the employer may have a different policy regarding COVID-19.

What if a patient no longer has upper respiratory symptoms or fever, but is still having diarrhea after 7 days?

Use clinical judgment in advising patients with non-respiratory symptoms after 7 days.

Should patients who have symptoms after 7 days be tested for COVID-19?

No, testing is recommended only for hospitalized patients. Testing will not change the management of patients with mild or moderate illness.

What should I do if a patient who is at home with possible or confirmed COVID-19 develops severe symptoms?

If a patient develops severe symptoms (e.g., difficulty or rapid breathing, constant pain or pressure in the chest, new confusion or inability to stay awake, bluish lips or face) that would usually require an urgent evaluation, direct them to call **911** and to alert the operator that they have or may have COVID-19. If their symptoms do not require urgent care but do need to be evaluated, advise them to put on a face mask and, if possible, walk or take a private vehicle to their provider. Advise them to call ahead to let the staff know that they have or may have COVID-19, and to notify staff again upon their arrival.



What should I tell patients who had contact with someone with known or suspected COVID-19?

All New Yorkers, especially those who have had close contact with a person with possible or confirmed COVID-19, should self-monitor for the onset of a new illness. Close contact includes residing with or providing care to someone in the household of the ill person or being an intimate partner of the ill person. Close contacts should monitor their health *at all times*, but particularly for 14 days starting from the last time there was close contact with the person while they were ill. If a close contact develops fever, cough, shortness of breath, or sore throat, they should isolate themselves at home and adhere to guidance on self-isolation for persons with confirmed or possible COVID-19. They should only seek health care if they have severe or worsening illness (e.g., difficulty or rapid breathing, constant pain or pressure in the chest, new confusion or inability to stay awake, bluish lips or face).

Asymptomatic people who may have had contact with someone with COVID-19 do not need testing for SARS-CoV-2.

Guidance for NYC Health Care Workers in Health Care Facilities Not Regulated by the New York State Department of Health or Who Work in a Jurisdiction Outside of NYC

Which facilities are/are not regulated by New York State?

New York State regulates Article 28 facilities; Article 28 facilities include hospitals, nursing homes, acute care clinics, and diagnostic and treatment facilities. Article 28 status can be checked at the following link: <https://health.data.ny.gov/Health/Health-Facility-General-Information/vn5v-hh5r>

What self-monitoring steps are recommended for health care workers?

Because COVID-19 is spreading in the community, health care workers are at risk of exposure to COVID-19 in both the workplace and the community. Therefore, the NYC Health Department is asking ALL health care workers, regardless of whether they have had a known SARS-CoV-2 exposure, to self-monitor by taking their temperature twice daily and assessing themselves for COVID-19-like illness. If a health care worker develops COVID-19-like illness, they should NOT report to work. If onset occurs while working, they should immediately leave the patient care area and isolate themselves from other people.

What should I recommend to an asymptomatic health care worker who tests positive COVID-19?

Given current shortages in PPE, collection swabs, viral transport media and testing reagents, **do not test asymptomatic and/or exposed health care workers**. However, if testing is done against public health recommendations, asymptomatic health care workers who have a positive test result for COVID-19



should not go to work. The health care worker should monitor their health at home for COVID-19-like illness for a total of seven days from the date of specimen collection. If the health care worker remains symptom free, they may return to work. If the health care worker develops COVID-19-like illness during the seven-day self-monitoring period, they will need to self-isolate for an additional seven days from symptom onset or until they have been afebrile for 72 hours off antipyretics, whichever is longer, before they return to work. Refer to [NYC Health Department guidance online for details on COVID-19-like illness and guidance on self-isolation specific to health care workers](#).

What if a health care worker develops COVID-19-like illness while not at work?

Health care workers with COVID-19-like illness should stay home and immediately notify their supervisor. Visit the [NYC Health Department COVID-19 webpage](#) for more information. At the completion of self-isolation (see section on Guidance on Self-Monitoring and Home Isolation for more information), health care workers should check with their employer before returning to work.

Do facilities need to report to the NYC Health Department any health care worker with possible of confirmed COVID-19?

No, facilities do not need to report to the NYC Health Department any health care workers with possible or probable COVID-19. Health care workers who are ill should self-isolate (see Guidance on Self-Monitoring and Home Isolation section below for details).

Do facilities need to report to the NYC Health Department any health care worker with exposure to a COVID-19 case?

No, facilities do not need to report health care workers who have had an exposure to a COVID-19 case to the NYC Health Department. All health care workers should be instructed to self-monitor twice daily.

