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 web pages 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 web page.

New or updated questions include:

- Where can I find more information about monoclonal antibody therapy?
- If my patient has been vaccinated, do they need to quarantine after exposure to someone with confirmed COVID-19?
- If my patient was previously diagnosed with laboratory confirmed COVID-19, do they require testing and quarantine after exposure to someone with confirmed COVID-19?
- Is quarantine required for people who travel to New York from another state or country?
- Do HCP who are fully vaccinated need to quarantine following exposure to someone with laboratory-confirmed COVID-19?
- Should HCP be excluded from work after travel?
- What PPE is recommended while caring for someone with possible or confirmed COVID-19?

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Clinical Presentation and Risk For Severe COVID-19

What are the symptoms of COVID-19?
An updated 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 web pages. Consistent with the NYC Commissioner of Health’s advisory, 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 and take increased precautions, including:

- Avoiding public spaces and gatherings
- Wearing a face covering at all times, indoors and outdoors
- Limiting activities outside their residence to essential activities, such as getting medical care.

Advise them to contact you or another provider if they develop COVID-19 symptoms so that care may be escalated promptly, if necessary.

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 web page.

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Transmission

How does SARS-CoV-2 spread?
The most common and efficient mode of SARS-CoV-2 transmission is from person to person when respiratory droplets containing the virus are inhaled or enter the nose or eyes. Airborne transmission (when small droplets and particles containing the virus are suspended in the air over long distances and persist in the air for long time) of SARS-CoV-2 is less common, but can occur, particularly in the following circumstances or conditions:

- Enclosed spaces
- Prolonged exposure to a high concentration of respiratory particles, often generated with expiratory exertion (such as singing or exercising)
• Inadequate ventilation, which enables the build-up of respiratory droplets and particles
• During aerosol-generating medical procedures

See the CDC scientific brief for more information.

The virus may also spread if someone touches a surface that has viable virus on it and then touches their mouth, nose or eyes. However, this is not thought to be the main way the virus spreads and the risk is generally considered to be low based on data summarized in a CDC scientific brief.

The virus may be transmitted by people who are infected and either symptomatic or asymptomatic. The CDC currently 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 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?
People can greatly reduce the risk of getting or spreading COVID-19 by avoiding gatherings or crowded indoor settings, maintaining physical distance from others, washing their hands frequently, wearing a face covering whenever they are outside their own homes or may come within six feet of others, staying home while sick (except for getting needed medical care) and getting vaccinated. The COVID-19 vaccines are effective in preventing symptomatic COVID-19, and a growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection and potentially less likely to transmit SARS-CoV-2 to others.

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 people at increased risk of severe COVID-19 or at increased risk of 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 and CDC website for more information about face coverings in non-clinical settings.

The CDC conducted experiments 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.

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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 and the National Institutes of Health’s treatment guidelines.

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 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 web page including:

• Dear Colleague: COVID-19 Monoclonal Antibody Treatment in the Outpatient Setting
• Patient Handout: Monoclonal Antibody Treatment for COVID-19 (available in multiple languages)
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.

Do pregnant people have an increased risk for severe COVID-19?
A Morbidity and Mortality Weekly Report study suggests that people who are pregnant and have COVID-19 are more likely to be hospitalized and are at increased risk for intensive care unit admission and receipt of mechanical ventilation than people who are not pregnant. Risk of death was similar for both groups in the study. Evidence on other coronaviruses and viral respiratory infections, such as influenza, has shown that people who are pregnant have a higher risk of developing severe illness. The CDC and NYC Health Department offer guidance on COVID-19 in inpatient obstetric settings, prehospital considerations and considerations for newborns and breastfeeding.
Does having COVID-19 during pregnancy harm the fetus?
At this time, the expert consensus is that people who are pregnant and have COVID-19 might have an increased risk of adverse pregnancy outcomes, such as preterm birth. There have been a few reported cases where SARS-CoV-2 may have passed to the fetus via the transplacental route, but, to date, this appears to occur only rarely. See CDC and American College of Obstetricians and Gynecologists resources for more information. Although information on this topic remains limited, it is clear that people who are pregnant and their household members should take extra precautions to prevent exposure to COVID-19.

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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?
COVID-19 testing is available for all New Yorkers. 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. Use clinical judgment to determine who should be offered diagnostic testing based on factors including signs and symptoms and known or possible exposure to a person with COVID-19 and vaccination status.

Providers should especially offer testing to:

- People with new onset signs or symptoms consistent with COVID-19
- People who have neither been diagnosed with COVID-19 in the past three months nor fully vaccinated and, in the past 14 days, had close contact with a person (especially household contacts) who was diagnosed with COVID-19 based on a SARS-CoV-2 NAA or antigen-based test
- Testing should also be considered for the following groups:
  - Individuals returning from international travel and, if not fully vaccinated, from domestic travel
  - Participants in any large indoor gathering (more than 10 people) within five
days after the event
  o Individuals who are not fully vaccinated and will be visiting a person who may be at increased risk of severe COVID-19 two to three days before the date of the planned visit. If the person tests positive or has symptoms of COVID-19 or a recent exposure, they should cancel the planned visit. However, even with a negative test result, patients should be counseled to continue to use precautions and understand the limitations of testing. A person who was recently infected may initially test negative, but test positive the following day.

