FAQ About COVID-19 for Health Care Providers

This document contains answers to common questions about COVID-19. For updated information and guidance on COVID-19, visit the provider webpages of the New York City Department of Health and Mental Hygiene (NYC Health Department), New York State Department of Health (NYSDOH) and U.S. Centers for Disease Control and Prevention (CDC).

For information on COVID-19 vaccines, including COVID-19 vaccine FAQs, visit the NYC Health Department’s COVID-19 Vaccine Information for Providers webpage.

New or updated questions include:

- How does SARS-CoV-2 spread?
- Which variants have been seen in the U.S. and which ones are of concern?
- How long must isolation and transmission-based precautions continue for people with COVID-19 who are hospitalized or reside in a nursing home, adult care facility or other congregate setting with vulnerable residents?

Clinical Presentation and Risk For Severe COVID-19

What are the symptoms of COVID-19?
A list of symptoms may be found here.
Who is at an increased risk for severe COVID-19?
Factors including older age and preexisting medical conditions are associated with an increased risk of severe COVID-19. An updated list of these factors may be found on the NYC Health Department and CDC webpages. Encourage patients who are age 65 or older or have underlying medical conditions associated with severe COVID-19, as well as their household members and caregivers, to get vaccinated. Those who are not vaccinated should take increased precautions, including practicing physical distancing and wearing a face covering when outside the home.
Accumulating evidence indicates that people fully vaccinated with an mRNA vaccine, who do not have an immunocompromising condition, are able to engage in most activities with very low risk of acquiring or transmitting SARS-CoV-2. Because there are insufficient data on the efficacy of vaccines among immunocompromised people, providers should advise such patients to consider continuing the above precautions, even after full vaccination.

Advise people at increased risk for severe COVID-19 to contact you or another provider if they develop COVID-19 symptoms so that care may be escalated promptly.

See How can providers care for high-risk patients with possible or confirmed COVID-19?

What is multisystem inflammatory syndrome?
Multisystem inflammatory syndrome in children (MIS-C) is a rare syndrome associated with SARS-CoV-2 that has been observed among children and young adults in NYC and elsewhere. For more information, refer to NYC Health Alert #16 and NYC Health Department MIS-C guidance for ambulatory care providers. Immediately report all cases of suspected MIS-C to the NYC Health Department by calling the Provider Access Line (PAL) at 866-692-3641. There have also been several reports of a similar multisystem inflammatory syndrome in adults (MIS-A). For additional information, see the CDC MIS-A webpage.

Transmission

How does SARS-CoV-2 spread?
The most common and efficient mode of SARS-CoV-2 transmission is from person to person through exposure to respiratory fluids carrying infectious virus. Exposure occurs three principal ways: (1) inhalation of very fine respiratory droplets and aerosol particles, (2) deposition of respiratory droplets and particles on exposed mucous membranes in the mouth, nose, or eye by direct splashes and sprays, and (3) touching mucous membranes with hands that have been soiled either directly by virus-containing respiratory fluids or indirectly by touching surfaces with virus on them.

Once infectious droplets and particles are exhaled, they move outward from the source. The risk for infection decreases with increasing distance from the source and increasing time after exhalation. Transmission through inhalation at distances greater than six feet from an
infectious source are less likely than at closer distances, but can occur, particularly in the following circumstances or conditions:

- Enclosed spaces with inadequate ventilation or air handling, within which the concentration of fine droplets and aerosol particles can build up
- Increased exhalation of respiratory fluids, such as may occur if the infectious person is engaged in physical exertion or raises their voice (e.g., exercising, singing, shouting)
- Prolonged exposure to such conditions (typically more than 15 minutes)

See the [CDC scientific brief](https://www.cdc.gov/coronavirus/2019-ncov/hcp/droplet-prevention.html) for more information.

The virus may be transmitted by people who are infected and either symptomatic or asymptomatic. The CDC estimates that 40% of people who are infected are asymptomatic and that 50% of transmission occurs from people who are infected and either presymptomatic or asymptomatic. See [CDC COVID-19 FAQs](https://www.cdc.gov/coronavirus/2019-ncov/FAQs.html) for additional information.

### When are people with COVID-19 infectious to others?
Among people who develop symptomatic COVID-19, infectiousness appears to be highest starting approximately two days before symptom onset and gradually declines during the following week. In studies, for the vast majority of patients with COVID-19, it has not been possible to isolate infectious virus more than 10 days after symptom onset. However, severely ill or immunocompromised people may shed viable virus for a longer period of time.

### How can individuals prevent COVID-19 transmission?
The most effective way to prevent transmission is to get vaccinated. COVID-19 vaccines are effective in preventing symptomatic COVID-19, and a growing body of evidence suggests that fully vaccinated people are also less likely to have asymptomatic infection, and therefore less likely to transmit SARS-CoV-2 to others. Other ways to reduce the risk of getting or spreading COVID-19 include avoiding large gatherings or crowded indoor settings, maintaining physical distance from others, washing hands frequently, **wearing a face covering** when indicated, and staying home while sick (except to get medical care and other needs).

