

**Interim Guidance for ED and Inpatient Setting:
Screening, Testing, and PPE for COVID-19
July 17, 2020 (Replaces May and June 2020 Guidance)**

This document addresses COVID-19-related screening, testing, and requirements for personal protective equipment (PPE) and isolation precautions in ED and inpatient settings. This document replaces several previous documents that addressed each of these topics individually and contains new recommendations for screening patients and visitors for travel and exposure to persons with recently diagnosed COVID-19.

NEW UPDATES

- All patients and visitors presenting to NYP, Columbia, and Weill Cornell facilities are to be screened for COVID-19-related symptoms, exposure, and travel.
- Eye protection, in addition to a surgical mask, should be used by health care personnel (HCP) providing direct care to ANY patient.
- An N95 respirator should be worn by HCP during all aerosol-generating procedures, regardless of the patient's SARS-CoV-2 test results.
- Asymptomatic patients with a documented exposure to COVID-19 should be placed on contact and droplet precautions for 14 days after the last exposure.
- Asymptomatic patients with travel from a state requiring quarantine should be placed in a single room for 14 days after returning ([Click here](#) for a current list of such states).

SCREENING

At the time of presentation, **ALL patients and visitors should be asked to 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](#).

ALL patients and visitors should be **screened for symptoms** of COVID-19, fever, **exposure** within 14 days to someone newly diagnosed with COVID-19, and **travel** to/from states with a significant degree of community transmission of COVID-19. Patients and visitors should **have their temperature checked** upon arrival. Hospitalized patients should be **screened daily** for the onset of symptoms compatible with a diagnosis of COVID-19.

- **Symptoms/fever:** subjective or measured (>100° F/37.8° C) fever, cough, shortness of breath, sore throat, muscle aches, diarrhea, nasal congestion, headache, chills/rigors, new onset loss of smell, or altered sense of taste.
- **Exposure to COVID-19:** All patients and visitors should be screened for exposure within the past 14 days to persons with newly diagnosed COVID-19.
- **Travel:** All patients and visitors should be screened for travel from states with significant rates of transmission of COVID-19, as defined by NYSDOH, on or after June 25, 2020 and within the previous 14 days. ([Click here](#) for a current list of such states).

Contact Infection Prevention & Control:

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Patients who screen positive for symptoms, exposure to COVID-19, and/or travel should be managed as described in **Table 1**.

Visitors who screen positive for symptoms or fever are not allowed to visit. **Visitors who screen positive for exposure to COVID-19**, in general, are not allowed to visit. Asymptomatic support persons/visitors for pediatric patients or patients in labor and delivery units, however, are permitted to accompany the patient, but efforts should be made to identify an alternative support person to replace the exposed individual. Additionally, persons whose only exposure was during visitation of a hospitalized patient with COVID-19 may visit because such visitors wear PPE during the entire visit. **Visitors who screen positive for travel** but who are asymptomatic may visit. They must wear a mask at all times and remain in the patient's room.

SARS-COV-2 TESTING

Type/Method of Testing: Nasopharyngeal swab (NP) for SARS-CoV-2 PCR is the primary test for diagnosing patients with COVID-19.

Patients for Whom Testing Should be Performed: Testing should routinely be performed for patients with symptoms of COVID-19, patients being admitted to the hospital, patients undergoing surgery and certain procedures, and patients being discharged to nursing homes. In patients with a prior history of a positive PCR for SARS-CoV-2, repeat testing is indicated in a more limited number of circumstances. Detailed recommendations to prioritize testing for specific patient populations are provided in **Table 2** below. Patients with a positive SARS-CoV-2 PCR test should be informed that they may be contacted by their local health department for contact tracing.

PPE AND ISOLATION

Universal PPE: Universal surgical mask use is required for all personnel 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; and 2) entering a patient's room or approaching a patient's bedside. In addition, as part of Standard Precautions, eye protection should be worn whenever sprays or splashes of body fluids are anticipated. 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

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patient's SARS-CoV-2 test results. (See **Table 4** for a list of aerosol-generating procedures.)

COVID-19-Related Isolation, PPE 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 testing, and exposure/travel history. Patients should wear a mask, if tolerated, AT ALL TIMES until their SARS-CoV-2 test result is available. Even after the result is available, patients should wear a mask, if tolerated, while in open spaces and hallways and should be encouraged to wear a mask while inside a room when HCP or visitors enter the room and come into close contact with the patient (see [patient visitor PPE guidelines](#) for more details). The requirements noted in **Table 1** are 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). Additionally, an N95 respirator should be used during ALL aerosol-generating procedures for ALL patients. (See Table 4 for a list of aerosol-generating procedures.)

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Table 1: COVID-19-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	Travel from area with high rate of COVID-19 transmission ¹			
Confirmed COVID-19 PCR-positive (“detected” or “indeterminate”), +/- symptoms, and has not met criteria for discontinuation of isolation.	Yes or No	Yes or No	Contact + Droplet	N95 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.
Suspected COVID-19 Symptoms of COVID-19 AND PCR pending or negative (“not detected”) but high clinical suspicion of COVID-19	Yes or No	Yes or No	Contact + Droplet	N95 or surgical mask + eye protection + gloves + gown	Single room
Low suspicion for COVID-19 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. OR “COVID-Recovered” Prior history of positive SARS-CoV-2 PCR but has met criteria for discontinuation of isolation and is asymptomatic	Yes	Yes or No	Contact + Droplet	N95 or surgical mask + eye protection + gloves + gown	Single room
	No	Yes	None	Universal surgical mask + eye protection ¹	Single room (travel quarantine)
	No	No	None	None	Universal surgical mask + eye protection ²

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

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Table 2: Prioritized Indications for SARS-CoV-2 Testing in EDs and Inpatient Units

Population	Indications for Testing
<p>Patients without a Prior History of COVID-19</p>	<p><i>All patients</i></p> <ul style="list-style-type: none"> • Symptoms of COVID-19 (at time of admission or during hospital stay) • At time of hospital admission (even if asymptomatic) • Prior to surgery and certain procedures (see “Interim Guidance for SARS-CoV-2 Testing and PPE Use Surgery or Other Procedures”) • 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 <ul style="list-style-type: none"> ○ A second NP swab PCR test should be performed ○ A single PCR test of a lower respiratory tract specimen (i.e., tracheal aspirate) is recommended if there is existing access to the lower respiratory tract via an endotracheal tube or tracheostomy. Bronchoscopy and sputum induction should be avoided for routine work-up of suspected COVID-19 <p><i>ED--testing should be offered to patients:</i></p> <ul style="list-style-type: none"> • With recent travel to/from a state with a significant rate of transmission of COVID-19 (as described in “Screening” section) <ul style="list-style-type: none"> ○ Essential workers, including HCP, should seek diagnostic testing upon return to ensure that they are not positive for SARS-CoV-2 prior to returning to work. • With known exposure to COVID-19 within 14 days
<p>Patients with a Prior History of COVID-19</p>	<ul style="list-style-type: none"> • If required as part of a test-based strategy to determine if isolation precautions can be discontinued (see “Interim Guidance for Discontinuing Transmission-Based Precautions for Hospitalized Patients with Confirmed COVID-19”) • If required prior to discharge to a nursing home (i.e., no previous negative PCR test during current ED visit or hospital stay) • With new onset of COVID-19 symptoms without alternative explanation in a patient who has previously met criteria for discontinuation of isolation

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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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