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

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About COVID-19

Where can I find information on how to treat COVID-19?
Currently, medical care for COVID-19 includes supportive care along with the option to use various investigational therapeutics (e.g., remdesivir, corticosteroids, tocilizumab, convalescent plasma) depending on clinical indications. The CDC has clinical guidance for confirmed cases of COVID-19, including information on investigational therapeutics. The National Institutes of Health (NIH) offers treatment guidelines.

What are the symptoms of COVID-19?
An updated list of symptoms may be found here.

What is multisystem inflammatory syndrome in children (MIS-C)?
MIS-C is a syndrome associated with SARS-CoV-2. Previously known as pediatric multisystem inflammatory syndrome (PMIS), it has been observed among children and young adults in NYC and elsewhere in the United States and Europe. For more information and clinical features, 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.

How does COVID-19 spread?
Most spread appears to occur person to person when infectious respiratory droplets are inhaled or enter the nose or eyes. The virus may also be spread if someone touches a surface that has the virus on it and then touches their mouth, nose or eyes. This is not thought to be the main way the virus spreads, however. It is possible that the virus may be transmitted through aerosols over short distances in the context of aerosol-generating procedures (e.g., intubation) performed on patients in a healthcare setting.

The highest risk for infection appears to be among close contacts of a person with COVID-19, such as those who reside or provide care in the household or are an intimate partner of the person with COVID-19.

The virus may be transmitted by infected persons who are symptomatic or asymptomatic. CDC currently estimates that 40% of infected persons are asymptomatic, and that 50% of transmission occurs from infected persons who are presymptomatic or asymptomatic.

This underscores the importance of using a face covering and maintaining physical distance from others, when possible, when leaving home.

What is known regarding reinfection after initial infection?
It is not yet known if someone can be re-infected after recovering from COVID-19. A positive result from a viral RNA assay (for example, a real-time polymerase chain reaction) of a
specimen collected weeks after initial infection likely indicates prolonged viral shedding, rather than new infection. At this time, data are limited regarding how long persons shed infectious SARV-CoV-2 RNA after infection. Shed infectious virus has not been detected more than nine days after symptom onset. Key findings are summarized by the CDC.

What is the guidance on wearing face coverings in public?
New Yorkers must use a face covering when outside their homes if they cannot remain 6 feet or more away from others, as required by a New York State (NYS) Executive Order. A face covering is any well-secured paper or cloth, such as a bandana or scarf, that covers the nose and mouth. Face coverings are primarily to prevent the spread of the virus from the wearer to others. This is particularly important because asymptomatic and presymptomatic transmission are possible. New Yorkers should still maintain 6 feet of distance from others in public and practice good hand hygiene. For more information, visit nyc.gov/facecoverings.

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 (NYC MRC). The NYS Department of Health (NYS DOH) is also recruiting medical volunteers.

Clinical Management of COVID-19

What is the difference between confirmed and possible COVID-19?
A confirmed case of COVID-19 is defined as an ill person with a positive viral RNA- or antigen-based test for COVID-19. A possible case of COVID-19 is defined as a person with symptoms of COVID-19 for whom testing was not performed or whose test results are pending.

Who is at risk for severe COVID-19 and what should I do if a patient develops severe symptoms?
Information on factors associated with severe COVID-19 may be found on the NYC Health Department and CDC web pages. Providers should encourage patients at increased risk of severe disease to stay home as much as possible to avoid the risk of exposure. Monitor these patients more closely and advise them to contact you or another provider if they develop symptoms of COVID-19. If their symptoms do not require emergency care but need to be evaluated, consider whether telehealth or an in-person visit is required. See NYC Health Department guidance on identifying and triaging patients at increased risk for severe COVID-19 for additional information.

Counsel patients with severe symptoms of any kind — including trouble breathing, chest pain, alteration in mental status or cyanosis — to immediately call 911.
What if a patient does not have access to a medical provider or health insurance?
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.

