FAQ About COVID-19 for Health Care Providers

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

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

New or updated questions include:
- What do NYC providers need to know about SARS-CoV-2 variants?
- Can people become reinfected?
- Where can I find information about long COVID, or post-COVID conditions?
- Who should get tested for COVID-19?
- How long must isolation and transmission-based precautions continue for people with COVID-19 who are hospitalized or reside in a nursing home, adult care facility or other congregate setting with vulnerable residents?
- When can health care practitioners who had COVID-19 return to work?
Clinical Presentation and Risk For Severe COVID-19

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

Who is at an increased risk for severe COVID-19?
Factors associated with an increased risk of severe COVID-19 include older age and preexisting medical conditions. An updated list of these factors is available on the CDC’s and NYC Health Department’s webpages.

Advise people with one or more of these risk factors that they should contact you or another provider if they develop COVID-19 symptoms so that evaluation and care may be escalated promptly, if necessary.

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

Transmission

How does COVID-19 spread?
The most common and efficient mode of SARS-CoV-2 transmission is from person to person through exposure to respiratory fluids carrying infectious virus. Exposure occurs three principal ways: (1) inhalation of very fine respiratory droplets and aerosol particles, (2) deposition of respiratory droplets and particles on exposed mucous membranes in the mouth, nose, or eye by direct splashes and sprays, and (3) touching mucous membranes with hands that have been soiled either directly by virus-containing respiratory fluids or indirectly by touching surfaces with virus on them.

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

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

See the CDC scientific brief for more information.
The virus may be transmitted by people who are infected and either symptomatic or asymptomatic. The CDC estimates a substantial proportion of people who are infected are asymptomatic and about half 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 symptoms, infectiousness appears to be highest starting approximately two days before symptom onset and to decline during the following week. In studies, for the vast majority of patients with COVID-19, it has not been possible to isolate infectious virus more than 10 days after symptom onset. However, severely ill or immunocompromised people may shed viable virus for a longer period of time.

**How can individuals prevent COVID-19 transmission?**
The most effective way to prevent transmission is to get vaccinated. Other ways to reduce the risk of spreading COVID-19 include avoiding large gatherings or crowded indoor settings, maintaining physical distance from others, wearing a face mask, practicing good hand hygiene and staying home when sick (except to get medical care and other needs). For additional information see CDC’s Prevent Getting Sick.

**How can people use face masks to prevent exposure to SARS-CoV-2?**
The effectiveness of masks in reducing exposure to and transmission of SARS-CoV-2 can be improved by ensuring that the mask is well fitted to the contours of the wearer’s face to prevent leakage of air around the mask’s edges. 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.

See the NYC Health Department’s COVID-19 Face Masks: Frequently Asked Questions and CDC website for more information about face masks in nonclinical settings.

**What do NYC providers need to know about SARS-CoV-2 variants?**
SARS-CoV-2 changes through mutation. Some genetic variants of SARS-CoV-2 are more transmissible or virulent than others, and therefore may cause increased infections or more severe disease. The highly infectious Delta variant predominates in NYC and the rest of the U.S..

CDC recently summarized data on the effectiveness of COVID-19 vaccines against certain variants, including Delta. All authorized vaccines are highly effective against hospitalization and death due to all currently circulating variants. Remind patients that vaccination is the best defense against COVID-19, including infections caused by variants.

There is evidence that some SARS-CoV-2 variants currently circulating in NYC are less responsive to treatment with certain monoclonal antibodies. For more information, see the
NYC Health Department’s Letter to Providers: Changes to Recommendations on Monoclonal Antibody Therapy.

Viral mutations and variants in the U.S. are routinely monitored. Refer to the CDC for additional information and the NYC Health Departments COVID-19 Variant Data page for information about variants detected in NYC.

Clinical Management

Where can I find information on how to treat COVID-19?
Currently, medical care for COVID-19 includes early treatment with monoclonal antibodies to prevent progression to severe disease, supportive care and the option to use remdesivir or various investigational therapeutics (for example, corticosteroids, monoclonal antibodies and convalescent plasma) depending on clinical indications. 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?
Consider early use of monoclonal antibody therapy, which is strongly recommended for nonhospitalized patients with mild to moderate COVID-19 at risk of progression to severe disease. When given early after symptom onset, monoclonal antibody treatments can decrease the risk of hospitalization and death due to COVID-19.

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 patients 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.

