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) and U.S. Centers for Disease Control and Prevention (CDC).

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

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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 pre-existing 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 aged 65 years or older or have underlying medical conditions associated with severe COVID-19, and their household members and caregivers, to 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 seeking 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 COVID-19 spread?
The most common and efficient mode of COVID-19 transmission is from person to person when respiratory droplets containing the virus are inhaled or enter the nose or eyes. Airborne transmission of COVID-19 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 enables build-up of respiratory droplets and particles
• During aerosol-generating medical procedures.

See the [CDC scientific brief](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html) 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.

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

**When are people with COVID-19 infectious to others?**

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

**How can individuals prevent COVID-19 transmission?**

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, and staying home while sick, except for needed medical care. Getting a COVID-19 vaccine, once they are eligible, will reduce their chance of developing COVID-19.

**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 NYS Health Department’s [COVID-19 Face Coverings: Frequently Asked Questions](https://www.health.ny.gov/doughnut/face_covering_faq.htm) and the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html) for more information about face coverings in non-clinical settings.

The [CDC conducted experiments](https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html) to assess two ways of improving the fit of medical procedure masks: fitting a cloth mask over a disposable mask, and knotting the ear loops of a disposable mask and then tucking in and flattening the extra material close to the face. Each modification substantially improved source control and reduced wearer exposure. These experiments did not include any other combinations of masks, such as cloth over cloth, medical procedure mask over medical procedure mask, or medical procedure mask over cloth. The experiments highlight the importance of good fit to maximize mask performance; however, the results cannot be generalized to everyone, e.g. 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.

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 (e.g., corticosteroids, monoclonal antibodies, 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 (NIH)’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 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 patient on how to use pulse oximeters is available here.

See NYC Health Department guidance on identifying and triaging patients at increased risk for severe COVID-19 for additional information.

Can people become reinfected?
There are a few case reports of individuals being reinfected after recovering from COVID-19. To date, reinfection appears to be rare. Currently, it is unknown if recovered persons 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 CDC, available evidence suggests that most recovered individuals would have a degree of immunity for at least 3 months following initial diagnosis of COVID-19. Whether reinfection may play an important role in the future course of the pandemic is unknown. See European Centre for Disease Prevention and Control 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 non-infectious, 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 persons 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?
An MMWR study suggests that pregnant people 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 people. 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 pregnant people have a higher risk of developing severe illness. The CDC and NYC Health Department offer 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?
At this time, expert consensus is that pregnant people with 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 pregnant people and their household members should take extra precautions to prevent exposure to COVID-19.

Testing and Reporting

How can I test for the virus that causes COVID-19?
Tests used for diagnostic purposes should be limited to nucleic acid amplification tests (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 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. 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.

Providers should especially offer testing to:
- 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) 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 travel
  - Participants in any large indoor gatherings (greater than 10 people) within five days after the event.
  - Individuals who 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 persons 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](https://covid19.city.gov) 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](https://covid19.city.gov). NYC Health + Hospitals is also offering COVID-19 testing at [testing locations](https://covid19.city.gov) 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 pre-symptomatic COVID-19 to prevent transmission.

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 (i.e., 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 New York State (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 co-workers 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 pre-approved 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 New York State (NYS) via the NYS 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 (POC) 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) and the NYS ECLRS Help Desk (866-325-7743 or eclrs@health.ny.gov) for assistance.
NYS requires providers performing a COVID-19 diagnostic test to include the following information about the individual in the ECLRS report or on the lab requisition form:

- Whether they attend, work, or volunteer at a school (and school name and address (enter school information in “occupation” field if other options are not available)
- Their residential address and phone number
- Local address, if different from permanent
- Where they work (including employer address and phone number)
- Race and ethnicity

See NYC Health Department 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?
A 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. Post-mortem 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 infected person 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 Symptoms and What to Do When Sick for more information.

Essential workers deemed critical by their employer who adhere to NYS Department of Health (NYS DOH) 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.

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

What should I tell my patient who has COVID-19?
Inform your patient they must immediately isolate from others. 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 (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 Nov 30, 2020.

**How long should a non-hospitalized 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) AND
- Absence of fever for at least 24 hours without antipyretics AND
- Overall illness has improved

If someone who was initially asymptomatic develops symptoms during the isolation period, they should re-start 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 NYS DOH 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 (e.g., nursing homes, adult care) 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?**

CDC generally does not recommend a test-based approach to determine whether isolation may be discontinued; however, [NYS DOH 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 (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 (e.g., on chemotherapy for cancer, untreated HIV infection with CD4 count <200, receipt of prednisone >20 mg/day for >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 [NYS DOH 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 NYS DOH COVID-19 Designated Nursing Home. For assistance or current information on State designated COVID-19-only nursing homes, contact the NYS DOH Surge and Flex Operations Center at 917-909-2676 24 hours a day, 7 days a week or [covidhospitaldtcinfo@health.ny.gov](mailto:covidhospitaldtcinfo@health.ny.gov).

