

ATTENTION

Public Health Alert

DATE: March 20, 2020

SUBJECT: **2019 NOVEL CORONAVIRUS (COVID-19)**
Healthcare Workers and Lab Testing - Updated Guidance

- Please see the updated NYSDOH Guidance for healthcare workers that test (+) or were exposed to COVID 19 lab (+) individuals; follow up negative testing is no longer required
- Only NP swabs need be collected for COVID-19 testing (see attached NYSDOH guidance)
- There is a national shortage of personal protective equipment (PPE), collection swabs, and viral transport media supplies and it is critical that laboratory testing be prioritized
- Testing is NOT indicated for asymptomatic or mildly ill persons
 - Many asymptomatic individuals that tested negative while asymptomatic have subsequently become symptomatic and tested (+) at that later time; this is not an optimal use of limited testing capacity
 - Advise mildly symptomatic patients to STAY HOME with guidance on when to follow up with their provider and also to minimize exposure to healthcare workers and other patients
 - Although WCDH strongly recommends against testing the above patients, if testing is done against public health recommendations, please send this to commercial labs such as Quest, LabCorp, and BioReference or a hospital system – all are now able to perform such testing.
- Priorities for Testing - Please contact WCDH at **1-866-588-0195 from 8 AM – 8 PM 7 days/week or 914-813-5000 at all other times** to request and have testing done by the NYSDOH Public Health Laboratories for the following priority groups:
 - Hospitalized patients who have signs and symptoms compatible with COVID-19 and no alternate explanation or diagnosis
 - Symptomatic healthcare personnel, 1st responders, or LTCF, Assisted Living, or congregate setting residents or staff with close contact to a lab confirmed COVID-19 case
- Airborne infection isolation room (AIIR) and N-95 masks are no longer required by CDC for collecting NP swab specimens for COVID-19 testing – see updated CDC guidance at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html> and attached table
- Please complete the attached questionnaire (also at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>) for any individuals for whom testing is being considered and have all information available when contacting the WCDH



Department of Health

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Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

DATE: March 16, 2020
TO: Hospitals, Nursing Homes (NHs) and Adult Care Facilities (ACFs)
FROM: NYSDOH Bureau of Healthcare Associated Infections (BHAi)

Health Advisory: Protocols for Personnel to Return to Work Following COVID-19 Exposure

Please distribute immediately to:

Administrators, Infection Preventionists, Hospital Epidemiologists, Medical Directors, Nursing Directors, Risk Managers, and Public Affairs.

Healthcare facilities may allow healthcare personnel (HCP) exposed to or recovering from Covid-19, whether direct care providers or other facility staff, to work under the following conditions:

1. Furloughing such staff would result in staff shortages that would adversely impact the operation of the facility.
2. HCP who have been contacts to confirmed or suspected cases are asymptomatic. HCP with confirmed or suspected Covid-19 have maintained isolation for at least 7 days after illness onset and have been at least 72 hours fever-free with other symptoms improving.
3. HCP who are asymptomatic contacts of confirmed or suspected cases should self-monitor twice a day (temperature, symptoms), and undergo temperature monitoring and symptom checks at the beginning of each shift and at least every 12 hours. At the current time, staff who are recovered from Covid-19 should wear a facemask until 14 days after onset of illness if mild symptoms persist but are improving. Staff who are asymptomatic contacts should wear a facemask while working until 14 days after the last high-risk exposure.
4. At the current time, staff working under these conditions should preferentially be assigned to patients at lower risk (e.g. on units established for patients with confirmed Covid-19) as opposed to higher-risk patients (e.g. severely immunocompromised, elderly). As this pandemic grows, all staff will need to be assigned to treat all patients regardless of risk level.
5. If staff who are asymptomatic contacts working under these conditions develop symptoms consistent with Covid-19, they should immediately stop work and isolate at home. Testing should be prioritized for hospitalized health care workers. All staff with symptoms consistent with Covid-19 should be dealt with as if they have this infection regardless of the availability of test results.

