



## FAQ About COVID-19 for Health Care Providers

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 Department of Health and Mental Hygiene \(NYC Health Department\)](#) and [U.S. Centers for Disease Control and Prevention \(CDC\)](#).

FAQ About COVID-19 for Health Care Providers .....	1
About COVID-19 .....	2
Clinical Management of COVID-19 .....	4
Testing and Reporting .....	5
Quarantine, Isolation and Close Contacts .....	9
Guidance for Health Care Personnel (HCP) .....	14
Patient and Health Care Worker Mental Health .....	16
Preventing COVID-19 Exposures at Medical Facilities .....	16
Personal Protective Equipment (PPE) .....	17
Cleaning Health Care Facilities .....	19
New York State (NYS) Facilities .....	19
Telehealth .....	20
More Information .....	20

## **About COVID-19**

### **What are the symptoms of COVID-19?**

An updated list of symptoms may be found [here](#).

### **How does COVID-19 spread?**

The most common and efficient mode of COVID-19 transmission is from person to person when respiratory droplets containing virus are inhaled or enter the nose or eyes. Airborne transmission of COVID-19 is uncommon but can occur under special circumstances. Examples include:

- Inadequate ventilation or air handling of an enclosed space allows a build-up of suspended small respiratory droplets and particles
- Prolonged exposure to respiratory particles generated during expiratory exertion (such as shouting, singing or exercising) that increases the concentration of suspended respiratory droplets in the air space
- Aerosol-generating medical procedures (such as intubation, suction of oral or respiratory secretions)

The virus may also be 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 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 have close or prolonged exposure to a person with COVID-19.

The virus may be transmitted by infected persons who are symptomatic or asymptomatic. The 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](#), avoiding crowds and crowded indoor settings, and maintaining physical distance from others, when possible, when leaving home.

### **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.

### **What is known regarding reinfection after initial infection?**

There are a few case reports of individuals being reinfected after recovering from COVID-19. To date, reinfection appears to be rare. Whether reinfection may play an important role in the future course of the pandemic is unknown. The European Centre for Disease Prevention and Control [recently summarized](#) current evidence on this topic.

### **What does it mean if someone has a positive SARS-CoV-2 test after they have recovered from COVID-19?**

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. In the rare cases where viable virus has been isolated from patients more than 10 days after symptom onset, the patients had severe illness and generally have been immunocompromised. Even though they are no longer infectious, however, people who have recovered from COVID-19 may continue to shed detectable levels of viral RNA for months. Therefore, a positive result from a nucleic acid amplification (NAA) 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. For this reason, it is recommended that an asymptomatic person who has 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.

### **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 [NYS Executive Order](#). A face covering is any well-secured cloth covering or disposable mask that covers the nose and mouth. Face coverings with exhalation valves should not be used because they allow unfiltered air to escape. Effective face coverings are critical to stopping spread of the virus from the wearer to others. This is particularly important because transmission from asymptomatic and presymptomatic persons can occur. New Yorkers should still maintain 6 feet of distance from others in public and practice good hand hygiene. For more information, read the NYC Health Department's [Face Coverings FAQ](#).

### **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.

[Back to Table of Contents](#)

## **Clinical Management of COVID-19**

### **What is the difference between confirmed and possible COVID-19?**

A confirmed case of COVID-19 is a person with a positive nucleic acid amplification or antigen-based test for COVID-19. A possible case of COVID-19 is 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**.

### **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 remdesivir or various investigational therapeutics (e.g., 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 if a patient does not have access to a health care 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 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 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 via the transplacental route 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.

[Back to Table of Contents](#)

## **Testing and Reporting**

### **Which patients should be tested for COVID-19?**

COVID-19 testing is now available for all New Yorkers. Prompt diagnosis of COVID-19 can particularly benefit patients with increased risk of severe disease, including older adults and people with underlying health conditions. 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.

As outlined in [HAN#38](#), 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 nucleic acid or antigen-based test
- People who live or work in areas of NYC with increased virus activity and deemed red, orange or yellow COVID-19 zones, even if they have no symptoms or a known exposure. Check the NYC Zone Finder Map at [nyc.gov/covidzone](https://nyc.gov/covidzone) regularly for the most current areas with increased COVID-19 transmission.
- Testing should also be considered for the following groups:
  - Individuals returning to NYC following travel to “restricted states” (as defined

by NYS) on the fourth day after return to NYC; individuals should also be reminded of travel-related quarantine restrictions.

- Participants in any large indoor gatherings (less than 50 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.

Free rapid testing is available at multiple COVID Express sites throughout the city. Information on where to get tested and how to schedule a visit is available [here](#). NYC Health + Hospitals is also offering COVID-19 testing at [testing locations](#) throughout NYC.

### **Who should undergo routine screening for COVID-19?**

Screening testing is defined as SARS-CoV-2 testing among individuals who do not have symptoms or a known exposure so that measures can be taken to prevent transmission from asymptomatic or pre-symptomatic individuals. For most screening, a NAA test should be used; 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](#).