Where can I find more information about monoclonal antibody therapy?
Resources available on the NYC Health Department’s COVID-19: Providers webpage include:
- Letter to Providers: Changes to Recommendations on Monoclonal Antibody Therapy
- Patient Handout: Monoclonal Antibody Treatment for COVID-19 (available in multiple languages)
- Monoclonal Antibody Treatment Locations
- U.S. Health and Human Services: Monoclonal Antibody Distribution Locations
Can people become reinfected?
Yes, however, to date, reinfection appears to be rare. A Danish study suggested that reinfection may be more common among those age 65 and over. Preliminary data from Public Health England suggest that the risk of reinfection may be higher with the delta (B.1.617.2) variant compared to the risk of reinfection with the alpha (B.1.1.7) variant. According to the CDC, available evidence suggests that most recovered individuals have a degree of immunity for at least 90 days following initial diagnosis of COVID-19. Whether reinfection may play an important role in the future course of the pandemic, especially with the emergence of the delta and other 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 shed 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, 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.

What if someone who recovered from COVID-19 has new symptoms of COVID-19?
Someone who 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.

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

Where can I find information about long COVID, or post-COVID conditions?
Updated information and guidance for providers on post-COVID-19 conditions (also referred to as long COVID, long-haul COVID, post-acute COVID, long-term effects of COVID-19, chronic COVID) may be found on the CDC’s Evaluating and Caring for Patients with Post-COVID
Testing and Reporting

How can I test for the virus that causes COVID-19?
To assess whether someone has an acute infection, use a viral (NAA or antigen-based) test that has been issued an Emergency Use Authorization by the U.S. Food and Drug Administration. For a detailed COVID-19 testing 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.

Information about screening testing may be found in the Considerations for Testing in Different Scenarios section of CDC’s Overview of Testing for SARS-CoV-2 page.

Who should get tested for COVID-19?
The following groups should be prioritized for testing:

- People with symptoms of COVID-19. This includes people who are fully vaccinated or were previously diagnosed with COVID-19 within the past three months.
- People who have been within 6 feet of someone with COVID-19 for at least 10 minutes over a 24-hour period. Test three to five days after the exposure.

CDC also recommends testing for travelers (unless the traveler has recovered from a documented COVID-19 infection in the preceding three months) at the following times:

- **International** travel: All air passengers coming to the U.S. are required to have a negative test no more than three days before travel. All travelers (including fully vaccinated) should be tested three to five days after arriving in the U.S. from international destinations.
- **Domestic** travel: People who are not fully vaccinated should be tested one to three days before and three to five days after travel. Fully vaccinated people do not need to be tested.

Consider testing other asymptomatic people who are not fully vaccinated (unless they have been diagnosed with COVID-19 in the preceding three months) in the following circumstances:

- Before or after attending a wedding or other large event
- Before visiting someone who is not vaccinated and at increased risk of severe COVID-19
- Periodic screening may be offered to people who have frequent in-person interactions with others at work or social settings, especially if they are in close contact with people without face masks in indoor settings

Prompt diagnosis of COVID-19 can prevent further spread and can benefit patients with an increased risk of severe disease, including older adults and people with underlying health
conditions, who may be eligible for monoclonal antibody treatment (see Where can I find more information about monoclonal antibody therapy?) or close monitoring for worsening symptoms.

Where can people get tested?
Visit nyc.gov/covidtest to find testing locations (some of which offer no cost testing). No-cost rapid PCR testing is available at NYC Health Department COVID Express sites throughout the city; information on scheduling a visit is available here. NYC Health + Hospitals also offers walk-in testing at locations throughout NYC.

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

See the NYC Health Department’s Rapid Test Reporting FAQ for more information.

Where can I find information about regulatory requirements for point-of-care (POC) testing?
CDC provides guidance for SARS-CoV-2 POC and rapid testing.

I suspect my patient has COVID-19, but their test came back negative. What does this mean?
If clinical suspicion of COVID-19 is high, the test result may be falsely negative. Assume the patient has COVID-19, tell them to self-isolate, and continue appropriate infection control practices. If an antigen test was used, confirmatory testing should be performed using a 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?
Interpretation depends on the clinical situation, including whether the person is symptomatic and the time that has elapsed between when specimens for each test were collected. Refer to the NYC Health Department Testing Overview for more information on test interpretation. Providers can also call the Provider Access Line at 866-692-3641 for consultation.
Quarantine, Isolation and Close Contacts

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

What is the definition of close contact to someone with confirmed COVID-19?
In general, NYS defines a close contact as someone who was within 6 feet of a person with COVID-19 for at least 10 minutes over a 24-hour period, starting two days before illness onset (or, for asymptomatic patients, two days prior to positive specimen collection) until the patient is isolated. There is a separate definition of a workplace COVID-19 exposure for HCP.