What is the risk to pregnant people with COVID-19?
An MMWR study suggests that pregnant women with COVID-19 are more likely to be hospitalized and are at increased risk for intensive care unit (ICU) admission and receipt of mechanical ventilation than nonpregnant women. Risk of death is similar for both groups. Evidence on viruses from the same family as COVID-19 and other viral respiratory infections such as influenza has shown that pregnant people have had a higher risk of developing severe illness. The CDC offers guidance on COVID-19 in inpatient obstetric settings, pre-hospital considerations and considerations for newborns and breastfeeding.

Does having COVID-19 during pregnancy harm the fetus?
It is not currently known if there is any risk to the fetus of a pregnant person who has COVID-19. There have been a small number of issues reported (such as preterm birth) in babies born to people who tested positive for COVID-19 during pregnancy. However, it is not clear that these outcomes were related to the birth parent’s infection. To date, there have been few studies of infants born to birth parents with COVID-19 who have tested negative for the COVID-19 virus. There have also been very few studies on infants who tested positive for the virus shortly after birth, but it is unknown if transmission happened before or after birth. Currently available data suggest that vertical transmission is possible but that it rarely occurs.

Should individuals with COVID-19 symptoms avoid non-steroidal anti-inflammatory drugs (NSAIDS) or angiotensin-converting enzyme (ACE) inhibitors?
No reliable data support claims that the use of NSAIDs may contribute to poorer outcomes in persons with COVID-19.

No experimental or clinical data demonstrate poorer COVID-19 outcomes in association with ACE inhibitors, angiotensin-receptor blockers (ARBs) or other renin-angiotensin-aldosterone system (RAAS) antagonists. The American College of Cardiology (ACC) released a statement recommending continuation of RAAS antagonists in patients for whom there is a clinical indication.

Testing and Reporting

What patients should be tested for COVID-19?
COVID-19 testing is now available for all New Yorkers. Providers should especially offer testing to the following groups:
- People with new-onset signs or symptoms consistent with COVID-19
• People who, in the past 14 days, had close contact with a person (especially household contacts or intimate partners) who was diagnosed with COVID-19 based on a SARS-CoV-2 viral RNA- or antigen-based test
• People who live or work in a congregate residential setting, such as a nursing home, shelter or adult care facility
• People who participated in street demonstrations or any other large gatherings during the past two weeks

Providers should 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.

NYC Health + Hospitals is offering COVID-19 testing for high-risk persons, with testing locations throughout NYC.

How can I test for the virus that causes COVID-19?
Tests used for diagnostic purposes should be limited to viral RNA tests such as nucleic acid amplification tests and antigen-based tests that have been issued an Emergency Use Authorization by the U.S. Food and Drug Administration. Consider diagnostic assays that can be self-collected by the patient, such as those that use a specimen from a nasal swab or mid-turbinate (MT) swab. According to the Infectious Disease Society of America, while data are limited, health care provider collected and self-collected nasal or MT swabs appear to result in similar rates of detection of SARS-CoV-2. Use of these tests will preserve personal protective equipment (PPE) and reduce health care worker exposure. Check with your diagnostic laboratory to determine which specimens are appropriate for the tests they offer.

How can I request testing at the NYC Public Health Lab (PHL) for the virus that causes COVID-19?
The NYC Health Department’s PHL will only accept pre-approved specimens for hospitalized patients with severe acute lower respiratory illness (such as pneumonia). To obtain approval for PHL testing, contact the NYC Health Department Coronavirus Testing Call Center by calling the Provider Access Line (PAL) at 866-692-3641. Once approved, testing can be requested online through PHL’s eOrder system.

How will PHL test results be reported to me?
All PHL test reports will be delivered by fax to the submitting laboratory. The report will also be available in eOrder. Providers should contact their hospital’s central laboratory for test results. The NYC Health Department will not report results to patients.

