

Interim Guidance for Ambulatory Settings:
COVID-19 and INFLUENZA Screening, Testing, and PPE
November 23, 2020 (Replaces July 30, 2020 Guidance)

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

Key updates

- In addition to **screening for symptoms of COVID-19 and influenza-like illness (ILI), COVID-19 exposure, and travel**, all patients presenting to NYP, Columbia, and Weill Cornell facilities should also be screened for **exposure to influenza within the past 4 days**.
 - This document reflects updated New York State COVID-19 guidelines for travel. **As of November 4, 2020, all travelers to NY from states that do not share a border with NY (i.e., all states other than Connecticut, Massachusetts, New Jersey, Pennsylvania, and Vermont) OR from a foreign country with a level 2 or 3 travel alert for COVID-19 are required to quarantine for 14-days upon arrival** <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.

Note: a level 2 or 3 travel alert is currently in effect for most international locations. A list of international locations exempt from quarantine requirements is available at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html#travel-3>.
 - The new NYS guidelines also 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 4th day in NY (See <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.)
- Patients presenting with **EITHER 1) symptoms of COVID-19 or influenza OR 2) exposure to confirmed COVID-19 OR influenza** should be **tested for BOTH SARS-CoV-2 AND influenza** (see **Table 1 and Figure 1**).
- Healthcare personnel (HCP) PPE and isolation precautions for asymptomatic patients with exposure to COVID-19 or travel include Droplet Precautions (HCP wear mask and eye protection) and Standard Precautions (HCP wear gown and gloves if contact with secretions or excretions anticipated) (see **Table 2**).

This document addresses ambulatory procedures related to COVID-19 and influenza screening, testing, and requirements for personal protective equipment (PPE) and isolation precautions based on the latest CDC, NYC DOHMH, and [NYS DOH guidance](#).

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SCREENING IN NYP, COLUMBIA, OR WEILL CORNELL PATIENT CARE FACILITIES

Pre-screening: At the time of appointment scheduling AND on the day prior to the scheduled appointment,

- **ALL patients** should be screened for:
 - **a new diagnosis of COVID-19 within the past 10 days,**
 - **symptoms** of COVID-19 AND influenza,
 - **exposure within past 4 days to someone newly diagnosed with influenza,**
 - **exposure within past 14 days to someone newly diagnosed with COVID-19,**
 - **travel** within 14 days from U.S. states that do not share a border with NY (i.e., all states other than Connecticut, Massachusetts, New Jersey, Pennsylvania, and Vermont) <https://coronavirus.health.ny.gov/covid-19-travel-advisory> 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 exempt from quarantine requirements (i.e., those with a level 1 travel alert and those with no travel alert) is available at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html#travel-3>.
- Patients who screen positive for a new diagnosis of COVID-19, symptoms, exposure, or travel should be referred to a clinician.
- Asymptomatic patients who report a new diagnosis of COVID-19, exposure to COVID-19 or travel, should defer their in-person visit until after the required 14-day quarantine, if feasible. Asymptomatic patients who report exposure *only* to influenza do not need to defer their in-person visit.

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Arrival screening:

- All patients and accompanying visitors should be screened for:
 - **a new diagnosis of COVID-19 within the past 10 days,**
 - **symptoms** of COVID-19 AND influenza: 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**
 - **travel** within 14 days as described above.
- Additionally, all **patients** should be screened for **exposure within past 4 days to someone newly diagnosed with influenza.**
- **Note:** Due to differences in physical locations of ambulatory settings (e.g., hospitals, dedicated medical buildings, mixed-use commercial buildings), the site of arrival screening (e.g., building entry vs. practice/office/procedure area entrance) may vary among facilities. The optimal location for arrival screening should be determined by the local operations team in consultation with IP&C.
- **ALL asymptomatic patients and visitors should don a surgical mask or cloth face covering. Symptomatic** patients should wear a surgical mask (not own face covering). More information can be found in the [Interim Guidelines for Use of Face Coverings and PPE by Patients and Visitors](#). Patients and visitors should **have their temperature checked**. Asymptomatic visitors are permitted to accompany adult patients to their ambulatory appointments if special assistance is required.
- **Patients who screen positive** for a new diagnosis of COVID-19, symptoms, fever, exposure to COVID-19, exposure to influenza, and/or travel should be managed as described in **Table 1 and Table 2.**
- Visitors who **screen positive for a new diagnosis of COVID-19, symptoms of COVID-19 or influenza, or fever** are not permitted to visit.
- Generally, visitors who **screen positive for exposure to COVID-19** are not permitted to visit.
 - Asymptomatic parents/guardians of pediatric patients may serve as support persons.
- Generally, visitors who had travel as described above are NOT allowed to visit NYP, Columbia, and Weill Cornell facilities within 14 days of their last day of travel.
 - Asymptomatic parents/guardians of pediatric patients may visit.
 - Asymptomatic support persons who had travel as described above may visit if the patient has traveled to New York solely to receive healthcare.