Is it necessary to quarantine after close contact with someone with confirmed COVID-19?
Close contacts of someone with confirmed COVID-19 must quarantine for 10 days after their last exposure to the person with COVID-19 unless the contact:

- Is fully vaccinated (at least two weeks have passed since they completed a COVID-19 vaccination series) or
- Recovered from laboratory-confirmed COVID-19 in the past three months

Although fully vaccinated people do not need to quarantine after an exposure, they should be tested for COVID-19 three to five days after the exposure and wear a face mask in public indoor settings for 14 days after the exposure or until they receive a negative test result (per CDC).

Even if someone is fully vaccinated or has recovered from laboratory-confirmed COVID-19 in the past three months, quarantine may be warranted in the following circumstances:

- Vaccinated inpatients and residents in health care settings should quarantine following an exposure to someone with COVID-19
- Congregate residential settings can, at their discretion, continue to adhere to a 14-day quarantine period for residents and staff of those facilities

All persons, whether or not required to quarantine, should self-monitor for symptoms for 14 days following their last exposure to the person with COVID-19. If they develop symptoms, they should seek diagnostic testing and isolate. Visit the NYC Health Department’s COVID-19: Symptoms and Care webpage for more information.

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

What if my patient cannot quarantine or isolate away from others in their household?
Some patients may be eligible to stay in a hotel room during quarantine or isolation. Visit the [NYC Test & Trace webpage](https://www1.nyc.gov/site/doh/coronavirus/pages/test-trace.page) for information.

**What should I tell my patient who has COVID-19?**
Tell your patient they must immediately isolate themselves to prevent further transmission, including to other household members. Details on how to safely isolate can be found [here](https://www1.nyc.gov/site/doh/coronavirus/pages/test-trace.page). Inform them they will receive a call from an NYC Test & Trace team member who will interview them and offer self-isolation services if needed, like meals and medicine or hotel accommodations. The contact tracer will also create a list of your patient’s close contacts, so those contacts may be informed of the exposure, counselled regarding quarantine, and offered testing for COVID-19.

**How long should a nonhospitalized patient with COVID-19 self-isolate?**
The following are the minimum criteria for ending 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, they should restart their isolation period and continue it for 10 days after symptom onset.


**How long must isolation and transmission-based precautions continue for people with COVID-19 who are hospitalized or reside in a nursing home, adult care facility or other congregate setting with vulnerable residents?**
For most hospitalized patients and residents of long-term care facilities, the preferred method to end isolation is a symptom-based approach, defined by NYSDOH as:
- At least 10 days have passed since symptom onset (or, if asymptomatic, since date first positive test specimen was collected)
- Absence of fever for at least 24 hours without antipyretics
- Overall illness has improved

For people with severe to critical illness, NYSDOH advises considering extending isolation to up to 20 days, in consultation with infection control or infectious disease experts. CDC recommends using [National Institutes of Health (NIH) guidelines](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance.html) to define severity of illness.

Additional exceptions apply to people who are severely immunocompromised. See [How long must isolation and transmission-based precautions continue for people with COVID-19 who are severely immunocompromised?](#)

The NYS executive order that required residents of long-term care facilities (such as nursing homes or adult care facilities) hospitalized with COVID-19 to have a negative test before
returning to the facility has expired. However, **NYSDOH strongly encourages** hospitals to continue to test patients for COVID-19 before discharging them to any congregate setting, including nursing homes and adult facilities.

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

For people who are severely immunocompromised (such as patients who are living with AIDS, are on immunosuppressive medication after an organ transplant or are receiving chemotherapy for cancer), the **CDC** recommends extending isolation and precautions up to 20 days after symptom onset. Consultation with infectious disease experts is advised.

A **test-based strategy** could also be considered for severely immunocompromised patients. Per **NYSDOH guidance** all of the following are required to discontinue transmission-based precautions when using the test-based strategy:

- At least 24 hours have passed since last fever, without fever-reducing medications
- Symptoms (if present) have improved
- Results are negative from **at least two consecutive respiratory specimens** collected greater than or equal to 24 hours apart and tested using an FDA-authorized molecular viral assay for detection of SARS-CoV-2 RNA

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

NYS no longer requires visitors or returning New Yorkers to quarantine upon arrival. All travelers, domestic and international, should follow **CDC travel guidance**.

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

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

**COVID-19 Vaccination**

**Where can I get information on COVID-19 vaccines in NYC?**

Comprehensive information on COVID-19 vaccines can be found at the **NYC Health Department provider vaccine webpage**. Visit the **CDC COVID-19 vaccine webpage** for additional information.

Providers play a vital role in encouraging New Yorkers to get a COVID-19 vaccine. Vaccine communication resources for providers can be found **here**, including answers to common questions and guidance on how to begin and continue conversations with patients and staff.

