March 12, 2020

*NYP is implementing these changes effective immediately.*

On March 10, 2020, the Centers for Disease Control & Prevention (CDC) updated their recommendations for infection prevention and control related to patients with suspected or confirmed coronavirus disease 2019 (COVID-19). The most notable changes include a shift toward Droplet and Contact Precautions, without the use of Airborne Precautions, for the care of most patients with suspected or confirmed COVID-19. These are changes that we have been anticipating as more data about the epidemiology of COVID-19 has become available.

**Patient Placement**

- Patients with suspected or confirmed COVID-19 should be placed in a *single room with the door closed*. If a single room is not immediately available, the patient should wear a surgical mask (if able to tolerate) and be physically separated from other patients (e.g., drawing a privacy curtain, >3-6 feet separation). Movement to a single room should occur as soon as possible.
  - The provider should enter orders for Contact and Droplet Precautions.

<table>
<thead>
<tr>
<th>EMR</th>
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<tr>
<td>Allscripts</td>
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<td>EPIC</td>
<td>Initiate Contact Isolation and Initiate Droplet Isolation</td>
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- Airborne Isolation Infection Rooms (AIIR), also referred to as negative-pressure rooms, should be prioritized for patients for whom aerosol-generating procedures (e.g., intubation, cardiopulmonary resuscitation, bronchoscopy, nebulizer therapy, sputum induction) are anticipated.

**Personal Protective Equipment (PPE)**

- All personnel entering the room of a patient with confirmed or suspected COVID-19 must done PPE appropriate for Contact and Droplet Precautions:
  - Gown
  - Mask with face shield
  - Gloves
- N95 respirators are required only during the performance of aerosol-generating procedures (e.g., intubation, cardiopulmonary resuscitation, bronchoscopy).