Should providers report possible or confirmed COVID-19 cases to the NYC Health Department?
The Health Department is notified electronically by clinical laboratories of all viral RNA-based test results for COVID-19, and all positive COVID-19 serology results conducted in a clinical laboratory.
New York State requires health care providers, facilities or organizations to report Clinical Laboratory Improvement Amendments (CLIA)-waived, point-of-care COVID-19 diagnostic tests (including nucleic acid-based tests and antigen tests) via the Electronic Clinical Laboratory Reporting System (ECLRS). Both positive and negative results must be reported.

Report all cases of possible MIS-C by calling the Provider Access Line (PAL) at 866-692-3641.

What should I tell my patient who has a positive SARS-CoV-2 viral RNA- or antigen-based test?
Tell your patient to self-isolate. Inform them that they will receive a call from a contact tracer. A 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 (less than 6 feet for more than 10 minutes) since shortly before the onset of symptoms, including family, friends and coworkers, so that they may be tested for COVID-19.

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 are not required to notify patients who may have been exposed to COVID-19 by a health care worker. However, hospitals may issue their own notification letters if they would like.

I suspect my patient has COVID-19, but their test for the disease came back negative. What does this mean?
If a patient for whom the clinical suspicion of COVID-19 is high has a negative viral RNA- or antigen-based test result, the test result may be inaccurate. Assume the patient has COVID-19 and tell them to self-isolate. Consider re-testing. If there is reason to suspect an inpatient has COVID-19 despite a negative test result, continue appropriate infection control practices.

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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 from people who are not known to be infected, whereas quarantine is the separation of asymptomatic people who were exposed to a contagious disease to see if they develop the disease.

The NYC Health Department is not currently issuing mandatory isolation or quarantine orders for persons with COVID-19. People who have possible or confirmed COVID-19 should self-isolate at home.

How long should a patient who has possible or confirmed COVID-19 self-isolate?
Any person with laboratory-confirmed COVID-19 or who has symptoms of COVID-19 and is awaiting test results should be advised to self-isolate at home. Additional guidance can be found at nyc.gov/health/coronavirus.

Following is the minimum criteria that must be met for ending isolation (see exceptions below):

- At least 10 days after symptom onset AND
- Absence of fever for at least 24 hours without antipyretics (if ever febrile) AND
- Overall illness has improved

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

**What is a symptom-based strategy for determining the end of isolation?**
A symptom-based strategy is any approach that uses symptoms, rather than test results, to determine when isolation may end (including the approach described immediately above).

**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 infected person for at least 10 minutes 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 New York State guidance.

There is a separate definition of a workplace COVID-19 exposure for health care personnel; see CDC guidance for more information.

**How long should a patient who had close contact with someone with confirmed COVID-19 stay in quarantine?**
Close contacts should quarantine for 14 days following the last exposure to the person with COVID-19. During quarantine they should monitor their health daily to determine if they are becoming sick. If they become sick, they should seek diagnostic testing and self-isolate at home to avoid infecting others. Visit Symptoms and What to Do When Sick for more information.

**Is quarantine required for people who travel to New York from other parts of the country?**
Yes, according to New York State Executive Order 205, anyone who has recently traveled within a state with significant community spread (restricted state) will be required to quarantine for 14 days when returning to the tristate area. This action was taken in conjunction with New Jersey and Connecticut. The quarantine requirement does not apply to those passing through restricted states for a limited time (i.e., less than 24 hours).
Restricted states include those with either of the following:
- A positive test rate higher than 10 per 100,000 residents over a seven-day rolling average.
- A testing positivity rate of higher than a 10% over a seven-day rolling average.

Exemptions from quarantine are allowed for essential workers, including health care workers, first responders, and nursing home and long-term care facility employees. Essential workers who are returning travelers or long-term visitors (people staying for greater than 36 hours) may be permitted to work but must take the following steps:
- Minimize contact with others, self-monitor for COVID-19 symptoms, wear a face covering when in public, and maintain physical distancing.
- Seek diagnostic testing within 24 hours of arrival.
- Clean and disinfect workspaces for at least 14 days.
- Avoid extended periods in public or in congregate settings for at least 7 days.