### Is it recommended for people to wear two face coverings or masks?
People may consider wearing two face coverings (a cloth face covering over a disposable mask). This may be especially beneficial to unvaccinated people at increased risk of severe COVID-19 or exposure, such as caregivers of someone who is sick or people who are in prolonged close contact with non-household members while indoors. See the NYC Health Department’s [COVID-19 Face Coverings: Frequently Asked Questions](https://www1.nyc.gov/site/doh/health/health-topics/coronavirus-face-coverings-faq.page) and [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/face-coverings.html) for more information about face coverings in non-clinical settings.

The [CDC conducted experiments](https://www.cdc.gov/coronavirus/2019-ncov/hcp/droplet-prevention.html) to assess two ways of improving the fit of medical procedure masks: fitting a cloth mask over a disposable mask, and knotting the ear loops of a disposable mask and then tucking in and flattening the extra material close to the face. Each modification substantially improved source control and reduced wearer exposure. These experiments did not include any other combinations of masks, such as cloth over cloth, medical procedure...
mask over medical procedure mask or medical procedure mask over cloth. The experiments highlight the importance of good fit to maximize mask performance; however, the results cannot be generalized to everyone, such as children (with smaller faces) or those with facial hair. Currently, recommendations are for universal masking, ensuring a good fit, and continued physical distancing and hand hygiene.

**Which variants have been seen in the US and which ones are of concern?**

Genetic variants of SARS-CoV-2 have been emerging and circulating around the world during the time of the COVID-19 public health emergency. Viral mutations and variants in the United States are routinely monitored and a classification scheme is used to define three classes of SARS-CoV-2 variants:

- **Variant of interest**: have a specific genetic markers associated with changes to receptor binding, reduced neutralization by antibodies generated against previous infection or vaccination, reduced efficacy of treatments, potential diagnostic impact, or predicted increase in transmissibility or disease severity. Variants of interest include B1.526, B1.617 and P2.
- **Variant of concern**: have evidence of increased transmissibility, more severe disease (e.g., increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures. Variants of concern include B.1.1.7, B.1.351, P.1, B.1.427,and B.1.429.
- **Variant of high consequence**: have clear evidence that prevention measures or medical countermeasures have significantly reduced effectiveness relative to previously circulating variants. To date, no variants of high consequence have been identified in the United States.

Refer to the [CDC](https://www.cdc.gov) for additional information and the [NYC Health Departments main COVID-19 page](https://www1.nyc.gov/site/doh/covid.page) for a regularly updated report on variants detected in NYC.

**Clinical Management**

**Where can I find information on how to treat COVID-19?**

Currently, medical care for COVID-19 includes supportive care and the option to use remdesivir or various investigational therapeutics (for example, corticosteroids, monoclonal antibodies and convalescent plasma) depending on clinical indications. For more information, see the CDC’s [clinical guidance for confirmed cases of COVID-19](https://www.cdc.gov/covid19/patients/index.html) and the National Institutes of Health’s [treatment guidelines](https://wwww.ncbi.nlm.nih.gov/nih/coronavirus/clinical-guidance/

**How can providers care for high-risk patients with possible or confirmed COVID-19?**

If a patient with risk factors for severe disease has possible or confirmed COVID-19, consider whether telehealth can be used to evaluate the patient or whether in-person assessment is required. If you determine the patient does not require in-person or emergency care:
• Advise them to call you or their primary provider if their symptoms worsen.
• Instruct them call 911 immediately if they develop severe symptoms of any kind, including trouble breathing, chest pain, alteration in mental status or cyanosis.
• Consider scheduling follow-up during the second week of illness due to possible decompensation during this period.
• Consider using pulse oximetry to enhance home monitoring. Guidance for providers on how to incorporate pulse oximetry into home monitoring may be found here. Information for patients on how to use pulse oximeters is available here.

Consider early use of monoclonal antibody (mAb) therapy, which is strongly recommended for nonhospitalized patients with mild to moderate COVID-19 at high risk of progression to severe disease. When given early after symptom onset, mAb treatments can decrease the risk of hospitalization and death due to COVID-19. See NYC Health Department guidance on identifying and triaging patients at increased risk for severe COVID-19 for additional information.

Where can I find more information about monoclonal antibody therapy?
There are several resources available on the NYC Health Department Provider COVID-19 webpage including:
• Dear Colleague: COVID-19 Monoclonal Antibody Treatment in the Outpatient Setting
• Patient Handout: Monoclonal Antibody Treatment for COVID-19 (available in multiple languages)
• Monoclonal Antibody Treatment Locations
• U.S. Health and Human Services: Monoclonal Antibody Distribution Locations
• NYC Health + Hospitals: Monoclonal Antibody Eligibility Screening Tool
• U.S. Health and Human Services: Monoclonal Antibody Resources for Health Care Professionals

Can people become reinfected?
There are a growing number of case reports of individuals being reinfected after recovering from COVID-19. However, reinfection appears to be rare, and according to a Danish study, may be more common among those age 65 and over. Currently, it is unknown if recovered individuals are generally immune to SARS-CoV-2 reinfection because biologic markers of immunity have not been correlated with protection from infection in humans. However, according to the CDC, available evidence suggests that most recovered individuals would have a degree of immunity for at least three months following initial diagnosis of COVID-19. Whether reinfection may play an important role in the future course of the public health emergency, especially with the emergence of several virus variants, is unknown. See the European Centre for Disease Prevention and Control’s summary of evidence on this topic.