General questions or comments about this advisory can be sent to icp@health.ny.gov, covidadulthoodcareinfo@health.ny.gov, and/or covidnursinghomeinfo@health.ny.gov.



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March 17, 2020

TO: Healthcare Providers, Healthcare Facilities, Clinical Laboratories, and Local Health Departments

FROM: New York State Department of Health (NYSDOH)
Bureau of Communicable Disease Control (BCDC)

HEALTH ADVISORY: NOVEL CORONAVIRUS DISEASE (COVID-19)
UPDATE ON SPECIMEN COLLECTION GUIDANCE
TO COLLECT NASOPHARYNGEAL SWAB ONLY

SUMMARY

- COVID-19 community transmission has been detected in parts of the U.S., including NYS.
- COVID-19 testing is available at the NYSDOH Wadsworth Center, the New York City (NYC) Public Health Laboratory (PHL) and select clinical laboratories.
- For any suspect COVID-19 cases, ensure appropriate infection control precautions and immediately notify the infection control lead at your facility and the local health department (LHD).
- Review local testing options for those who do not require clinical outpatient/inpatient medical care.
- Collect a nasopharyngeal (NP) swab for initial diagnostic testing for COVID-19

SITUATION UPDATE

- As of March 17, 2020, the [Centers for Disease Control and Prevention \(CDC\)](#) reported 4,226 COVID-19 cases with 75 deaths nationally.
- As of March 17, 2020, the [NYSDOH](#) had 1,374 reported cases of COVID-19; 730 in NYS (outside of NYC) and 644 in NYC, with 7 deaths.
- Molecular testing (rRT-PCR) for SARS-CoV-2, the virus that causes COVID-19, is available under FDA emergency use authorization at the Wadsworth Center, the NYC PHL, and the Erie County PHL.
- Commercial and hospital clinical laboratories have also started testing for COVID-19. More laboratories are expected to begin testing within the coming days or weeks.

COVID-19 SPECIMEN COLLECTION AND HANDLING

- Collect a nasopharyngeal (NP) swab for initial diagnostic testing for COVID-19 placed in a Viral Transport Media (VTM) vial.
 - Oropharyngeal swab and sputum are no longer recommended for initial testing.
 - Sputum or lower respiratory specimens such as bronchoalveolar lavage (BAL) or tracheal aspirate testing may be considered, as clinically appropriate, and can be sent to a commercial or clinical laboratory. Collection of sputum should only be done for those patients with a productive cough. Induction of sputum is not recommended.
- For testing at a clinical laboratory, follow laboratory guidance for specimen collection, handling, and transport processes.
- Further testing at the Wadsworth Center guidance can be found on the [NYSDOH COVID-19 healthcare](#)

[provider website](#) including:

1. [NYSDOH Wadsworth Center COVID-19 Specimen Collection, Handling, and Transport Instructions](#)
2. [NYSDOH Wadsworth Center Infectious Disease Requisition \(IDR\) Form](#) (the IDR form must be filled out for each patient and sent to the Wadsworth Center with the specimen).
3. [NYSDOH Wadsworth Center Packaging and Transport Illustrated Checklist](#)

Providers who have questions can contact their [LHD](#) or the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 1-866-881-2809 evenings, weekends, and holidays.

RESOURCES

[NYS Local Health Department Directory](#)

[NYSDOH COVID-19 website](#)

[CDC COVID-19 website](#)

[World Health Organization \(WHO\) COVID-19 website](#)



COVID-19 Infection Control in the Outpatient Setting During Community Transmission Quick Guide

The NYC Department of Health and Mental Hygiene (DOHMH) recommends the use of standard, contact, and droplet precautions when caring for patients who have confirmed or possible Coronavirus disease 2019 (COVID-19). When coming into close contact or caring for a patient with possible or confirmed COVID-19, personal protective equipment (PPE) should include:

- facemask (procedure or surgical mask) AND gown AND gloves AND eye protection (goggles or face shield)
- N95 respirator or Powered Air Purifying Respirator (PAPR) is only required for *aerosol-generating procedures* (e.g., high flow O2, nebulizer)

The safety of our healthcare workers is a top priority. These measures are part of an [overall infection control package](#) designed to keep healthcare workers safe including: rapid identification and source control of symptomatic patients (masking and separation), strict adherence to respiratory and hand hygiene practices, [training staff on correct use of PPE](#), and routine environmental cleaning and disinfection of surfaces and equipment. To minimize unnecessary exposures in the healthcare setting, we encourage you to perform an initial evaluation of patients with fever or respiratory symptoms remotely via telephone, messaging or video. *Testing for COVID-19 is not recommended for persons with mild and moderate illness*, unless a diagnosis may impact patient management. Patients who can be safely managed at home should be given [instructions](#) to self-isolate for **7 days** following onset of symptoms and **72 hours after being consistently afebrile (without the use of antipyretic medication) with resolving respiratory symptoms**. For more information on COVID-19 for healthcare providers, go to the [DOHMH COVID-19 Provider Page](#).

Outpatient Facility Infection Control Recommendations				
Setting	Scenario	Patient being evaluated	Healthcare Workers	Non-Clinical Staff
All areas	Patient without fever or respiratory symptoms ¹	Standard precautions ²	Standard precautions	Standard precautions
Waiting area	Patient with fever or respiratory symptoms	Immediately give facemask and separate from others	Wear facemask and gloves if within 6 feet of patient	Wear facemask and gloves if within 6 feet of patient
Exam room <i>Place patient with fever or respiratory symptoms in a private room</i>	Initial evaluation of patient with fever or respiratory symptoms	Facemask	Facemask Gown Gloves Eye protection	Avoid entering the room - Facemask, gloves and avoid close contact if entry necessary
	Patient determined to be low suspicion for COVID-19 (i.e., alternate diagnosis more likely, such as allergic rhinitis)	Facemask	Facemask	Standard precautions

¹ New cough OR new shortness of breath OR new sore throat

² [Standard Precautions](#) are used for all patient care. They're based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.



COVID-19 Infection Control in the Outpatient Setting During Community Transmission Quick Guide

<i>with door closed</i>	Patient with COVID-19 like illness*	Facemask	Facemask Gown Gloves Eye protection	Avoid entering the room - Facemask, gloves and avoid close contact if entry necessary
	Specimen collection for COVID-19 testing (nasopharyngeal/oropharyngeal swabs) ³	Facemask; only remove for specimen collection	Facemask Gown Gloves Eye protection	Do not enter room during procedure
	Any aerosol generating procedure with symptomatic patient (e.g., high flow oxygen, nebulizer); <i>avoid whenever possible</i>	Facemask when possible; only remove when necessary for treatment	Minimize close contact (<6 ft) N95 if available (or facemask) Gown Gloves Eye protection	Do not enter room during procedure
All areas Environmental Cleaning	Room cleaning after a patient with possible COVID-19 vacates room - Can enter room immediately after patient leaves		Facemask Gown Gloves Eye protection if risk of splash	Facemask Gown Gloves Eye protection if risk of splash

COVID-19 LIKE ILLNESS* = new onset of subjective or measured ($\geq 100.4^{\circ}\text{F}$ or 38°C) **fever OR cough OR shortness of breath OR sore throat** that cannot be attributed to an underlying or previously recognized condition. (in children, fever with sore throat may be attributable to conditions other than COVID-19 (e.g., strep throat) and parent/guardian should consult a healthcare provider)

CONFIRMED COVID-19 = Ill person who tests positive for COVID-19

POSSIBLE COVID-19 = Person with COVID-19 like illness but for whom there is not a laboratory-confirmed diagnosis.

³ Testing for COVID-19 is not recommended for persons with mild-moderate illness, unless a diagnosis may impact patient management.