Additional industry-specific guidance may apply (consult your employer).

What if my patient cannot isolate away from others in their household?
Some patients may be eligible to stay in a hotel room while they recover from COVID-19. Learn more about eligibility criteria and enrollment at the COVID-19 Hotel Program web page.

What should I recommend to an asymptomatic person who tests positive for COVID-19?
Asymptomatic people who test positive for SARS-CoV-2 with a viral RNA- or antigen-based test should isolate at home (or another location where they can avoid contact with others) and monitor their health for at least 10 days after the date of their positive RT-PCR or antigen-based test, after which they can discontinue monitoring unless they have developed symptoms consistent with COVID-19. If symptoms of COVID-19 develop during the monitoring period, use symptom-based guidance to determine when to discontinue isolation.

Recommendations differ for people who are hospitalized, live or work 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.

Where can I find more information about the NYC Test & Trace Corp program?
To learn more about the NYC Test & Trace program, visit the NYC Health + Hospitals website at nychealthandhospitals.org/test-and-trace/faq.

How long must isolation and transmission-based precautions continue for people with COVID-19 in hospitals or congregate settings (e.g., long-term care facilities)?
Either an extended symptom-based approach of at least 14 days, or a test-based strategy as defined in the NYS DOH guidance, can be used to determine when to discontinue isolation and transmission-based precautions for people with confirmed or probable COVID-19 in settings.
such as:

- People who are hospitalized (for additional guidance, refer to question: **Does a hospitalized person need to have a negative COVID-19 test before they can be discharged to a nursing home?**)
- Residents and employees of long-term care facilities (e.g., nursing homes, adult care)
- Residents of facilities for people with developmental disabilities
- Residents of supportive housing or shelter settings in which individuals share bathrooms, kitchens or sleeping areas

**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 (e.g., those with chronic lung, heart, kidney or liver disease; obesity; diabetes; HIV infection with CD4 count more than 200; or who are dialysis-dependent), use the more stringent approach described in NYS DOH 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, the test-based strategy described in NYS DOH guidance is strongly preferred. This includes people receiving chemotherapy for hematopoietic malignancies, receiving chemotherapy or radiation for solid-organ malignancies, following solid-organ transplant or during conditioning and 12 months following hematopoietic stem cell transplant, taking biologic therapy (rituximab, IL-17, IL-6, or TNF inhibitors), receiving at least 20 mg or 2 mg/kg body weight of prednisone (or equivalent) per day for 14 or more days, and with severe inherited or acquired immunodeficiencies (e.g., agammaglobulinemia or HIV infection with CD4 count less than 200).

If an immunocompromised person resides in or has been discharged to a setting where specimen collection or on-site testing is unavailable, consult with the treating specialist for consideration of further extension of a symptom-based period of isolation (e.g., instead of 14 days, use 21 days) if arrangements cannot be made to ensure safe access to testing at an outpatient setting for the immunocompromised person and patients at the testing facility who may be exposed to them and are at risk of complications from COVID-19.

**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 even if a symptom-based strategy was used.
Guidance for Health Care Personnel (HCP)

What self-monitoring steps are recommended for HCP?
Although COVID-19 is spreading in the community at lower levels than before, HCP remain at risk of exposure to COVID-19 in both the workplace and the community. Therefore, consistent with CDC recommendations, the NYC Health Department continues to recommend that all HCP self-monitor for fever or symptoms of COVID-19 at the beginning of a patient care shift. HCP should self-monitor regardless of whether they have had a known exposure to COVID-19.