What if a patient tests positive for SARS-CoV-2 after recovering from COVID-19?
People who have recovered from COVID-19 may continue to have detectable, but noninfectious, viral RNA for months. Therefore, a positive result from a nucleic acid amplification (NAA) assay (for example, a real-time reverse transcriptase polymerase chain
reaction [PCR test) of a specimen collected weeks after recovery from an initial infection likely indicates prolonged viral RNA detection, rather than a new infection. For this reason, asymptomatic individuals who have recovered from COVID-19 should not be retested during the 90 days following infection, unless new symptoms develop. Evidence is summarized by the CDC and described in HAN#38.

What if someone who recovered from COVID-19 has new symptoms of COVID-19? Someone who has recovered from COVID-19 and then develops new symptoms of COVID-19 may need a repeat evaluation for COVID-19 even if it is within 90 days of the initial infection, especially if the person has had recent contact with someone with confirmed COVID-19. Consider consultation with an infectious disease specialist. See CDC recommendations for further information.

Testing and Reporting

How can I test for the virus that causes COVID-19? Tests used for diagnostic purposes should be limited to NAA and antigen-based tests that have been issued an Emergency Use Authorization by the U.S. Food and Drug Administration. For a detailed overview, refer to the NYC Health Department Testing Summary. Check with your diagnostic laboratory to determine which specimens are appropriate for the tests they offer.

In general, NAA tests should be used for screening. However, an antigen-based assay may be considered for screening in certain settings (for example, schools and workplaces) or in congregate settings that conduct frequent testing under Centers for Medicare and Medicaid Service enforcement discretion. For information on screening for COVID-19, see Who should undergo routine screening for COVID-19?

Who should get tested for COVID-19? People with symptoms of COVID-19 should get tested even if they’ve been vaccinated. Prompt diagnosis of COVID-19 can particularly benefit patients with an increased risk of severe disease, including older adults and people with underlying health conditions, who may benefit from monoclonal antibody treatment (see Where can I find more information about monoclonal antibody therapy?) or close monitoring for worsening symptoms.

Testing is not necessary for asymptomatic people who are fully vaccinated or who recently had and recovered from COVID-19 in the preceding three months (starting from the date their symptoms began or, if they had no symptoms, from the date they were tested), unless testing is required for work, school, travel or another reason.

Consider testing for asymptomatic persons who are not fully vaccinated or diagnosed with COVID-19 in the preceding three months for the following:
• 3-5 days after having close contact with someone while they had COVID-19, returning from travel or attending a large indoor gathering.
• Before going to a wedding or other large event, or visit someone who is not vaccinated and at increased risk of severe COVID-19. Individuals who are not fully vaccinated and will be visiting a person who may be at increased risk of severe COVID-19
• Periodic screening may be indicated or required for individuals with frequent in-person interactions with others at work or socially, especially if they are in close contact with people without face covering in indoor settings.

Where can people get tested?
Many health care providers, pharmacies and government facilities, including mobile and pop-up testing sites, offer testing — often at no cost — throughout the city. Patients can use the COVID-19 Citywide Information Portal to find testing locations using a search map (some of these locations may not be free). No-cost rapid PCR testing is available at NYC Health Department COVID Express sites throughout the city; information on scheduling a visit is available here. NYC Health + Hospitals is also offering COVID-19 testing at testing locations throughout NYC.

How can I request SARS-CoV-2 testing at the NYC Public Health Lab (PHL)?
The NYC Health Department’s PHL will only accept preapproved specimens for hospitalized patients with severe acute lower respiratory illness (such as pneumonia). Testing can be requested online through PHL’s eOrder system.

How should providers report COVID-19 test results?
All laboratories and facilities that perform SARS-CoV-2 testing must report results, both positive and negative, to NYS via the Electronic Clinical Laboratory Reporting System (ECLRS) within 24 hours of receipt. Laboratories electronically report all COVID-19 diagnostic test results and antibody test results directly to ECLRS. Point-of-care diagnostic tests and at-home test kit results must be reported by the facility or provider who performs or prescribes the test via ECLRS.

Providers without an ECLRS account can temporarily use the NYC Health Department’s Reporting Central online portal or fax reports to 347-396-8991 using the NYC Health Department’s Universal Reporting Form until ECLRS reporting is established. Contact the NYC Health Department’s ECLRS team (nycecrs@health.nyc.gov) and the NYS ECLRS Help Desk (866-325-7743 or eclrs@health.ny.gov) for assistance.

NYS requires providers performing a COVID-19 diagnostic test to include the following information about the individual in the ECLRS report or on the lab requisition form:
• Whether they attend, work or volunteer at a school (and school name and address [enter school information in “occupation” field if other options are not available])
• Their residential address and phone number
• Local address, if different from permanent
• Where they work (including employer address and phone number)
• Race and ethnicity

See the NYC Health Department’s Rapid Test Reporting FAQ, Health Advisory #37, Health Advisory #3 and NYS September 21, 2020 Health Advisory for more information.