Should facilities notify patients who may have been exposed to COVID-19 while at their facility?

Facilities may consider notifying patients and other health care workers who were in **close contact** with a health care worker or hospital roommate with confirmed COVID-19; however, no personal identifiers should be released.

Can the NYC Health Department tell us if any of our recent patients or health care workers were exposed to or diagnosed with COVID-19 outside of our facility?

No, the NYC Health Department is unable to release test results.



Does a health care worker with COVID-19-like illness need to get tested?

No. the NYC Health Department does not recommend testing for anyone, including health care workers, who have mild or moderate illness. However, individual facilities may have differing policies for whether to test a health care worker who may have COVID-19. Testing of health care workers who do not meet PHL criteria should be done using a commercial or hospital-based laboratory.

Can health care workers who have had exposure to a known COVID-19 be with their family?

Yes. Health care workers should practice social distancing and monitor their temperature two times per day (every morning and evening) with one being immediately before starting a shift. Only if/when they develop COVID-19-like illness should they isolate themselves immediately from other people to the extent possible in the household (see Guidance on Self-Monitoring and Home Isolation section for details).

When can a health care worker with possible or confirmed COVID-19 return to work?

The NYC Health Department does not need to give clearance, nor does it require a negative test, to allow a health care worker to return to work. Refer to the [NYC Health Department COVID-19 webpage](#) for additional information.

Health care workers and other staff employed by a facility regulated by the New York State Department of Health (NYSDOH) (e.g., an Article 28 Facility) or a jurisdiction outside of NYC should check with their employer before returning to work as the employer may have a different policy regarding COVID-19.

How will we be notified of patients who were evaluated at our facility, then subsequently diagnosed with COVID-19 elsewhere?

Due to high volume, the NYC Health Department will not be able to conduct case investigations for all confirmed cases, so you will no longer receive updates regarding possible exposures from patients or staff at your facility.

What is considered a high-risk exposure for a health care worker?

High-risk exposures include:

- 1) An unmasked provider having prolonged close contact (less than 6 feet for more than a few minutes) with an unmasked confirmed COVID-19 patient
- 2) A provider not wearing eye protection while present for an aerosol-generating procedure (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction)
- 3) A health care worker present for an aerosol generating procedure while not wearing a respirator



Do we need to furlough (send home) health care workers who have had a high-risk exposure?

No, in the context of sustained community transmission of COVID-19, ALL health care workers should self-monitor for illness consistent with COVID-19 because all health care workers are at risk of unrecognized exposures. See the [NYC Health Department Guidance](#).

Instead, health care workers with a high-risk exposure to a patient with confirmed COVID-19 should take extra care to monitor their health but can keep working. **There is no requirement for 14-day quarantine of health care workers with high-risk exposures.** They should self-monitor at least twice daily for subjective fever or measured temperature of 100.4 F or 38 degrees C or greater, cough, shortness of breath, or sore throat, as well as new onset of low acuity symptoms that may be associated with early signs of infection with COVID-19, including muscle aches, malaise (feeling tired or run down), runny nose, or stuffiness or congestion.

Timing of these checks should be at least eight hours apart with one check immediately before each health care shift. If any of these signs/symptoms develop then the health care worker should not come to work. If symptoms develop at work, the health care worker should immediately leave the patient care area, isolate themselves, and notify their supervisor (see Guidance on Self-Monitoring and Home Isolation section for details).

[CDC has advised](#) that health care facilities consider allowing asymptomatic health care workers exposed to a confirmed COVID-19 patient to work while wearing a surgical mask. **However, the NYC Health Department continues to stress that a surgical mask may not be necessary given the restricted supply of surgical masks and because ALL providers should be self-monitoring.** If they are sick, they should stay home. Given the limited availability of personal protective equipment, if surgical masks are used by asymptomatic exposed providers at work, use should be limited to those who have had known high-risk exposures or are involved in care of vulnerable patients (e.g., age 50 or older, chronic lung disease, heart disease, diabetes, or those who are immunocompromised).

Information for Healthcare Workers in Healthcare Facilities Regulated by the New York State Department of Health

Health care facilities and workers regulated by the New York State Department of Health (NYSDOH) are encouraged to reach out to their employer or the NYSDOH for the most recent and comprehensive guidance. Guidance is changing, and the answers provided below may not be correct.

How do I contact the NYSDOH or a NYS Local Health Department (LHD)?

