

**Interim Guidance for ED and Inpatient Setting:
 COVID-19 and INFLUENZA Screening, Testing, and PPE
 November 16, 2020 (Replaces October 26, 2020 Guidance)**

For the latest information on COVID-19, please see the [COVID-19 website](#).

Key Updates

- This document has been revised to reflect updated New York State COVID-19 guidelines related to travel within the U.S. **As of November 4, 2020, all travelers to NY from states that do not share a border with NY (e.g., all states other than Connecticut, Massachusetts, New Jersey, Pennsylvania, and Vermont) are required to quarantine for 14-days upon arrival.**
- The new NYS guidelines allow travelers to/from U.S. states, territories and foreign countries included in the travel advisory to “test-out” of quarantine if they had (1) a negative diagnostic test for COVID-19 (e.g., PCR test, NAAT test, antigen test) within 3 days prior to departure from the affected area (if the traveler was in that area for >24 hours) **AND** (2) a second negative test on or after their fourth day in NY. (See <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.)
- In order to optimize the safety of patients, visitors, and staff, **NYP will continue to require contact and droplet precautions for PATIENTS with a relevant travel history for 14 days after departure from the affected state.**
- VISITORS who meet the “test-out” criteria are allowed to visit **if** no other exclusions (e.g., the presence of symptoms or known exposure to someone with COVID-19) apply.

This document addresses ED and inpatient procedures related to screening, testing, requirements for personal protective equipment (PPE), and isolation precautions for **SARS-CoV-2** and **influenza**. See the [influenza webpage](#) for more details on management of influenza.

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Contact Infection Prevention & Control:

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SCREENING

At the time of presentation, **ALL patients and visitors should don a surgical mask or other face covering.** More information can be found in the [Interim Guidelines for Use of Face Coverings and PPE by Patients and Visitors.](#)

Patient Screening:

ALL patients should be screened for the following upon arrival:

- **A new diagnosis of COVID-19 within the past 10 days**
- **Symptoms of COVID-19 AND influenza-like illness (ILI):** subjective or measured fever, cough, shortness of breath, sore throat, muscle aches, diarrhea, nasal congestion, headache, new onset loss of smell, or altered sense of taste. **Note: new onset loss of smell and altered sense of taste are symptoms of COVID-19, but not influenza*
- **Fever/temperature** greater than 100° F/37.8° C
- **Exposure within past 14 days to someone newly diagnosed with COVID-19**
- **Exposure within past 4 days to someone newly diagnosed with influenza**
- **Travel** within 14 days from U.S. states other than those which directly border NY (i.e., Connecticut, Massachusetts, New Jersey, Pennsylvania, and Vermont) or from a foreign country with a level 2 or 3 travel alert for COVID-19. [Note: a level 2 or 3 travel alert is currently in effect for most international locations. A list of locations that are exempt from quarantine requirements (i.e., those with level 1 travel alerts and those with no travel alert) is available at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html#travel-3>.] Please note that although NYS allows travelers from affected areas to “test out” of quarantine with a negative COVID-19 test on or after a traveler’s fourth day in NY, in order to optimize the safety of patients, visitors, and staff NYP will continue to require contact and droplet precautions for patients with a relevant travel history for 14 days after departure from the affected state.

NOTE: Hospitalized patients should be **assessed daily** for the onset of symptoms compatible with a diagnosis of COVID-19 or influenza.

See [Interim Guidance for Pediatric and NICU patients.](#)

PATIENTS who screen positive for symptoms, exposure to COVID-19 or influenza, and/or travel should be managed as described in section titled “PPE AND TRANSMISSION-BASED PRECAUTIONS (“ISOLATION”) FOR SARS-CoV-2 AND INFLUENZA” and **Table 1.**

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Visitor Screening:

VISITORS who screen positive for **a diagnosis of COVID-19 within the past 10 days**, symptoms, or fever are not allowed to visit (see [screening tool](#) and [guidance for use of PPE by patients and visitors](#)).