Should a hospital or outpatient facility notify patients if a health care worker who recently worked at their facility has been diagnosed with COVID-19?
Currently, hospitals and outpatient facilities are not required to notify patients who may have been exposed to COVID-19 by a health care worker. However, facilities may do so at their discretion.

I suspect my patient has COVID-19, but their test for the virus came back negative. What does this mean?
If a patient for whom the clinical suspicion of COVID-19 is high has a negative NAA- or antigen-based test result, the test result may be inaccurate. Assume the patient has COVID-19 and tell them to self-isolate. If an antigen test was used, the negative result should be considered preliminary and confirmatory testing should be performed using a standard NAA test, ideally within two days of the initial rapid test. If there is reason to suspect an inpatient has COVID-19 despite a negative test result, continue appropriate infection control practices.

My patient has NAA and antigen test results that do not match. Which is correct?
Typically, NAA tests are more reliable than antigen tests. Proper interpretation depends on the time that has elapsed between when specimens were collected for each test. Refer to the NYC Health Department Testing Summary for more information on test interpretation. Providers can also call the Provider Access Line at 866-692-3641 for consultation. If there is suspicion of COVID-19, have the patient isolate while awaiting further direction.

Quarantine, Isolation and Close Contacts

What is the difference between quarantine and isolation?
Isolation is the separation of people who have a contagious disease to prevent them from transmitting it to others. Quarantine is the separation of asymptomatic people who were exposed to a contagious disease to prevent them from further transmitting, should they go on to develop the disease.

What is the definition of close contact to someone with confirmed COVID-19?
In general, a close contact is defined as someone who was within 6 feet of a person with COVID-19 for at least 10 minutes over a 24-hour period, starting from two days before illness onset (or, for asymptomatic patients, two days prior to positive specimen collection) until the time the patient is isolated. There is a separate definition of a workplace COVID-19 exposure for HCP (see CDC guidance for more information).
Is it necessary to quarantine after close contact with someone with confirmed COVID-19?
People who have close contact to someone confirmed with COVID-19 must quarantine for ten days unless:

- They are fully vaccinated (defined as at least 2 weeks have passed since they completed a COVID-19 vaccination series)
- They were diagnosed with laboratory-confirmed COVID-19 in the past three months and recovered.

Most people who have been fully vaccinated against COVID-19 or have recovered from laboratory-confirmed COVID-19 in the past 3 months are not required to quarantine after an exposure to someone with COVID-19. Vaccinated inpatients and residents in health care settings, however, should quarantine following an exposure to someone with COVID-19.

Whether the exposed person is required to quarantine or not, they should self-monitor for symptoms through the 14-day period following their last exposure to the person with COVID-19. If they become sick, they should seek diagnostic testing and self-isolate at home to avoid infecting others. Visit the NYC Health Department’s COVID-19: Symptoms and Care webpage for more information.

Essential workers deemed critical by their employer who adhere to NYS guidance may continue to work while under quarantine. This does not apply to HCP.

Congregate residential settings can, at their discretion, continue to adhere to a 14-day quarantine period for residents and staff of those facilities.

For additional recommendations specific to HCP, see Do HCP who are fully vaccinated need to quarantine following exposure to someone with laboratory-confirmed COVID-19?

What if my patient cannot quarantine or isolate away from others in their household?
Some patients may be eligible to stay in a hotel room while they recover from COVID-19. Visit the NYC Test & Trace webpage for information about eligibility and enrollment.

What should I tell my patient who has COVID-19?
Tell your patient they must immediately isolate themselves to prevent further transmission to others, including other household members. Household transmission of COVID-19 is common with some studies reporting secondary transmission rates ranging from approximately 15 to 50% within households. Details on how to safely isolate can be found here and in the Dear Colleague letter from November 30, 2020.

Inform them they will receive a call from an NYC Test & Trace team member who will interview them and offer self-isolation services if needed, like meals and medication or hotel
accommodations. The contact tracer will also create a list of everyone your patient had contact with (were within 6 feet for a cumulative total of at least 10 minutes over a 24-hour period) since shortly before the onset of symptoms, including family, friends and coworkers, so that those contacts may be offered testing for COVID-19.

How long should a nonhospitalized patient who has possible or confirmed COVID-19 self-isolate?
Any person with symptoms of or confirmed with COVID-19 should be advised to isolate at home. The following are the minimum criteria that must be met to end isolation:

- At least 10 days after symptom onset (or, if asymptomatic, after first positive test)
- Absence of fever for at least 24 hours without antipyretics
- Overall illness has improved

If someone who was initially asymptomatic develops symptoms during the isolation period, they should restart their period of isolation and discontinue isolation 10 days after the date of symptom onset.

A patient handout can be found here and additional guidance can be found at nyc.gov/health/coronavirus.

Recommendations are different for people who are hospitalized, are HCP, live or work in a nursing home, live in a congregate residential setting or are immunocompromised. See Summary of Current New York City COVID-19 Guidance for Quarantine, Isolation and Transmission-Based Precautions for recommendations for these groups.