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SARS-COV-2 AND INFLUENZA PCR TESTING

The following section describes different scenarios for PCR testing for SARS-CoV-2 and for influenza obtained by nasopharyngeal (NP) swab based on symptoms, exposure or travel history, and/or employment status (see **Table 1** and **Figure 1A and B**):

- **Symptomatic patients:** test for both SARS-CoV-2 AND influenza.
- **Asymptomatic patients with exposure within past 14 days to someone newly diagnosed with COVID-19:** test for both SARS-CoV-2 AND influenza.
- **Asymptomatic persons with exposure within past 4 days to someone newly diagnosed with influenza:** offer testing for both SARS-CoV-2 AND influenza.
- **Asymptomatic essential workers, including HCP, returning from international travel or travel from a U.S. state or territory that does not share a border with NY:** test for SARS-CoV-2 (needed within 24 hours to return to work).
- These testing recommendations also apply to **COVID-recovered patients**.
- Patients should be informed that they may be contacted by their local health department for contact tracing if their SARS-CoV-2 test is positive.

Table 1: Indications for SARS-CoV-2 and Influenza Testing in Ambulatory Locations

Population	Indication for Testing	Test(s) to be Ordered
All patients (including those who are COVID-recovered)	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	
	Essential worker (including health care personnel) with travel from a US state or territory that does not share a border with NY	SARS-CoV-2 only ¹

¹If essential worker has symptoms or exposure to COVID-19 or influenza, test for both SARS-CoV-2 and influenza

PPE AND TRANSMISSION-BASED PRECAUTIONS (“ISOLATION”)

Universal PPE:

- **Universal surgical mask use** is required for all HCP when in patient care areas, shared workstations, lounges, lobbies, hallways, and other shared areas.

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- **Eye protection** should be worn by HCP 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 or asymptomatic SARS-CoV-2 infection and/or who may not reliably wear a mask.
- **N95 respirators should be used by HCP during ALL aerosol-generating procedures** regardless of the patients SARS-CoV2 or influenza results. Refer to [Interim Guidance for Surgery and Other Procedures: Screening, Testing, and PPE for COVID-19 \(see Table 2\)](#).
- **Asymptomatic patients** may wear their own face covering or a surgical mask unless contraindicated. If the face covering has a valve, provide a surgical mask to place over the valve.

Additional PPE Considerations:

- HCP should wear masks and eye protection as part of **Droplet Precautions** when caring for asymptomatic patients with exposure to COVID-19 within 14 days or asymptomatic patients with travel (as described above) within the past 14 days. HCP should wear a gown and gloves as part of Standard Precautions if contact with secretions or excretion are anticipated.
- **Asymptomatic patients with exposure to *only* influenza do not require transmission-based precautions**, but Universal PPE as described above should be used.
- **Symptomatic patients** should wear a **surgical mask** (not own face covering). Implement **Contact/Droplet Precautions**.
- **Patients with a confirmed history of COVID-19** require Contact/Droplet Precautions in the ambulatory setting until they have met criteria for discontinuation of transmission-based precautions.
 - For most patients, transmission-based precautions can be discontinued after at least 10 days (or 20 days if severely ill or severely immunocompromised) have passed since the date of their first positive SARS-CoV-2 test, resolution of fever for at least 24 hours, and improvement in other symptoms (e.g., cough, shortness of breath).
 - Additional requirements apply for severely immunocompromised patients. Refer to [Guidance for Discontinuing Transmission-Based Precautions](#) for more information about criteria for discontinuing transmission-based precautions for COVID-19.