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 and adult care facilities must be screened every week in accordance with NYS requirements.
- Health care personnel (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 test for the virus that causes COVID-19?**

Tests used for diagnostic purposes should be limited to 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.

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](#).

### **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). Testing can be requested online through [PHL's eOrder system](#).

### **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 nucleic acid amplification-based test results for COVID-19, and all positive COVID-19 serology results conducted in a clinical laboratory.

NYS requires health care providers, facilities or organizations to report the results of all SARS-CoV-2 tests, including Clinical Laboratory Improvement Amendments (CLIA)-waived, point-of-care COVID-19 diagnostic tests (such as nucleic acid-based tests and antigen tests) via the Electronic Clinical Laboratory Reporting System (ECLRS). All results (e.g. positive, negative, indeterminate) must be reported. Contact the NYC Health Department's ECLRS team ([nyceclrs@health.nyc.gov](mailto:nyceclrs@health.nyc.gov)) and the NYS ECLRS Help Desk (866-325-7743 or [eclrs@health.ny.gov](mailto:eclrs@health.ny.gov)) for assistance. Reporting is required [within 24 hours](#) of receipt of the test results.

As a temporary measure to ensure continuity of reporting, providers may use the NYC Health Department's [Reporting Central](#) online portal until ECLRS reporting is established. If you are unable to report via Reporting Central, fax reports to 347-396-8991 using the NYC Health Department's Universal Reporting Form, until your ECLRS account is activated.

Providers are also required by NYS to ask for the following information when performing COVID-19 tests and include it in the ECLRS report or on the lab requisition form:

- Whether individual attends, works, or volunteers at a school; if so, school name and address (enter school information in “occupation” field if other options are not available)
- Full residential address and phone number
- Local address, if different from permanent
- Employer name, work address, employer phone number
- Race and ethnicity

See NYC Health Department [Health Advisory #37](#) or NYS’s [September 21, 2020 Health Advisory](#) for more information.

Immediately 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 nucleic acid amplification- 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 offered testing 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 and outpatient facilities 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 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 a rapid test was used (NAA or antigen), 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](#).

**Where can I find information on NYS requirements to test hospitalized patients, nursing home residents, and recent decedents for both influenza and COVID-19?**

NYS released emergency regulations that require testing for both COVID-19 and influenza if a

hospitalized patient or nursing home resident has symptoms consistent with or a recent known exposure to either disease. Post-mortem testing for both viruses is also required within 48 hours of death for deceased hospitalized patients or nursing home residents who had symptoms of or recent exposure to influenza or COVID-19 but were not tested previously (10 NYCRR 77.13 and 77.14). The Executive Order can be found [here](#); and amendment changing the reporting requirements to report results within 24 hours (rather than three hours) may be found [here](#).

[Back to Table of Contents](#)

## **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. If NYC residents need an isolation or quarantine order to qualify for [NYS Paid Family Leave](#), they can call 855-491-2667.

### **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](https://nyc.gov/health/coronavirus).

Following are 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 Current 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 NYS 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.

### **Are there exemptions that allow essential workers, including certain health care personnel, to continue to work while under quarantine due to close contact with someone with confirmed COVID-19?**

Exemptions from quarantine following a known exposure to COVID-19 are allowed for essential workers who are deemed critical for the operation or safety of the workplace, upon a documented determination by their supervisor and a human resources (HR) representative in consultation with appropriate state and local health authorities. To work during this period, the employee must be asymptomatic and adhere to all of the following practices during their work shift:

- Regular monitoring: The employee must self-monitor for a temperature greater than or equal to 100.0 degrees Fahrenheit every 12 hours and symptoms consistent with COVID-19 under the supervision of their employer's occupational health program.
- Wear a mask: The employee must wear a face mask at all times while in the workplace for 14 days after last exposure.
- Social distance: The employee must continue social distancing practices, including maintaining at least six feet of distance from others.
- Clean and disinfect workspaces: The employer must continue to regularly clean and disinfect all areas, such as offices, bathrooms, common areas and shared electronic equipment.
- Maintain quarantine: The employee must continue to self-quarantine and self-monitor for temperature and symptoms when not at the workplace for 14 days after last exposure.
- Adherence to these practices during a shift should be monitored and documented by the employee and the employer.

At any time, if the worker develops symptoms consistent with COVID-19, they should immediately stop work, seek diagnostic testing for COVID-19, and isolate at home. See [NYS guidance](#) for additional details.