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 in their area using a search map, including some that may not be free. No-cost rapid testing is available at NYC Health Department COVID Express sites throughout the city, and information on how to schedule a visit is available here. NYC Health + Hospitals is also offering COVID-19 testing at testing locations throughout NYC.

Who should undergo routine screening for COVID-19?
Screening testing is defined as SARS-CoV-2 testing of individuals who do not have symptoms or a known exposure in order to identify individuals with asymptomatic or presymptomatic COVID-19 to prevent transmission. Some settings or employers may continue to perform screening tests even for individuals who are vaccinated.

Periodic screening for COVID-19 is recommended for people with an increased risk for occupational exposure, who live or work in a congregate residential setting, or who have other risk factors for exposure. To date, there is no clear scientific data regarding optimal intervals for routine screening. The following recommendations are suggested guidelines. Individual entities may adhere to other testing intervals that are more or less frequent as directed by industry guidelines or by other public health authorities.

Routine periodic screening is recommended for:
- Residents and staff of long-term care facilities (such as nursing homes and adult care facilities)
  - For residents, a screening test should be conducted once a month or as deemed appropriate for the setting and local epidemiology
  - Staff of nursing homes must be screened twice weekly and staff of adult care facilities must be screened every week in accordance with NYS requirements
- Health care personnel (HCP), other than those who work in long-term care facilities, and essential workers with frequent direct public contact
  - A screening test should be conducted once a month
- Other workers with exposure to coworkers or the public and individuals attending events where physical distancing may not always be possible
  - A screening test should be conducted every one to three months. The exact
interval within this range should be based on shared decision-making with your patient, taking into account possible exposures and risk factors for COVID-19. It is reasonable to do monthly testing when risk is unknown or unclear.

Refer to HAN#38 for examples of settings and occupations that may place individuals at increased risk of exposure to COVID-19.

**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 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 positive 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 ([nyceclrs@health.nyc.gov](mailto:nyceclrs@health.nyc.gov)) and the NYS ECLRS Help Desk (866-325-7743 or [eclrs@health.ny.gov](mailto: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.

When are influenza and COVID-19 testing required for hospitalized patients, nursing home residents and decedents?
An NYS executive order requires testing for both COVID-19 and influenza if a hospitalized patient or nursing home resident has symptoms consistent with either disease or a recent known exposure, including if the patient dies and was not tested previously. Postmortem testing must be conducted within 24 hours of death.

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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 a non-health care setting, a close contact is defined as someone who was within 6 feet of an 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. This definition of close contact in a community setting is being used by the NYC Test & Trace Corps, in keeping with NYS guidance. There is a separate definition of a workplace COVID-19 exposure for HCP (see CDC guidance for more information).
How long should someone who had close contact with someone with confirmed COVID-19 stay in quarantine?

NYS has reduced the length of quarantine, from 14 days to 10 days, for people exposed to COVID-19. The new guidance applies to most people, including HCP and conforms with the CDC’s quarantine options.

Close contacts should quarantine for 10 days following their last exposure to the person with COVID-19. During quarantine, they should monitor daily for symptoms. 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 web page 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.

Quarantine is not recommended for most people who are either fully vaccinated or who were diagnosed with COVID-19 by laboratory viral test in the past few months. See:

- If my patient has been vaccinated do they need to quarantine after exposure to someone with confirmed COVID-19?
- If my patient has been vaccinated do they need to quarantine after exposure to someone with confirmed COVID-19?
- If my patient was previously diagnosed with laboratory confirmed COVID-19, do they require testing and quarantine after exposure to someone with confirmed COVID-19?
- If my patient was previously diagnosed with laboratory confirmed COVID-19, do they require testing and quarantine after exposure to someone with confirmed COVID-19?

If my patient has been vaccinated, do they need to quarantine after exposure to someone with confirmed COVID-19?

People who have been fully vaccinated against COVID-19 (for example, two or more weeks have passed following receipt of the second dose in a two-dose series or two or more weeks have passed following receipt of one dose of a single-dose vaccine) and are exposed to someone with COVID-19 are not required to quarantine. If they develop symptoms of COVID-19, they should get tested and isolate.

Vaccinated inpatients and residents in health care settings should continue to quarantine following an exposure to someone COVID-19.
Regardless of quarantine status, all exposed individuals, including fully vaccinated people, must:

- Conduct daily symptom monitoring through Day 14
- Adhere to all recommended non-pharmaceutical interventions, including hand hygiene and the use of face coverings, through Day 14
- Immediately self-isolate if any symptoms develop and contact their health care provider to determine if they should seek testing

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

If my patient was previously diagnosed with laboratory confirmed COVID-19, do they require testing and quarantine after exposure to someone with confirmed COVID-19?
Asymptomatic individuals, including HCP, who previously had laboratory-confirmed COVID-19 are not required to undergo testing or quarantine after close contact with someone with COVID-19 if it is within three months after the date of symptom onset from the initial SARS-CoV-2 infection or, if asymptomatic, the date of first positive diagnostic test. These individuals must still comply with symptom monitoring and nonpharmaceutical interventions through Day 14 after the exposure.