How long must isolation and transmission-based precautions continue for people with COVID-19 who are hospitalized or reside in a nursing home, adult care facility or other congregate setting with vulnerable residents?
For most hospitalized patients and residents of long-term care facilities, the preferred method is to use a symptom-based approach to end isolation, defined by NYSDOH as:

- At least 10 days have passed since symptoms started or, if asymptomatic, 10 days since the first positive test (based on specimen collection date)
- Individual has been afebrile for at least 24 hours without antipyretics
- The overall illness has improved

NYS guidance advises for people with severe to critical illness, consider extending isolation up to 20 days following consultation with infection control or infectious disease experts, especially if fewer than 15 days have passed since symptom onset. CDC recommends use of National Institutes of Health (NIH) guidelines as an option for defining severity of illness (they define mild, moderate, severe, and critical illness).
Exceptions to this general approach apply to people who are severely immunocompromised. See [How long must isolation and transmission-based precautions continue for people with COVID-19 who are severely immunocompromised?](#)

In nursing homes, a negative COVID-19 test result is required to discontinue isolation, even if 10 days of isolation were completed. NYS also requires residents of long-term care facilities (such as nursing homes or adult care facilities) who are hospitalized with COVID-19 to have a negative test before returning to the facility unless they are discharged to a NYS COVID-19 designated nursing home. See [Does a hospitalized person need to have a negative COVID-19 test before they can be discharged to a nursing home?](#)

**How long must isolation and transmission-based precautions continue for people with COVID-19 who are severely immunocompromised?**

For people who are severely immunocompromised (for example, those who are on chemotherapy for cancer, are untreated HIV infection with a CD4 count less than 200 or receive of prednisone greater than 20 milligrams per day for more than 14 days), the CDC recommends extending isolation and precautions up to 20 days after symptom onset.

In some instances, a test-based strategy could also be considered for some patients who are severely immunocompromised in consultation with infectious disease experts if concerns exist for the patient being infectious for more than 20 days. Per [NYSDOH guidance](#) all of the following are required to discontinue transmission-based precautions when using the test-based strategy:

- At least 24 hours have passed since last fever, without fever-reducing medications; and
- Symptoms (if present) have improved; and
- Results are negative from at least two consecutive respiratory specimens collected greater than or equal to 24 hours apart and tested using an FDA-authorized molecular viral assay for detection of SARS-CoV-2 RNA. Antigen tests are not molecular viral assays and should not be used for this purpose.

**Does a hospitalized person need to have a negative COVID-19 test before they can be discharged to a nursing home?**

Yes. Per [NYS Executive Order 202.30](#) issued May 10, 2020, any patient discharged from a hospital to a nursing home must first have a negative result on a COVID-19 diagnostic test. However, nursing home patients who have completed the recommended isolation period and continue to test positive can be discharged to a NYSDOH COVID-19 Designated Nursing Home. For assistance or current information on State designated COVID-19-only nursing homes, contact the NYSDOH Surge and Flex Operations Center at 917-909-2676, available 24/7, or email covidhospitaldtcinfo@health.ny.gov.
Are there exemptions that allow essential workers, including certain HCP to continue to work while under quarantine due to close contact with someone with confirmed COVID-19?

Yes. Essential workers, who are not HCP, deemed critical by their employer who adhere to NYSDOH guidance may continue to work while under quarantine, if certain requirements are met. For HCP, refer to Should HCP be excluded from work while under quarantine?

All staff with symptoms consistent with COVID-19 should be immediately referred for diagnostic testing for SARS-CoV-2.

Is quarantine required for people who travel to New York from another state or country?

NYS no longer requires visitors and returning New Yorkers who enter from another U.S. state or territory or another country to quarantine upon arrival to NYS. Travelers still must complete the NYS Traveler Health Form.

However, while not required, NYS recommends:

Following domestic travel (24 hours or more to a U.S. state or territory, excluding Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont):

- Travelers who have neither recovered from COVID-19 in the past three months nor been fully vaccinated are recommended to get tested three to five days after arrival in NYS and consider non-mandated self-quarantine (seven days if tested on days three through five, otherwise 10 days) regardless of test result.

Following international travel:

- Fully vaccinated individuals who have not recovered from COVID-19 in the past three months are recommended to get tested three to five days after arrival in NY.
- All international travelers who have neither recovered from COVID-19 in the past three months nor been fully vaccinated are recommended to get tested three to five days after arrival in NY and consider non-mandated self-quarantine (seven days if tested on days three through five, otherwise 10 days) regardless of test result.

For international travel, all air passengers coming to the U.S., including U.S. citizens, are required to have a negative COVID-19 test result or documentation of recovery from COVID-19 before they board a flight to the United States. See the CDC FAQ for more information. CDC requires the use of masks on planes, buses, trains and other forms of public transportation traveling into, within or out of the U.S. and in U.S. transportation hubs, such as airports and stations.

For more information, see NYS Interim Travel Guidance. For HCP, see Should HCP be excluded from work after travel?

What if a person needs an isolation or quarantine order to qualify for NYS Paid Leave?

If anyone who lives or works in NYC needs an isolation or quarantine order to qualify for NYS
Paid Family Leave, they can call the NYC Health Department at 855-491-2667.