VISITORS who screen positive for exposure to COVID-19 OR travel as defined above, *in general*, are not allowed to visit. As of November 4, 2020, visitors who have traveled from states that do not share a border with NY, territories, or foreign countries included in the travel advisory within the previous 14 days are not required to remain in quarantine if they had a negative diagnostic test for COVID-19 (e.g., PCR test, NAAT test, antigen test) within 3 days prior to departure from the affected area (if the traveler was in that area for >24 hours) and a second negative test on or after their fourth day in NY. (See <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.) Visitors who meet these criteria are allowed to visit **IF** no other exclusions (e.g., the presence of symptoms or known exposure to someone with COVID-19) apply. Additionally, the following VISITORS with a travel history that does not meet the “test-out” criteria or with a known COVID-19 exposure are allowed to visit:

- Asymptomatic parents/guardians of pediatric patients and support persons of patients on labor and delivery units, but efforts should be made to identify an alternative support person to replace the exposed individual/individual with recent exposure or travel
- Asymptomatic support persons if the patient has traveled to New York solely to receive medical care
- Asymptomatic visitors due to special circumstances (e.g., end of life)
- Visitors whose only exposure was during visitation of a hospitalized patient with COVID-19 may visit because such visitors wear PPE during the entire visit

**Note: screening for influenza exposure is not required for VISITORS. If a visitor reports having had an exposure to influenza within the previous 4 days, they may visit IF they are asymptomatic. They MUST wear a face covering at all times while in the facility.*

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SARS-COV-2 AND INFLUENZA PCR TESTING

Type/Method of Testing: Nasopharyngeal swab (NP) for PCR-based testing is the primary method of diagnosis of COVID-19 and influenza in the ED/inpatient setting. **A single nasopharyngeal swab can be used to test for both SARS-CoV-2 and influenza.**

COVID related orders, order sets, and power plans in NYP electronic health records have been updated to include influenza testing, where indicated. Please note that the influenza test may include tests for additional respiratory pathogens, depending on test availability. If a full respiratory pathogen panel is clinically indicated (e.g., highly immunosuppressed patients, clinical suspicion of infection with another respiratory pathogen such as *B. pertussis*), a paper requisition form requesting a “respiratory pathogen panel” must additionally be submitted with the specimen.

As in the previous version of EHR orders for SARS-CoV-2 testing, the presence or absence of symptoms and the specific indication for testing must be accurately selected when placing the order.

See **Table 2** for a list of indications for testing for SARS-CoV-2 and influenza.

Patients should be informed that they may be contacted by their local health department for contact tracing if the SARS-CoV-2 test is positive.

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PPE AND TRANSMISSION-BASED PRECAUTIONS (“ISOLATION”) FOR SARS-CoV-2 AND INFLUENZA

Universal PPE: Universal surgical mask use is required for all healthcare personnel (HCP) when in patient care areas, shared workstations, lounges, lobbies, hallways, and other shared areas. (See **Table 3** for more information.) **Eye protection should be worn during the care of ALL patients** (*regardless of patient symptoms or SARS-CoV-2 test results*) when: **1)** in direct contact with patients; **2)** entering a patient’s room or approaching a patient’s bedside, and **3)** as part of Standard Precautions, whenever sprays or splashes of body fluids are anticipated inside or outside the room. These recommendations are intended to reduce the risk of HCP exposure from patients with unrecognized infection and/or who may not reliably wear a mask.

An N95 respirator should be used by HCP during all aerosol-generating procedures, regardless of the patient’s SARS-CoV-2 or influenza test results. (See **Table 4** for a list of aerosol-generating procedures.)