INFLUENZA VACCINATION, CHEMOPROPHYLAXIS, AND EMPIRIC TREATMENT

- Provide influenza vaccination to all eligible unvaccinated patients.
- Chemoprophylaxis of patients can be considered following confirmed influenza exposure in the following situations: (<https://pubmed.ncbi.nlm.nih.gov/30834445/>)
 - Severely immunocompromised patients at high risk for influenza complications who

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are unvaccinated or during the first two weeks following vaccination.

- Patients at high risk for influenza complications who may not respond to influenza vaccination (e.g., patients on immunosuppressive therapies).
- Chemoprophylaxis following influenza exposure should be considered for HCPs with high-risk conditions or who reside with household members with certain high risk conditions (see [Algorithm for Asymptomatic Healthcare Personnel \(HCP\) with Confirmed Exposure to Influenza](#)).
- Empiric treatment: see [Algorithm for Ambulatory patients with Influenza-like Illness](#) for guidance on empiric influenza treatment.

HOME ISOLATION FOR PATIENTS TESTING POSITIVE FOR SARS-COV-2 OR INFLUENZA

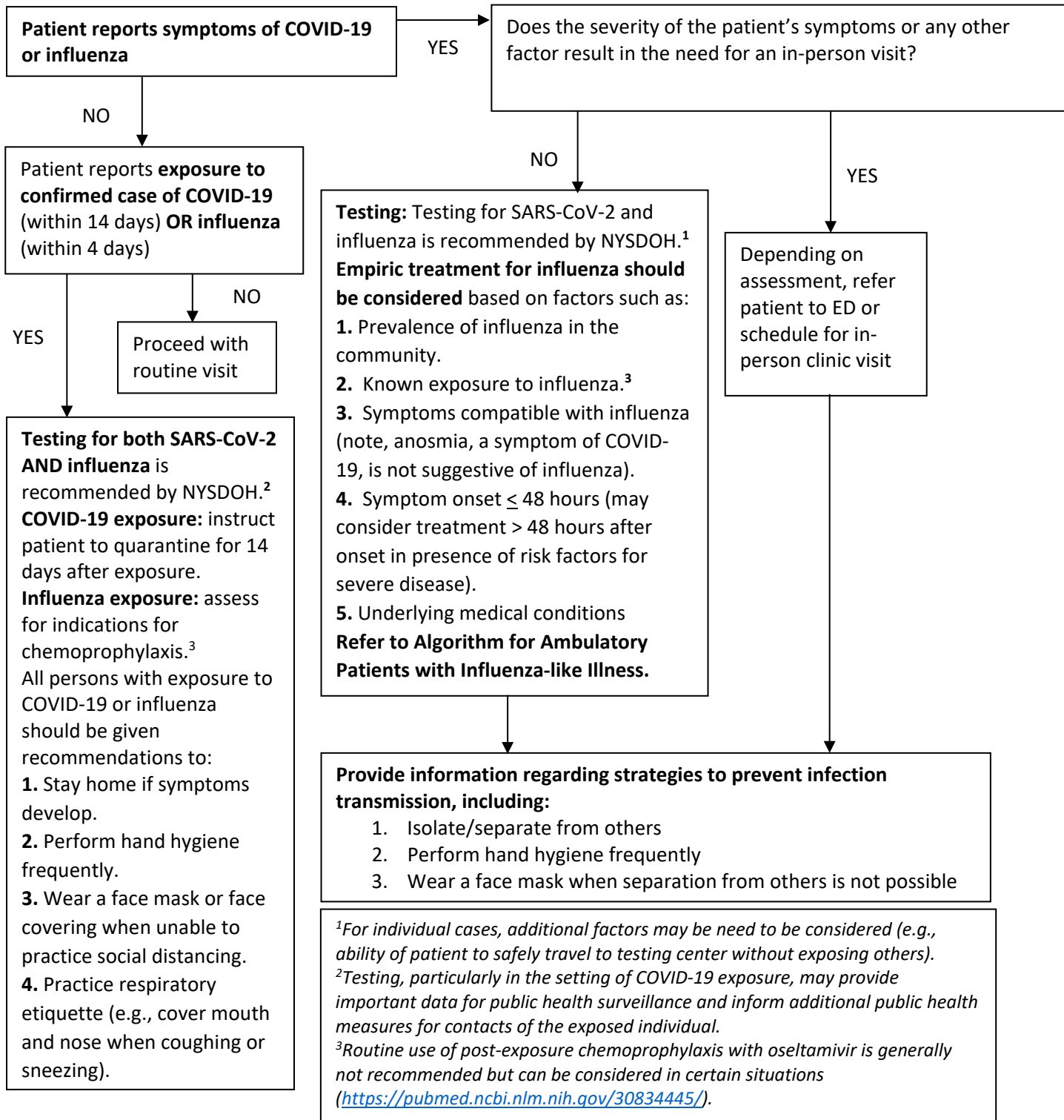
- Immunocompetent patients who test positive for SARS-Cov-2 should be advised to isolate at home until they have met the following requirements:
 - **At least 10 days** have passed since symptom-onset, or if no symptoms are present, then at least 10 days since the first positive test.
 - **At least 24 hours** without fever, without the use of antipyretics.
 - Marked improvement in symptoms (e.g., cough, shortness of breath).
 - **Refer to [Discharge Guidance for Patients](#).**
- Severely immunocompromised patients or patients who had severe COVID-19 illness should be advised to isolate for **at least 20 days from symptom onset**, and meet additional requirements described above.
- Patients who **test positive for influenza** should be advised to stay at home and avoid contact with others until at least 24 hours without fever off antipyretics.