COVID-19 Vaccination

Where can I get information on COVID-19 vaccines in NYC?
Comprehensive information and resources for providers on COVID-19 vaccines including eligibility and distribution, vaccine communication and encouragement, clinical considerations and safety can be found at the NYC Health Department provider vaccine webpage. Visit the CDC COVID-19 vaccine webpage for additional information. Providers play a vital in encouraging New Yorkers to get the COVID-19 vaccine. Vaccine communication resources for providers can be found here, including answers to common COVID-19 vaccine questions and guidance on how to begin and continue vaccine conversations with patients and staff.

Guidance for Health Care Personnel (HCP)

Should HCP self-monitor for COVID-19 symptoms?
Consistent with CDC recommendations, the NYC Health Department recommends that all HCP self-monitor for fever or symptoms of COVID-19 prior to a patient care shift, even if they have not had a known exposure to COVID-19.

What should HCP do if they develop symptoms of COVID-19?
If they develop symptoms of COVID-19 while working, they should immediately leave the patient care area, isolate themselves from other people and contact their health care provider for evaluation and COVID-19 testing, if warranted.

If onset occurs outside of work, they should not report to work but instead self-isolate, notify their supervisor and contact a health care provider for evaluation and COVID-19 testing.

When can HCP who had COVID-19 return to work?
In general, HCP who are not employees of long-term care facilities or congregate living facilities should self-isolate until it has been at least 10 days from symptom onset (or, if asymptomatic, from the time of collection of the positive diagnostic test specimen) and they have been without fever for at least 72 hours without the use of antipyretics.

HCP should consult their facility’s occupational health program before returning to work. HCP employed by a facility regulated by the NYSDOH (such as 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. Per NYS, employees of a nursing home should isolate for at least 14 days, and employees of an adult care facility, should isolate for at least 10 days. Employees of both nursing homes and
adult care facilities also need a negative diagnostic test before returning to work. See NYSDOH Commissioner of Health’s letter, and NYSDOH frequently asked questions about Executive Order 202.30 for additional guidance.

Do facilities need to report an HCP with possible or confirmed COVID-19 or with exposure to someone with COVID-19?
HCP with confirmed COVID-19 and HCP exposed to someone with COVID-19, whether that exposure occurred at the health care facility or within the community, should be reported to the NYC Test & Trace Corps at 646-614-3024.

Do HCP who are fully vaccinated need to quarantine or furlough following exposure to someone with laboratory-confirmed COVID-19?
Per NYS guidance, HCP who have been fully vaccinated against COVID-19 do not need to quarantine or be excluded from work provided that they remain asymptomatic after the COVID-19 exposure.

HCP working in nursing homes or adult care facilities certified as EALR or licensed as assisted living programs (ALP) must:
- Receive diagnostic COVID-19 testing twice per week or as determined by the Commissioner of Health in accordance with NYS Executive Order 202.88.
- Be assigned to areas in which they will only have contact with vaccinated residents (except for HCP working in pediatric facilities and units).

Work restrictions should still be considered for fully vaccinated HCP with underlying immunocompromising conditions which might impact the level of protection provided by the vaccine.

All HCP must still comply with symptom monitoring and nonpharmaceutical interventions through Day 14 after the exposure.

Do HCP who recovered from SARS-CoV-2 infection need to quarantine or furlough if they were exposed to someone with laboratory-confirmed COVID-19?
Per NYS guidance, if a HCP who recovered from COVID-19 is exposed to someone with laboratory-confirmed COVID-19 during the three month period after that HCP first had symptoms (or date of first positive test if asymptomatic), the HCP does not need to quarantine or be excluded from work provided that they remain asymptomatic after the recent COVID-19 exposure.

HCP working in nursing homes or adult care facilities certified as EALR or licensed ALP must:
- Receive diagnostic COVID-19 testing twice per week or as determined by the Commissioner of Health in accordance with NYS Executive Order 202.88.
• Be assigned to areas in which they will only have contact with vaccinated residents (except for HCP working in pediatric facilities and units).

All HCP must still comply with symptom monitoring and nonpharmaceutical interventions through day 14 after the exposure.

Should HCP be excluded from work while under quarantine?
Yes. Per NYS guidance, HCP in hospital and direct care settings (such as primary care facilities) are not permitted to work while under quarantine and may return to work after completing a 10 day quarantine and:
• Continue daily symptom monitoring through Day 14
• Continue nonpharmaceutical interventions

HCP working in EALR-certified or ALP-licensed nursing homes or adult care facilities who complete the 10 day quarantine cannot return to their workplace (must furlough) through the 14th day after exposure.

Refer to NYS guidance for additional information regarding strategies to mitigate current or imminent staffing shortages that threaten the provision of essential patient services and crisis capacity strategies as well as waiver requests for health care entities continuing to experience staffing shortages.

Per the CDC, quarantine and exclusion from work is indicated for HCP who have had prolonged close contact to a person with COVID-19 while working, during which the HCP was:
• Not wearing a face mask or respirator and spent a cumulative time period of 15 or more minutes during a 24-hour period within 6 feet of a person with confirmed COVID-19
• Not wearing eye protection and spent a cumulative time period of 15 or more minutes during a 24-hour period within 6 feet of a person with confirmed COVID-19 who was not wearing a face mask or respirator
• Or not wearing all recommended PPE (gloves, gown, N95 respirator, and either goggles or face shield) during an aerosol-generating procedure (such as intubation, suctioning, high-flow oxygen or nebulizer).