**Are there exemptions that allow essential workers, including certain health care personnel (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 [NYS DOH 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? Per NYS guidelines, anyone entering NYS from another state (except Connecticut, Massachusetts, New Jersey, Pennsylvania or Vermont) or a country or territory territory subject to a CDC Level 2 or higher COVID-19 risk assessment must fill out a NYS Traveler Health Form and will be required to quarantine if they were in the other state, country, or territory for at least 24 hours. They must quarantine for the full 10 days unless they take the following steps:

- Obtain diagnostic testing within 72 hours prior to arrival in New York, and
- Upon arrival in New York, quarantine according to NYS DOH guidelines, for a minimum of 3 days, measured from time of arrival, and on day 4 seek a diagnostic test to exit quarantine.

Travelers with negative diagnostic tests meeting the above criteria may end quarantine.

Travelers who leave NYS for less than 24 hours do not need to obtain a diagnostic test before departing and do not need to quarantine upon return. However, such travelers must fill out the NYS Traveler Health Form upon entry and must obtain a diagnostic test on the fourth day after arrival in New York.

There are exemptions to travel quarantine for essential workers. For more information, see NYS Interim Travel Guidance. For HCP, see Should HCP be excluded from work after travel?

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

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

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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 webpage. Visit the CDC COVID-19 vaccine webpage 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), 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://www1.nyc.gov/site/health/patient-care/index.page) 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** COVID-19 or is severely immunocompromised, the [CDC recommends](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-workers.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 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.

Per [NYS DOH guidance](https://www2.doh.ny.gov/healthfacilities/occupationalhealth憶), 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](https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html) before returning to work.
Do facilities need to report a 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.

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 no longer permitted to work while under quarantine, unless there is an actual or anticipated inability to provide essential patient services. In such cases, exposed HCPs may be permitted to return to work early when:

1. Strategies are in place to mitigate HCP staffing shortages as outlined in CDC’s December 14, 2020 Strategies to Mitigate Healthcare Personnel Staffing Shortages;
2. A complete NYS DOH HCP Return to Work Waiver with signed CEO attestation is uploaded documenting (a) implementation or attempted implementation of staffing mitigation strategies, and (b) current or imminent staffing shortage that threaten provision of essential patient services;
3. Upon review, approval for the waiver is received from the NYS Commissioner of Health; and
4. The HCP:
   a. Has a negative diagnostic COVID-19 test following exposure and every 2-3 days thereafter until Day 10 after exposure;
   b. Self-monitors for symptoms and fever through Day 14; and
   c. Continues to quarantine while not at work.

Per the CDC, quarantine and exclusion from work is indicated for HCP who had prolonged close contact to a person with COVID-19, 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 (e.g., intubation, suctioning, high-flow oxygen, nebulizer).

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

HCP at nursing homes and adult care facilities certified as Enhanced Assisted Living Residences or licensed as Assisted Living Programs 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 New York 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?
HCP subject to NYS Travel Quarantine may return to work, however as per NYS guidance, they must test negative on a COVID-19 diagnostic taken within 24 hours of arrival in New York and again on the fourth day after arrival, and follow other precautions.

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). NYS DOH 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 anytime they are concerned about staffing, patient care capacity, or other triage concerns. The Surge and Flex Operations Center is available 24 hours a day, 7 days a week. Facilities should not contact the Surge and Flex Operations Center for return to work waivers for HCP with a high risk exposure.

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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 infection control guidance for:
- 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. CDC also has several resources for health care facilities, including interim infection control guidance.

Can a patient in a hospital receive visitors?
In October 2020, NYS re-introduced visitation restrictions for hospitals located in NYS-designated areas with increased COVID-19 activity (“red” and “orange” zones) – see this NYS Health Advisory for additional details.

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 CDC recommends that patients be evaluated in a private examination room with the door closed. An AIIR is not required by the CDC unless the patient will be undergoing an aerosol-generating procedure. The CDC does not consider the collection of a nasopharyngeal or oropharyngeal swab an aerosol-generating procedure.

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

For hospital-based settings, refer to the environmental section of the CDC infection control guidance and the CDC Infection Control FAQ. For outpatient settings, refer to NYC Health Department guidance.

**How should I handle standard medical waste (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 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, non-porous 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.

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**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, a face mask or 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 be used whenever these patients undergo a
potentially aerosol-generating procedure, such as use of high-flow oxygen or nebulizers, intubation or suctioning. In the case of shortages, N95 respirators should be prioritized for HCP working in locations where aerosol-generating procedures are common such as intensive care units. See also CDC infection control guidance.

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 healthcare provider or congregate residential setting should be eligible to order PPE and have not currently 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 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 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.

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**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. It is 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.

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**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
- CDC COVID-19 Information for Health Care Professionals
- Sign up for NYC Health Department Health Alerts

**NYC Test & Trace Corp program:** nychealthandhospitals.org/test-and-trace/.

**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. Visit nycreach.org for more information and to sign up.
• 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
• 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
• Sign up for CDC Health Alerts

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The NYC Health Department may change recommendations as the situation evolves. 3.5.21