[NYS LHD contact information is available online](#). Providers who are unable to reach the LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or the NYSDOH Public Health Duty Officer at 866-881-2809 evenings, weekends, and holidays.



If a health care worker from a facility that is regulated by the NYSDOH is positive for COVID-19, when can they come back to work?

Health care workers who work at a facility regulated by the NYSDOH should check with their employer.

Do all symptomatic health care workers who work at a facility that is regulated by the NYSDOH need to be tested if exposed to a known COVID-19 case?

Health care workers who work at a facility regulated by the NYSDOH should check with their employer.

Do facilities regulated by the NYSDOH need to report any symptomatic health care workers who have had exposure to a COVID-19 case?

Article 28 facilities should report these exposures to New York State. See contact information below.

Should a facility that is regulated by the NYSDOH contact patients who came in contact with a suspected or positive COVID-19 health care worker while they were symptomatic?

Article 28 facilities must follow NYSDOH guidance.

Can the NYC Health Department tell us if any of our recent patients or health care workers were exposed to or diagnosed with COVID-19 outside of our facility?

The NYC Health Department is unable to release test results, unless the results are related to the care of the patient. If so (and results are known), we can provide test results to the provider/facility responsible for care.

Am I, or do I work at an Article 28 Facility?

Facilities can look up their article 28 status at the following link:

<https://health.data.ny.gov/Health/Health-Facility-General-Information/vn5v-hh5r>

Do we need to furlough (send home) a health care worker if they have a suspected case or was possibly exposed?

Contact the NYSDOH for guidance.



Visitors to Hospitalized Persons with Suspected or Confirmed COVID-19

How should health care facilities manage visitors to a patient with suspected or confirmed COVID-19?

Provide clear messaging that visitors should not enter the facility when they are ill and as best as possible, limit visits to your facility by persons with suspected or confirmed COVID-19. All visits to persons with suspected or confirmed COVID-19 should be scheduled. Upon a visitor's arrival at the facility be sure to:

- Screen visitors for symptoms of acute respiratory illness (e.g., fever, cough, shortness of breath, sore throat) before entering the health care facility.
- Evaluate whether the visitor might have underlying illness putting them at higher risk of severe COVID-19 and whether they have the ability to comply with precautions.
- Direct visitors to follow respiratory hygiene and cough etiquette precautions while in the facility.
- Provide instruction before visitors enter patients' rooms, on hand hygiene and limiting surfaces touched.
- Have visitors use PPE according to current facility policy while in the patient's room.
- Maintain a record (logbook) of all visitors who enter patient rooms.
- Remove visitors from the room during and for two hours after any aerosol-generating procedures.
- Instruct visitors to limit their movement within the facility.

Patient Mental Health

How do I help a patient who seems overwhelmed or distressed about being tested for, diagnosed with, or otherwise affected by COVID-19?

Emotional reactions to stressful situations such as this emerging health crisis are expected. Remind patients that feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal. If symptoms become worse, last longer than a month, or if someone struggles to participate in their usual daily activities, encourage them to reach out for support and help. People in NYC can call NYC Well at **888-NYC WELL (888 692-9355)**, or text "WELL" to **65173** for access to a confidential help line that is staffed 24/7 by trained counselors who can provide brief supportive therapy, crisis counseling, and connections to behavioral health treatment and support in over 200 languages. Trained counselors will listen to the caller's concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.



Telehealth

Where can I find general information about telehealth

You can refer to the [National Consortium of Telehealth Resource Centers](#) web site, “[COVID-19 Telehealth Toolkit](#)” and the Special Edition Medicaid Update entitled “[Comprehensive Guidance Regarding Use of Telehealth including Telephonic Services During the COVID-10 State of Emergency](#)”

For Medicaid FFS telehealth/telephonic coverage and policy questions you can call

The Medicaid Office of Insurance Programs

Division of Program Development and Management

(518) 473–2160

Telehealth.Policy@health.ny.gov

Where can I find information about MEDICAID and telehealth reimbursement.

For comprehensive guidance on telehealth, telephone communications and reimbursement for Medicaid please refer to the [NYS DOH Medicaid Update](#) web site and visit “COVID-19 Special Edition Publications”.

More Information

- [NYC COVID-19 Information for Providers](#)
- [NYC Guidance for Colleges and Universities](#)
- [CDC COVID-19 Information for Health Care Professionals](#)
- Sign up for [health alerts from the NYC Health Department](#)

Sign up for [alerts from the CDC](#)