NYS reduced the length of quarantine for most people, including HCP, from 14 to 10 days following an exposure to COVID-19.

HCP at EALR-certified nursing homes and ALP-licensed adult care facilities can discontinue quarantine after 10 days, but they may not return to work until 14 days have passed. Other congregate settings can, at their discretion or at the direction of City or State oversight agencies, continue to adhere to a 14-day quarantine period for staff of those facilities.

Should HCP be excluded from work after travel?
Asymptomatic HCP are not required to quarantine or get tested after domestic or international travel; however, NYS requires furlough in some situations:

Following domestic travel:
- HCP who work in nursing homes, enhanced assisted living residences or assisted living programs, and who have neither recovered from COVID-19 in the past three months nor achieved full vaccination must furlough for 14 days after arriving into arrival in NYS.

Following international travel:
- HCP who have neither recovered from COVID-19 in the past three months nor achieved full vaccination and:
  - Work in nursing homes, enhanced assisted living residences or assisted living programs must furlough for 14 days after arriving into arrival in NYS
  - Work in all other health care settings must furlough for seven days with a test on days three through five after arriving into NYS, or must furlough for 10 days if not tested

Though quarantine is not required following travel, it is recommended in certain circumstances. See Is quarantine required for people who travel to New York from another state or country? See also NYS Interim Travel Guidance for more information.

If I am a NYS-certified health care worker and want to help facilities that need more staff, what should I do?
Join the NYC Medical Reserve Corps. The NYSDOH is also recruiting medical volunteers.

Who do I contact if I am concerned about staffing, patient care capacity or other triage issues at my facility?
Hospitals, facilities caring for patients in end stage renal disease, dental practices, private practices, emergency medical services, nursing homes, adult care facilities, home care services and hospice must contact the NYS Department’s Surge and Flex Operations Center at 917-909-2676 any time they are concerned about staffing, patient care capacity or other triage concerns. The Surge and Flex Operations Center is available 24/7. Facilities should not contact the Surge and Flex Operations Center for return to work waivers for HCP with a high risk exposure.

Preventing COVID-19 Exposures at Medical Facilities

How can an outpatient practice prevent exposures to COVID-19?
The NYC Health Department provides COVID-19 infection control guidance and resources for outpatient health care providers and practices.

See CDC infection control guidance for additional settings:
- Ambulatory care centers
Dental settings
Nursing homes
Hemodialysis facilities

How can inpatient providers and hospitals prevent exposures to COVID-19?
The NYC Health Department offers COVID-19 resources for inpatient facilities. The CDC also has several resources for health care facilities, including interim infection control guidance.

Can a patient in a hospital receive visitors?
Beginning April 1, 2021, hospitals may allow each patient to have up to two visitors at a time for up to four hours per day, unless otherwise disallowed by the hospital according to the patient’s status, condition, circumstances, OR hospital policy.— see this NYS Health Advisory for additional details.

Hospitals must maintain infection control procedures, including temperature checks and screening for COVID-19 symptoms upon visitor entry to a facility. Additional details are available here. Hospitals may determine facility-specific visitation policies based on their volume of COVID-19 patients, availability of staff to screen visitors, PPE and other resources.

Do I need to manage patients with possible or confirmed COVID-19 in an airborne infection isolation room (AIIR)?
The CDC recommends that patients be evaluated in a private examination room with the door closed. An AIIR is not required by the CDC unless the patient will be undergoing an aerosol-generating procedure. The CDC does not consider the collection of a nasopharyngeal or oropharyngeal swab an aerosol-generating procedure.

After a person with suspected or confirmed COVID-19 exits an exam room, what is the recommended cleaning and downtime before the room can be returned to routine use?
For hospital-based settings, refer to the environmental section of the CDC infection control guidance and the CDC Infection Control FAQ. For outpatient settings, refer to NYC Health Department guidance.

How should I handle standard medical waste (such as sputum cups) from a patient with suspected or confirmed COVID-19?
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, 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 PPE, such as puncture-resistant gloves and face or eye protection to prevent staff exposure to medical waste, including from sharps and other items that can cause injuries or exposures to infectious materials.
What is the recommendation for environmental cleaning 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, nonporous surfaces and objects with cleansers and water prior to applying hospital-grade disinfectant that meets the Environmental Protection Agency’s criteria for use against SARS-CoV-2. Refer to the product label for appropriate contact time.