HOME QUARANTINE FOR PATIENTS EXPOSED TO SARS-COV-2 OR INFLUENZA

- Patients who had exposure within past 14 days to someone newly diagnosed with COVID-19 should be advised to quarantine at home for **14 days after their last COVID-19 exposure**.
- All persons with exposure to COVID-19 or influenza should be given recommendations to:
 - Stay home and avoid contact with others if symptoms develop
 - Perform hand hygiene frequently
 - Wear a face mask or face covering when unable to practice social distancing
 - Practice respiratory etiquette (e.g., cover mouth and nose when coughing or sneezing)

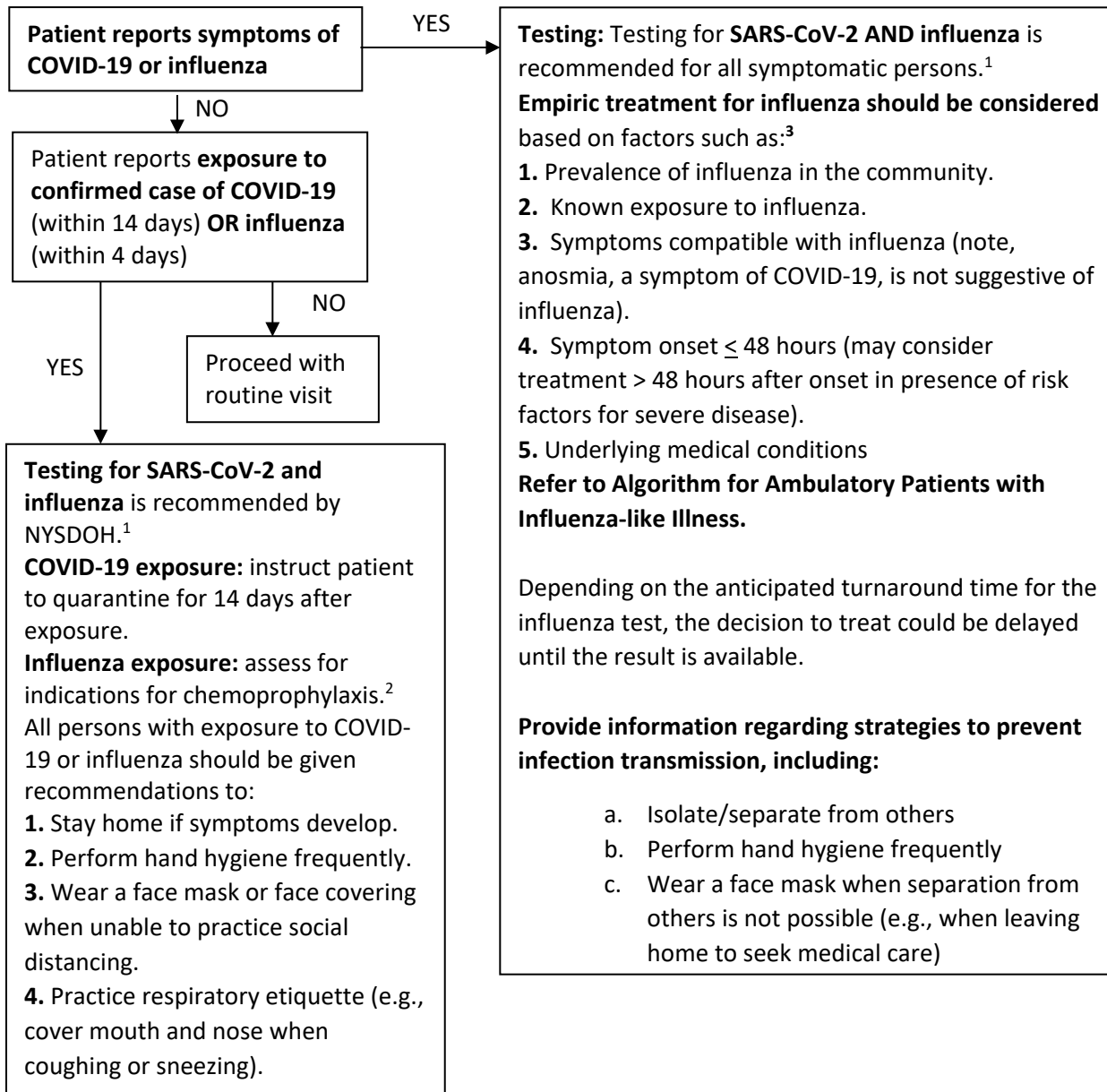
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Figure 1A: Telehealth Visit: Algorithm for COVID-19 and Influenza Symptoms, Exposures, and Testing