Isolation, PPE Use and Room Placement: Transmission-based precautions (i.e., “isolation”), PPE, and room placement requirements are based on a patient’s symptoms, the results of SARS-CoV-2 and influenza testing, and exposure/travel history. **See Table 1.**

- **Patients with signs and symptoms concerning for COVID-19 or ILI should be maintained on contact/droplet precautions while testing is pending.**
- **Asymptomatic patients with documented exposure to COVID-19, international travel or travel from a U.S. state or territory with a quarantine requirement are placed on contact/droplet precautions, even if they have met “test-out” criteria from quarantine.** The duration of isolation for these patients is 14 days from their last exposure or from their date of departure.
- **Asymptomatic patients with documented exposure to influenza do not require isolation but should be offered chemoprophylaxis if indicated.**

See **Table 1** for further requirements in addition to the above noted “universal PPE” requirements for all patient encounters and to patient-specific requirements related to non-COVID-19 conditions (e.g., other communicable diseases, multidrug-resistant organisms).

All patients, regardless of travel or exposure history, should wear a mask, if tolerated, AT ALL TIMES (including in their hospital rooms) until their SARS-CoV-2 test result is available. Even if SARS-CoV-2 or influenza testing is negative, patients should wear a mask, if tolerated, in open spaces and hallways and be encouraged to wear a mask in a room when HCP or visitors enter and come into close contact with the patient (see [patient and visitor PPE guidelines](#) for more details).

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Table 1: COVID-19 and Influenza Related Transmission-Based Precautions, PPE and Room Placement

Patient Status		Transmission-Based Precautions	PPE for HCP	Room Placement and Roommate Considerations
Clinical Status	Exposure to COVID-19 OR International travel or travel from U.S. state with quarantine requirement ¹ <i>(Reported influenza exposure does not require transmission-based precautions, but patients should be considered for chemoprophylaxis if indicated)</i>			
Suspected COVID-19 OR influenza Symptoms of COVID-19 AND PCR pending or negative (“not detected”) but high clinical suspicion of COVID-19 or influenza	Yes or No	Contact + Droplet	N95 ² or surgical mask + eye protection + gloves + gown	Single room If single room not available, separate from other patients using barriers (e.g., curtain) and distance
Confirmed COVID-19 PCR-positive (“detected” or “indeterminate”), +/- symptoms, and has not met criteria for discontinuation of isolation	Yes or No	Contact + Droplet	N95 ² or surgical mask + eye protection + gloves + gown	Single room or cohorted with another patient with confirmed COVID-19 If single room not available, separate from other patients using barriers (e.g., curtain) and distance
Confirmed Influenza PCR-positive (“detected” or “indeterminate”), +/- symptoms, and has not met criteria for discontinuation of isolation	No	Droplet	Surgical mask + eye protection ²	Single room or cohorted with another patient with confirmed influenza with same subtype If single room not available, separate from other patients using barriers (e.g., curtain) and distance

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Patient Status		Transmission-Based Precautions	PPE for HCP	Room Placement and Roommate Considerations
Clinical Status	Exposure to COVID-19 OR International travel or travel from U.S. state with quarantine requirement ¹ <i>(Reported influenza exposure does not require transmission-based precautions, but patients should be considered for chemoprophylaxis if indicated)</i>			
Symptoms, SARS-CoV-2 and influenza PCR results	Yes	Contact + Droplet	N95 ² or surgical mask + eye protection + gloves + gown	Single room If single room not available, separate from other patients using barriers (e.g., curtain) and distance
Low suspicion for COVID-19 or influenza No symptoms of COVID-19 AND PCR either negative (“not detected”) or pending* *If PCR is subsequently reported as positive/detected, manage as “confirmed COVID-19” above.	Yes	Contact + Droplet	N95 ² or surgical mask + eye protection + gloves + gown	Single room If single room not available, separate from other patients using barriers (e.g., curtain) and distance
	No	None	Universal surgical mask + eye protection ²	Single room not required Roommate must be SARS-CoV-2-negative, COVID-19-recovered, or low-suspicion (without exposure/travel) <i>with PCR pending</i>
COVID-Recovered Prior history of positive SARS-CoV-2 PCR, no symptoms of COVID-19 , ³ and meets criteria for discontinuation of isolation	Yes or No	None	Universal surgical mask + eye protection ²	Single room not required. Roommate must be SARS-CoV-2-negative, COVID-19-recovered, or low-suspicion (without exposure/travel) <i>with PCR pending</i>

¹As defined by NYSDOH. Click [here](#) for link to NYSDOH website. ²N95 required for all aerosol-generating procedures.

