

Summary of Recent Changes in COVID-19-Related Recommendations and Requirements from New York City and New York State DOH July 2, 2020

Within the last week, several new recommendations and regulations related to the prevention of COVID-19 transmission have been released by New York City Department of Health and Mental Hygiene (NYCDOHMH) and New York State Department of Health (NYSDOH). These are due to the changing epidemiology of the COVID-19 pandemic as transmission in our region has remained low while transmission in other regions of the country has been rising. NYCDOHMH, NYSDOH and NYP/Columbia/Weill Cornell guidance have changed to reflect this changing epidemiology. We expect that as the epidemiology of the pandemic continues to evolve, public health recommendations and our guidance will continue to change. As always, please see the NYP Infonet [COVID-19 website](#) for the most updated guidance. We appreciate everyone's attention to these evolving guidelines.

SUMMARY OF KEY CHANGES:

Expansion of PPE to include universal eye protection for all direct patient care

***Rationale:** PCR tests for the SARS-CoV-2 virus can have false negative results due to inadequate specimen collection. Furthermore, patients can be early in their incubation period and become positive many days after initially testing negative. Additionally, PCR testing is not generally performed or recommended prior to routine ambulatory care visits. While universal masking should prevent most exposures, there are patients who may not be able to wear masks reliably and occasions during a clinical encounter when some patients will need to remove their mask. Furthermore, additional protection may be needed for aerosol-generating procedures.*

- **Universal Eye Protection, in addition to universal mask use, is recommended for ALL healthcare personnel (HCP) providing direct patient care in all healthcare settings**, regardless of whether the patient is wearing a face covering or face mask.
- **N95 respirators are now recommended for ALL aerosol-generating procedures**, regardless of whether the patient has suspected or confirmed COVID-19 or a positive or negative SARS-CoV-2 PCR test.

Furlough/quarantine of HCP with high-risk exposures to COVID-19 in the community or health care setting

***Rationale:** New York City is beyond the initial peak of the COVID-19 pandemic. To maintain suppression of the pandemic, NYS and NYC are expanding contact tracing efforts and implementing quarantine of people who have been exposed to COVID-19.*

- Based on NYCDOHMH, effective Thursday, July 2, 2020, **NYP will furlough for 14 days those HCP who had confirmed high-risk, unprotected exposures to COVID-19 in the community or healthcare setting**. These HCP should remain quarantined in their homes for 14 days and not report to work.

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Exposure and Travel screening of all patients and visitors

***Rationale:** Based on the changing epidemiology of the pandemic and NYSDOH quarantine regulations, patients and visitors should be screened for symptoms of COVID-19 as well as exposure to COVID-19 and travel to states with high transmission rates of COVID-19 that are on the NYSDOH Travel Advisory list.*

- **All patients and visitors should be screened for exposure within the past 14 days to persons with newly diagnosed COVID-19.** Exposed patients should be placed in a single room and offered SARS-CoV-2 PCR testing. Exposed visitors may not visit until 14 days have elapsed from the time of their last exposure.
- **All patients and visitors should be screened for travel to New York from states with significant rates of transmission of COVID-19,** as defined by NYSDOH, on or after June 25, 2020. ([Click here](#) for link to current list of states). Patients with such travel should be placed in a single room and offered SARS-CoV-2 PCR testing. Visitors with such travel, if without symptoms and having no known exposures, are allowed to visit but should be reminded to wear a mask at all times and not to visit if symptoms develop, and otherwise must adhere to self-quarantine requirements.
- Visitors whose *only* exposure is a hospitalized patient with COVID-19 are permitted because such visitors wear PPE.
- Asymptomatic support persons/visitors for pediatric patients or patients in labor and delivery units are permitted to accompany the patient.

HCP with travel to states with significant rates of COVID-19 transmission

- **All HCP with travel to affected states as above, who returned to New York on or after June 25, 2020, should get tested within 24 hours at a local testing site or arrange for a testing via Workforce Health & Safety Hotline (646-697-9470) upon return.**
- HCP with travel may return to work if they test negative. Upon return to work, HCP must perform temperature checks and monitor for signs/symptoms of COVID-19 and continue to wear all appropriate PPE.
- [Click here](#) for the current list of states included in the New York State travel-related quarantine.

References

NYCDOHMH. 2020 Health Advisory #20. Updated Guidance for Health Care Personnel on Personal Protective Equipment for COVID-19 and Work Restrictions Following Exposure. June 25, 2020.

<https://www1.nyc.gov/assets/doh/downloads/pdf/han/advisory/2020/covid-19-health-care-ppe-restrictions.pdf>

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NYSDOH. *Interim Guidance for Quarantine Restrictions on Travelers Arriving in New York State Following Out of State Travel*. June 24, 2020.

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>