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Figure 1B: In-Person Visit: Algorithm for COVID-19 and Influenza Symptoms, Exposures, and Testing



¹ Testing, particularly in the setting of COVID-19 exposure, may provide important data for public health surveillance and inform additional public health measures for contacts of the exposed individual.

² Routine use of post-exposure chemoprophylaxis with oseltamivir is generally not recommended, but can be considered in certain situations (<https://pubmed.ncbi.nlm.nih.gov/30834445/>).

³ Treatment of patients at increased risk of severe influenza or with contact with individuals at high risk of severe influenza is recommended (<https://pubmed.ncbi.nlm.nih.gov/30834445/>).

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Table 2: Transmission-Based Precautions and PPE for COVID-19

Patient Status		Precautions	HCP PPE ²	Patient and Visitor PPE
Fever or Symptoms of COVID-19 OR Influenza at Prescreening OR Arrival OR COVID-19 diagnosis within past 10 days	Within past 14 days: Exposure to COVID-19 ¹ OR Travel to U.S. state that does not share a border with NY OR Travel Internationally			
No	No	None	Universal surgical mask + Eye protection	Surgical mask OR own face covering
No	Yes³	Droplet (terminally clean)	Surgical mask + Eye protection ⁴	Surgical mask OR own face covering
Yes⁵	Yes or No	Contact + Droplet (terminally clean)	Surgical mask + Eye protection + Gown + Gloves	Surgical mask

¹Asymptomatic patients who report *only* influenza exposure do not require transmission-based precautions.

²Avoid aerosol-generating procedures whenever possible (e.g., use metered-dose inhaler rather than nebulizer whenever feasible). N95 must be worn for all AGP regardless of SARS-CoV-2 status.

³If patient is COVID-recovered, terminal clean of room is not required.

⁴HCP should wear a gown and gloves as part of standard precautions if contact with secretions or excretion are anticipated.

⁵Refer to clinician. Consider telehealth visit.

References

Advisory Committee on Immunization Practices: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season.

https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm?s_cid=rr6908a1_w

Clinical Practice Guidelines by the Infectious Diseases Society of America: 2018 Update on Diagnosis, Treatment, Chemoprophylaxis, and Institutional Outbreak Management of Seasonal Influenza <https://pubmed.ncbi.nlm.nih.gov/30834445/>