What is recommended for asymptomatic HCP who test positive for COVID-19?
Asymptomatic HCP who test positive for SARS-CoV-2 with a viral RNA- or antigen-based test should not go to work. They should isolate themselves at home (or any other location where they can avoid contact with others) and monitor their health for at least 10 days from the date of the positive specimen collection, with the exception of employees of long-term-care facilities (e.g., nursing homes, adult care facilities), who should self-monitor for 14 days (see NYC Health Department Health Advisory # 14). If the HCP remains symptom-free, they may return to work after the monitoring period. If the HCP develops symptoms of COVID-19 during the monitoring period, they will need to self-isolate for 10 days from symptom onset (14 days for long-term-care facility employees) and until they have been afebrile for 72 hours without antipyretics and their overall illness has improved before they return to work.

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, the HCP should not report to work. They should self-isolate at home, notify their supervisor and contact a health care provider for evaluation and COVID-19 testing. If the HCP is unable to isolate themselves at home, they or their provider can contact the COVID-19 Hotel Program, which can arrange for the HCP to stay at a NYC hotel.

See When can HCP with possible or confirmed COVID-19 return to work?

Do facilities need to report to the NYC Health Department a HCP with possible or confirmed COVID-19, or with exposure to someone with COVID-19?
No, HCP exposures are managed by the health care facility where the exposure occurred. See Should providers report possible or confirmed COVID-19 cases to the NYC Health Department? for information on what providers must report.

Can the NYC Health Department tell us if any of our recent patients or HCP were exposed to or diagnosed with COVID-19 outside of our facility?
No, the NYC Health Department is unable to release test results.
What is considered a high-risk workplace exposure for HCPs?
The CDC defines high-risk workplace exposures for HCP as one in which they were:

- Not wearing a face mask or respirator and spent 15 or more minutes within 6 feet of a person with confirmed COVID-19
- Not wearing eye protection and spent 15 or more minutes within 6 feet of a person with confirmed COVID-19 who was not wearing a cloth face covering or face mask
- Not wearing all recommended PPE (gloves, gown, N95 respirator, and either goggles or face shield) during an aerosol-generating procedure (e.g., intubation, suctioning, high-flow oxygen, nebulizer)

The NYS Department of Health adheres to a more conservative approach, using 10 minutes rather than 15 minutes in defining the time frame for close contact.

Should HCP be excluded from work after a high-risk exposure?
Yes. The CDC recommends that, in an area with declining community transmission of COVID-19, HCP who have a high-risk workplace exposure to someone with confirmed COVID-19 be excluded from work for 14 days. This guidance should now be adopted in NYC (see NYC Health Department Health Advisory #20 for additional detail), unless there is a staffing shortage, as described below. When excluded, HCP should minimize contact with others and monitor themselves for fever or COVID-19 symptoms. See What should HCP do if they develop symptoms of COVID-19?

A New York State Department of Health (NYSDOH) Health Advisory issued July 24, 2020 allows asymptomatic HCP who have been exposed to someone with confirmed COVID-19 to continue to work without exclusion if a number of conditions are met, including that excluding such HCP would result in staff shortages that would adversely impact facility operations. These exclusions do not apply to nursing home employees, who must be excluded from work for 14 days after an exposure to someone with confirmed COVID-19.

When can HCP with possible or confirmed COVID-19 return to work?
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) 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 and other staff employed by a facility regulated by the NYS DOH (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 regarding COVID-19. Per NYS DOH guidance, if a HCP is an employee of a nursing home or long-term care facility, they should adhere to the extended symptom-based strategy.
Patient and Health Care Worker 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 and afraid, or to experience other symptoms of distress, such as trouble sleeping. The NYC Health Department offers recommendations and information for patients. NYC Well’s App Library has online tools to help manage health and emotional well-being. In addition, the NYC Health Department offers resources, including recommendations for self-care and coping with isolation and quarantine in hotel settings. 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’s COVID-19 Emotional Support Helpline also has trained professionals to provide support and referrals. It is available 8 a.m. to 10 p.m., seven days a week at 844-863-9314.

What should HCP do to address personal symptoms of depression and anxiety during the pandemic?
Healthcare workers, including clinical providers, administrators and maintenance staff, face unique stressors and challenges. The NYC Health Department offers resources, including recommendations for self-care and coping with isolation and quarantine in hotel settings. The CDC also offers resources for emergency responders and leaders.