³If a patient with a prior history of COVID-19 presents with symptoms consistent with COVID-19, the patient should be cared for using the precautions recommended for other symptomatic patients until active SARS-CoV-2 infection has been ruled-out.

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Table 2: Indications for SARS-CoV-2 and Influenza Testing in Emergency Department and Inpatient Locations

Population	Indication for Testing	Test(s) to be Ordered
All patients	Symptoms of COVID-19 or influenza	SARS-CoV-2 AND Influenza
	Exposure within 14 days to confirmed COVID-19	
	Exposure within 4 days to confirmed influenza	
Expired patients (in hospital or en route to hospital)	Suspected or confirmed COVID-19 or influenza as a cause of death AND not tested for both within 14 days prior to death	SARS-CoV-2 AND Influenza
Patients without a prior history of COVID-19 and without indications listed under “all patients” above ¹	Hospital admission (even if asymptomatic)	SARS-CoV-2 only ¹
	Prior to surgery and certain procedures ²	
	Discharge to a nursing home (even if asymptomatic)	
	High clinical suspicion of COVID-19 in patient for whom initial SARS-CoV-2 test was negative	
	Essential worker (including health care personnel) with travel from a US state or territory with a quarantine requirement	
Patients with a prior history of COVID-19 and without indications listed under “all patients” above ¹	Severely immunocompromised patients as part of a test-based strategy to discontinue isolation precautions ³	
	Prior to elective surgery and other elective procedures ²	

¹If any of the indications noted in the section on testing for both SARS-CoV-2 and Influenza are present, test for both SARS-CoV-2 and influenza

²see [Interim Guidance for SARS-CoV-2 Testing and PPE Use Surgery or Other Procedures](#)

³ see [Interim Guidance for Discontinuing Transmission-Based Precautions for Hospitalized Patients with Confirmed COVID-19](#)

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Table 3: Universal Use of Surgical Masks and the Use of Eye Protection for All Direct Patient Care

Location	Recommendations
Private Work Spaces	<ul style="list-style-type: none"> Surgical masks are not required when working alone in an office. Eye protection is not required.
Patient Care Areas	<ul style="list-style-type: none"> Surgical masks should be worn continuously throughout the workday, including while caring for patients who are NOT on any isolation precautions. Eye protection should be worn during the care of all patients, including those NOT on any isolation precautions.
Shared Workstations, Lounges, Lobby Areas, Hallways, Cafeteria	<ul style="list-style-type: none"> Surgical masks should be worn throughout the workday in shared workspace areas. When surgical mask is removed to eat or drink, HCP should remain >6 feet away from others. Eye protection is not required.

Table 4: Aerosol-Generating Procedures

Intubation	Upper GI endoscopy
Extubation	BiPAP, CPAP*
Chest compressions (CPR)	High-flow nasal cannula*
Repositioning ETT (or other reason to drop cuff)	Nebulized medication administration*
Open suctioning of the airway	Sputum induction*
Bronchoscopy	TEE (transesophageal echocardiography)
Procedures of aerodigestive tract that involve insufflation of air	Methods of sedation/airway management that may generate aerosols
Tracheostomy placement	Some dental procedures

Note: Procedures requiring N95 respirator should be performed in a negative pressure room, if possible. Procedures with * should be prioritized for a negative pressure room.

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