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 web page for information about eligibility and enrollment.

What should I tell my patient who has COVID-19?
Inform your patient they must immediately isolate from others. Inform them they will receive a call from a contact tracer. An NYC Test & Trace team member will interview the patient to offer self-isolation services if needed, like meals and medication or hotel accommodations. They 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 they may be offered testing for COVID-19.

Emphasize the need to safely isolate to prevent further transmission to others in the home. 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.
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 long-term care facility?
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 14 days have passed since symptoms started or, if asymptomatic, 14 days since the first positive test (based on specimen collection date)
- Individual has been afebrile for at least three days without antipyretics
- The overall illness has improved

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 immunocompromised or severely immunocompromised?

In nursing homes, a negative COVID-19 test result is required to discontinue isolation, even if 14 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?

The CDC generally does not recommend a test-based approach to determine whether isolation may be discontinued; however, NYSDOH guidance describes such an approach.
How long must isolation and transmission-based precautions continue for people with COVID-19 who are immunocompromised or severely immunocompromised?

For people with weakened immune systems but who are not severely immunocompromised (for example, those with chronic lung, heart, kidney or liver disease; obesity; diabetes; HIV infection with a CD4 count more than 200; or who are dialysis-dependent), use the more stringent approach described in NYSDOH guidance, which recommends either an extended symptom-based approach of at least 14 days or a test-based strategy before discontinuing isolation.

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. This is also described in NYSDOH guidance as a strategy to discontinue isolation of patients who are severely immunocompromised (defined as those treated with immunosuppressive medications, stem cell or solid organ transplant recipients, or people with inherited immunodeficiency or poorly controlled HIV).

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

Yes. As 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. However, travelers still must complete the [NYS Traveler Health Form](https://www.health.ny.gov/environmental/air/nys_traveler_health.htm).

However, while not required, NYS recommends:

Following domestic travel:
- 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](https://www.cdc.gov/travelaurus/quirantine-restrictions.html) 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](https://www.health.ny.gov/environmental/air/nys_traveler_health.htm). For HCP, see [Should HCP be excluded from work after travel?](https://www.health.ny.gov/environmental/air/nys_traveler_health.htm).

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](https://www.health.ny.gov/environmental/air/nys_traveler_health.htm), they can call the NYC Health Department at 855-491-2667.

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**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 web page](https://health.nyc.gov/vaccine). Visit the [CDC COVID-19 vaccine web page](https://www.cdc.gov/vaccines/covid-19) for additional information.

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**Guidance for Health Care Personnel (HCP)**

**Should HCP self-monitor for COVID-19 symptoms?**
Consistent with [CDC recommendations](https://www.cdc.gov/coronavirus/2019-ncov/hcp/staff-management/), the NYC Health Department recommends that all HCP self-monitor for fever or [symptoms of COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) 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](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) 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. HCP can contact the NYC Test & Trace Corps’ [Take Care program](https://health.nyc.gov/coronavirus/test-and-trace) to arrange to isolate at a free hotel.

**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. However, if the HCP has [severe to critical](https://www.cdc.gov/coronavirus/2019-ncov/cases-severe-critical.html) COVID-19 or is severely immunocompromised, the [CDC recommends](https://www.cdc.gov/coronavirus/2019-ncov/hcp/staff-management/return-to-work.html) the HCP can return to work when:

- At least 10, and up to 20, days have passed since symptoms started (or, for those who were never symptomatic, the date of first positive viral test) **and** at least 24 hours have passed since last fever without antipyretics and
- Symptoms have improved **and** consultation with an infectious disease expert has been considered

The CDC also states that use of a test-based strategy for determining whether the HCP can return to work could be considered.
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 NYSDOH guidance, 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.

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 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 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](https://www1.nyc.gov/site/doh/covid-19-resources.page). The CDC also has several resources for [health care facilities](https://www.cdc.gov/infectioncontrol/policyguidance/index.html), including [interim infection control guidance](https://www.cdc.gov/coronavirus/2019-ncov/hcp/interim-infection-control-guidance.html).

**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](https://www.health.ny.gov/environmental/health_facilities/covid-19.htm) 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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/professional-resources/guidance.html). 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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care-infection-control.html) 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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/professional-resources/guidance.html) and the [CDC Infection Control FAQ](https://www.cdc.gov/coronavirus/2019-ncov/hcp/professional-resources/faq.html). For outpatient settings, refer to [NYC Health Department guidance](https://www1.nyc.gov/site/doh/covid-19-resources.page).

**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.

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.

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.
- New York City offers telehealth information for providers here: 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.
- 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](#)
- [Medicare General Provider Telehealth and Telemedicine Tool Kit](#)
- [Medicare Telemedicine Fact Sheet for Providers](#)
- [Medicare Telehealth Services Booklet for Fee-for-Service Providers](#)
- [HIPAA Privacy Rule during Emergency Situations](#)
- Sign up for [CDC Health Alerts](#)

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