[Exemptions are also permitted for health care personnel](#) (HCP) other than nursing home staff (who are required to complete a full 14 days of quarantine). HCP may continue to work provided that when all of the following conditions are met:

- Furloughing such HCP would result in staff shortages that would adversely impact the operation of the healthcare entity and all other staffing options have been exhausted.
- HCP are asymptomatic.
- HCP self-monitor twice a day (i.e. temperature, symptoms), and receive temperature monitoring and symptom checks at the beginning of each shift, and at least every 12 hours during a shift.
- HCP wear a facemask while working.
- To the extent possible, HCP working under these conditions should preferentially be assigned to patients at lower risk for severe complications, as opposed to higher-risk patients (e.g. severely immunocompromised, elderly).
- HCP allowed to return to work under these conditions should maintain self-quarantine when not at work for a full 14 days.
- At any time, if the HCP working under these conditions develop symptoms consistent with COVID-19, they should immediately stop work and isolate at home. 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 the another state or country?**

Yes, anyone entering NYS from another state (except Connecticut, Massachusetts, New Jersey, Pennsylvania or Vermont) or a country or territory with a [CDC level 2 or 3 health alert](#) 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 14 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 Department of Health guidelines, for a minimum of three 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 traveler form upon entry and must obtain a diagnostic test on the fourth day after arrival in New York.

For more information, see [NYS Interim Travel Guidance](#).

**Are there exemptions that allow essential workers, including certain health care personnel, to continue to work while under quarantine after returning to NYS from states or countries outlined above?**

There are work exemptions from quarantine after travel to a restricted state, country, or territory for essential workers, including health care workers, who are returning travelers or visitors. In general, essential workers may be permitted to work but must take the following steps:

- Seek diagnostic testing on day 4 after arriving.
- Minimize contact with others, self-monitor for COVID-19 symptoms, wear a face covering when in public, and maintain physical distancing.
- Clean and disinfect workspaces for at least 14 days.
- Avoid extended periods in public or in congregate settings for at least 14 days.
- Maintain quarantine while not at work.

These exemptions do not apply to teachers, school employees, and child care workers. Additional industry-specific guidance may apply. See [here](#) and [here](#) for more information, and 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 NYC Test & Trace Corps' [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 nucleic acid amplification (NAA) 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 NAA- 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](https://nychealthandhospitals.org/test-and-trace/faq).

**How long must isolation and transmission-based precautions continue for people with COVID-19 who are hospitalized or reside in a congregate facility (e.g., long-term care facility)?**

For most patients and residents of long-term care facilities, the preferred method is to use a

symptom-based approach as defined by NYS DOH as:

- At least 14 days have passed since the patient or resident's symptoms started or, if asymptomatic, 14 days since the patient or resident's test date.
- The patient or resident has been without fever for at least the past three days (without use of fever-reducing drugs such as acetaminophen or ibuprofen).
- The patient or resident's overall illness has improved.
- In nursing homes, a negative COVID-19 test result is also required to discontinue isolation after a resident has been diagnosed with COVID-19, even if they are beyond the isolation period as defined above.
- NYS also requires that residents of long-term care facilities (e.g., nursing homes, adult care) who have been hospitalized with COVID-19 have a negative test before returning to the facility.

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, the [CDC recommends using an extended](#) symptom based approach of up to 20 days. The [NYS DOH guidance](#) still describes a test-based strategy. Severely immunocompromised may include 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 to identify an alternative to a test-based strategy.

### **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.

[Back to Table of Contents](#)

## **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 nucleic acid amplification- 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 NYC Test & Trace Corps' [Take Care 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?**

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.

See [Should providers report possible or confirmed COVID-19 cases to the NYC Health Department?](#) For additional 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 face mask or respirator
- 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)

**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?](#)

An NYS DOH [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 specimen) and they have been without fever for at least 72 hours without the use of antipyretics.

HCP should consult their facility's occupational health program before returning to work. HCP 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](#).

[Back to Table of Contents](#)

## **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](http://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](http://nyc.gov/nycwell).
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[Back to Table of Contents](#)

## **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. On October 23, 2020, visitation restrictions were re-introduced in hospitals that are 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 [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 a nasopharyngeal or oropharyngeal swab an aerosol-generating procedure.

[Back to Table of Contents](#)

## **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 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?**

- Reduce in-person encounters with stable symptomatic patients by optimizing telemedicine capabilities (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 new 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 of People with Development 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](mailto:PPESupport@health.nyc.gov).

As a reminder to all settings, 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 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. For this reason, we also recommend the use of eye protection for all clinical encounters regardless of patient symptoms.

[Back to Table of Contents](#)

## **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.

**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](#).

[Back to Table of Contents](#)

## **New York State Facilities**

**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.

[Back to Table of Contents](#)

## **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](http://nycreach.org) for more information and to sign up.

New York City offers telehealth information for providers here:  
<https://www.familypathways.nyc/telehealth-tips-for-providers>.

### **NYS Guidance**

- [Northeast Telehealth Resource Center](#): free technical assistance to develop, implement and expand telehealth services, with focus on Human Resources and Service Administration-funded health centers.
- [State Health Information Network for New York \(SHIN-NY\) Waiver](#): written consent for telehealth during COVID-19 pandemic.
- [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](#)

[Back to Table of Contents](#)

## **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](#)

[Back to Table of Contents](#)

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

11.8.20