Personal Protective Equipment (PPE)

What PPE is recommended while caring for someone with possible or confirmed COVID-19?
HCP are advised to use gloves, gown, an N95 or equivalent or higher-level respirator and eye protection (goggles or face shield) when evaluating patients with suspected or confirmed COVID-19. N95 respirators should also be used whenever these patients undergo any potential aerosol-generating procedure (AGP), such as use of high-flow oxygen or nebulizers, intubation, or suctioning. During periods of moderate to substantial COVID-19 transmission, as is currently the case in NYC, HCP should use eye protection and an N95 or equivalent or higher-level respirator when patients not suspected of having COVID-19 undergo AGPs. HCP should also consider using an N95 or equivalent or higher-level respirator for all patient encounters. If respirators are not available, HCP must use a well-fitting face mask. In the case of shortages, N95 respirators should be prioritized for HCP working in locations where AGPs are common, such as intensive care units. See also CDC infection control guidance. These PPE recommendations should be practiced by HCP even after completing COVID-19 vaccination.

What strategies can be used to conserve, reuse or optimize the supply of PPE?
- Reduce in-person encounters with stable symptomatic patients by using telemedicine (resources are available through the NYC REACH program).
- Install physical barriers (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.
- Conserve PPE through reuse and extended use (see also decontamination strategies for N95 respirators).
- Implement CDC guidance for optimizing PPE.

Can I get masks and other supplies from the NYC Emergency Stockpile?
NYC has established a citywide PPE Service Center. Currently, the following settings are eligible to order PPE from the Service Center: acute care facilities (hospitals), nursing homes, adult care facilities, dialysis centers, Office for People with Developmental Disabilities congregate settings, behavioral health congregate settings, home health agencies, select behavioral health outpatient providers and select outpatient primary care practices. If you
believe your health care provider or congregate residential setting should be eligible to order PPE and have not already been onboarded, please contact PPESupport@health.nyc.gov.

PPE is only available from NYC as a last resort (when the entity has less than one-week’s supply on hand). For-profit entities may be billed market rates for the PPE they order. The NYC Health Department encourages all providers to contact their usual suppliers for PPE and also offers information on available suppliers.

What should outpatient providers do to protect their patients and themselves if they lack appropriate PPE or a separate room to examine a patient with suspected or confirmed COVID-19?
If an outpatient facility is unable to implement appropriate precautions, they should refer patients to another facility.

Back to Table of Contents

COVID-19 and 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?
Remind patients that it is natural to feel overwhelmed, sad, anxious or afraid, or to experience other symptoms of distress, such as trouble sleeping. The NYC Health Department offers resources for the public, including help coping during isolation and quarantine. NYC Well’s App Library has online tools to support emotional well-being. The CDC also offers resources for emergency responders and leaders.

If symptoms of depression or anxiety worsen, or persist for more than a month, consider a referral to a mental health professional.
• NYC Well is a free and confidential mental health support service that has trained counselors available 24/7 for counseling and referrals to care in over 200 languages. Call 888-NYC-WELL (888-692-9355), text "WELL" to 65173 or visit nyc.gov/nycwell.
• NYS’ COVID-19 Emotional Support Helpline also has trained professionals to provide support and referrals. Available 8 a.m. to 10 p.m., seven days a week at 844-863-9314.

What mental health resources are available specifically for HCP?
HCP face unique stressors and challenges. The NYC Health Department has recommendations for health care workers for self-care and taking care of their emotional well-being.

Back to Table of Contents
Additional Information and Resources

NYC Guidance

- [NYC COVID-19 Information for Providers](#)
- [NYC COVID-19 Vaccine Information for Providers](#)
- [NYC COVID-19 Data page: Latest NYC epidemiology](#)
- [NYC COVID-19 Resources for Health Care Facilities](#)
- [Sign up for NYC Health Department Health Alerts](#)

NYC Test & Trace Corp Program

NYC Telehealth Resources

- NYC REACH, a NYC Health Department Program that assists practices with adopting and implementing health information systems, quality improvement, and practice transformation initiatives, can provide assistance for primary care practices in NYC, including telemedicine implementation resources and support. For more information, or to sign up as a member, visit [nycreach.org](http://nycreach.org).
- New York City offers telehealth information for providers here: [familypathways.nyc/telehealth-tips-for-providers](http://familypathways.nyc/telehealth-tips-for-providers).

Resources for Patients

- Patients who do not have a health care provider can contact [NYC Health + Hospitals](#) or call 844-NYC-4NYC (844-692-4692) to discuss COVID-19 symptoms and receive medical advice and assistance, regardless of their immigration status or ability to pay. COVID-19 testing is available to all New Yorkers [throughout all five boroughs at no cost](#).

NYS Guidance

- [Northeast Telehealth Resource Center](#): Free technical assistance to develop, implement and expand telehealth services, with focus on Human Resources and Service Administration-funded health centers.
- [State Health Information Network for New York (SHIN-NY) Waiver](#): Written consent for telehealth during the COVID-19 public health emergency.
- [NYS Medicaid COVID-19 Guidance](#): Guidance for providers on coverage and billing requirements for individual and group health insurance policies and contracts delivered, or issued for delivery, in New York.
- [NYS Medicaid Telehealth FAQ](#)
- [NYS Information for Insurers and Providers on Coverage for Telehealth Services](#): Information for NYS Commercial insurers and providers about health insurance coverage and requirements for telehealth visits.

National Guidance

- [CDC COVID-19 Information for Health Care Professionals](#)
- [U.S. Department of Health and Human Services Telemedicine and Telehealth Resources](#)
The NYC Health Department may change recommendations as the situation evolves. 6.9.21