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

What should HCP do if they develop symptoms of COVID-19?
If they develop symptoms of COVID-19 while working, they should immediately leave the patient care area, isolate themselves from other people and contact their health care provider for evaluation and COVID-19 testing, if warranted. If onset occurs outside of work, they should not report to work but instead self-isolate, notify their supervisor and contact a health care provider for evaluation and COVID-19 testing.

When can HCP who had COVID-19 return to work?
In general, HCP 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 24 hours without the use of antipyretics.

HCP should consult their facility’s occupational health program before returning to work.
HCP employed by a facility regulated by the NYSDOH (such as an Article 28 facility) or a jurisdiction outside of NYC should check with their employer before returning to work, as the employer may have a different policy.

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 who are not fully vaccinated and exposed to someone with COVID-19 (either at the health care facility or in the community) should be reported to the NYC Test & Trace Corps at 646-614-3024.

Do HCP who are fully vaccinated need to quarantine or furlough following exposure to someone with laboratory-confirmed COVID-19?
Per NYS guidance, HCP who have been fully vaccinated against COVID-19 do not need to quarantine or be excluded from work provided that they remain asymptomatic after the COVID-19 exposure. However, HCP must comply with symptom monitoring and their health care facility’s specified nonpharmaceutical interventions through Day 14 after the exposure.

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.

Do HCP who recovered from SARS-CoV-2 infection need to quarantine or furlough if they were exposed to someone with laboratory-confirmed COVID-19?
Per NYSDOH 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.

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 [NYSDOH guidance](https://www.health.ny.gov), 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

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.

**How is workplace exposure to COVID-19 defined for HCP?**
Per the [CDC](https://www.cdc.gov), HCP exposure while working is defined as:
- 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
- Not wearing all recommended PPE (gloves, gown, N95 respirator, and either goggles or face shield) during an aerosol-generating procedure (AGP) such as intubation, suctioning, high-flow oxygen or nebulizer

**If I am a NYS-certified health care worker and want to volunteer during public health emergencies or events, what should I do?**
Join the [NYC Medical Reserve Corps](https://www.medrescorps.org). The [NYSDOH](https://www.health.ny.gov) 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. Refer to [NYSDOH guidance](https://www.health.ny.gov) for more information and strategies to mitigate current or imminent staffing shortages as well as waiver requests for health care entities continuing to experience staffing shortages.

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Preventing COVID-19 Exposures at Medical Facilities

Where can I find information on preventing COVID-19 exposures in outpatient practices? The NYC Health Department provides COVID-19 [infection control guidance](https://www.nyc.gov/health) and [resources](https://www.nyc.gov) for outpatient health care providers and practices.

See CDC infection control guidance for non-hospital settings, including:
- Assisted living facilities
- Dental settings
- Hemodialysis facilities
- Nursing homes and long-term care facilities

Where can I find information on preventing COVID-19 exposures in hospitals? The NYC Health Department offers [COVID-19 resources for hospitals](https://www.nyc.gov/health/coronavirus). The CDC also has several resources for [health care facilities](https://www.cdc.gov/coronavirus), including interim [infection control guidance](https://www.cdc.gov/coronavirus/2019-ncov/infection-control.html).

Can a hospitalized patient receive visitors? Beginning June 7, 2021, hospitals must allow in-person visitation consistent with [NYSDOH guidance](https://www.health.ny.gov/). Hospitals may set the maximum number of visitation hours and visitors for various units based on the patient’s status, condition and circumstances. Visitors must adhere to infection prevention and control requirements.

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/community/healthcare-settings/airborne.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/infection-control/). For outpatient settings, refer to the [NYC Health Department guidance](https://www.nyc.gov/health/coronavirus).

What is the recommendation for environmental cleaning in clinical settings? [Per CDC](https://www.cdc.gov/coronavirus/2019-ncov/community/healthcare-settings/), routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in health care settings, including areas where 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](https://www.epa.gov/cleanwater/disinfectants) for use against SARS-CoV-2.

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**Personal Protective Equipment (PPE)**
What PPE is currently recommended for health care practitioners?
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.

During periods of moderate to substantial COVID-19 transmission, as is currently the case in NYC, HCP caring for patients not suspected of having COVID-19 should:
- Use eye protection and an N95 or equivalent or higher-level respirator when performing potentially AGPs
- Consider using an N95 or equivalent or higher-level respirator, in addition to eye protection and other recommended PPE, for all patient encounters
- If a respirator is not used, 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 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 and refer to Strategies for PPE Reuse and Extended Use.
- 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), Federally Qualified Health Centers, 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, select outpatient primary care practices and some other health care providers. If you believe your health care provider or congregate residential setting should be eligible to order PPE and have not already been onboarded, contact PPESupport@health.nyc.gov.
PPE is available from the Service Center for use during the NYS declared COVID-19 emergency. 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.

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. 8.19.21