If your symptoms of stress become overwhelming, or if you are thinking about suicide or know someone who is, reach out for support and help.

- 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’s COVID-19 Emotional Support Helpline also has trained professionals to provide support and referrals. It is available 8 a.m. to 10 p.m., seven days a week at 844-863-9314.
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 also CDC guidance for ambulatory care centers.

In addition, the CDC provides infection control guidance for:
- 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. CDC also has several resources for health care facilities, including:
- Interim infection control guidance
- Steps to prepare for COVID-19

Can a patient in a hospital receive visitors?
NYS suspended most inpatient visitation during the peak of COVID-19 in NYS but began allowing visitation to all general hospitals starting June 19, 2020. Hospitals must maintain infection control procedures that include 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 latest CDC guidance recommends 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 an nasopharyngeal or oropharyngeal swab an aerosol-generating procedure.

Personal Protective Equipment (PPE)

What PPE is recommended while caring for someone with possible or confirmed COVID-19?
Health care personnel (HCP) are advised to use gloves, gown, a face mask and eye protection (goggles or face shield) when evaluating patients with suspected or confirmed COVID-19. N95 respirators should be used whenever these patients undergo a potentially aerosol-generating
procedure, such as use of high-flow oxygen or nebulizers, intubation or suctioning. Due to ongoing shortages, N95 respirators should be prioritized for HCP working in locations where aerosol-generating procedures are common such as intensive care units. See CDC infection control guidance.

What strategies are there to conserve, reuse or optimize the supply of PPE?

- Use 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?
Given the improved supply of many PPE items, the NYC Emergency Stockpile is no longer supplying most NYC partners. Some supplies, including N95 respirators, remain limited and conservation must therefore continue. The NYC Health Department encourages all providers to contact their usual suppliers for PPE and offers information on available suppliers.

What should outpatient providers do to protect themselves and their patients if they do not have access to 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.

Since there is less local transmission in NYC now than during the peak of the public health emergency, do health care personnel still need to wear masks when working in health care facilities?
Yes, face masks should be worn by staff while they are in the health care facility. It is now clear that asymptomatic and presymptomatic transmission contribute significantly to SARS-CoV-2 transmission.

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Cleaning Health Care Facilities

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 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 (e.g., 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 worker exposure to medical waste, including sharps and other items that can cause injuries or exposures to infectious materials.

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New York State Facilities

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, non-porous surfaces and objects with cleansers and water prior to applying an Environmental Protection Agency (EPA)-registered, hospital-grade disinfectant that is effective against coronaviruses. Refer to the product label for appropriate contact time.

See the list of disinfectants that meet the EPA’s criteria for use against SARS-CoV-2.

Which facilities are regulated by NYS?
NYS regulates Article 28 facilities. Article 28 facilities include hospitals, nursing homes, acute care clinics and diagnostic and treatment facilities. Article 28 status can be checked online. Health care facilities and workers regulated by the NYS DOH are encouraged to contact their employer or the NYS DOH for their most recent and comprehensive guidance.

How do I contact the NYS DOH or a NYS Local Health Department (LHD)?
NYS LHD contact information is available online. Providers who are unable to reach the LHD can contact the NYS DOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or the NYS DOH Public Health Duty Officer at 866-881-2809 on evenings, weekends and holidays.

Telehealth

Where can I find 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. Visit nycreach.org for more information and to sign up.

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
- NYS Office of Addiction Services and Supports (OASAS) Telehealth FAQ

National Guidance
- 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

More Information
- NYC COVID-19 Information for Providers
- NYC COVID-19 Data page: latest NYC epidemiology
- NYC COVID-19 Resources for Health Care Facilities
- CDC COVID-19 Information for Health Care Professionals
- Sign up for health alerts from the NYC Health Department
- Sign up for health alerts from the CDC

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