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](https://coronavirus.health.ny.gov/covid-19-travel-advisory).


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

CONTENTS

- Screening
  - Pre-screening
  - Arrival screening
- SARS-CoV-2 and Influenza Testing
  - Table 1: Indications for SARS-CoV-2 and Influenza Testing in Ambulatory Locations
- PPE and Transmission-based Precautions (“Isolation”)  
- Influenza Vaccination, Chemoprophylaxis, and Empiric Treatment
- Home Isolation and Quarantine for Patients Testing Positive for SARS-CoV-2 or Influenza
- Figure 1A: Telehealth Visit: Algorithm for COVID-19 and Influenza Symptoms, Exposures, and Testing
- Figure 1B: In-Person Visit: Algorithm for COVID-19 and Influenza Symptoms, Exposures, and Testing
  - Table 2: Transmission-Based Precautions and PPE for COVID-19

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-notices.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.
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.
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**

<table>
<thead>
<tr>
<th>Population</th>
<th>Indication for Testing</th>
<th>Test(s) to be Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients (including those who are COVID-recovered)</td>
<td>Symptoms of COVID-19 or influenza</td>
<td>SARS-CoV-2 AND Influenza</td>
</tr>
<tr>
<td></td>
<td>Exposure within 14 days to confirmed COVID-19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exposure within 4 days to confirmed influenza</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Essential worker (including health care personnel) with travel from a US state or territory that does not share a border with NY</td>
<td>SARS-CoV-2 only¹</td>
</tr>
</tbody>
</table>

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.
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.

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

are unvaccinated or during the first two weeks following vaccination.
  o 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:
  o 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.
  o At least 24 hours without fever, without the use of antipyretics.
  o Marked improvement in symptoms (e.g., cough, shortness of breath).
  o 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:
  o Stay home and avoid contact with others if symptoms develop
  o Perform hand hygiene frequently
  o Wear a face mask or face covering when unable to practice social distancing
  o Practice respiratory etiquette (e.g., cover mouth and nose when coughing or
    sneezing)
Figure 1A: Telehealth Visit: Algorithm for COVID-19 and Influenza Symptoms, Exposures, and Testing

**Patient reports symptoms of COVID-19 or influenza**

- **NO**
  - Patient reports exposure to confirmed case of COVID-19 (within 14 days) OR influenza (within 4 days)
    - **NO**
      - Proceed with routine visit
    - **YES**
      - Testing for both SARS-CoV-2 AND influenza is recommended by NYSDOH.
      - COVID-19 exposure: instruct patient to quarantine for 14 days after exposure.
      - Influenza exposure: assess for indications for chemoprophylaxis.
      - All persons with exposure to COVID-19 or influenza should be given recommendations to:
        1. Stay home if symptoms develop.
        2. Perform hand hygiene frequently.
        3. Wear a face mask or face covering when unable to practice social distancing.
        4. Practice respiratory etiquette (e.g., cover mouth and nose when coughing or sneezing).

- **YES**
  - Does the severity of the patient’s symptoms or any other factor result in the need for an in-person visit?
    - **NO**
      - Proceed with routine visit
    - **YES**
      - Testing: Testing for SARS-CoV-2 and influenza is recommended by NYSDOH.
      - Empiric treatment for influenza should be considered based on factors such as:
        1. Prevalence of influenza in the community.
        2. Known exposure to influenza.
        3. Symptoms compatible with influenza (note, anosmia, a symptom of COVID-19, is not suggestive of influenza).
        4. Symptom onset < 48 hours (may consider treatment > 48 hours after onset in presence of risk factors for severe disease).
        5. Underlying medical conditions
      - Refer to Algorithm for Ambulatory Patients with Influenza-like Illness.

**Provide information regarding strategies to prevent infection transmission, including:**

1. Isolate/separate from others
2. Perform hand hygiene frequently
3. Wear a face mask when separation from others is not possible

1 For individual cases, additional factors may be need to be considered (e.g., ability of patient to safely travel to testing center without exposing others).
2 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.
3 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/).
Figure 1B: In-Person Visit: Algorithm for COVID-19 and Influenza Symptoms, Exposures, and Testing

Patient reports symptoms of COVID-19 or influenza

YES

Patient reports exposure to confirmed case of COVID-19 (within 14 days) OR influenza (within 4 days)

NO

YES

Testing for SARS-CoV-2 and influenza is recommended by NYSDOH.\(^1\)

COVID-19 exposure: instruct patient to quarantine for 14 days after exposure.

Influenza exposure: assess for indications for chemoprophylaxis.\(^2\)

All persons with exposure to COVID-19 or influenza should be given recommendations to:
1. Stay home if symptoms develop.
2. Perform hand hygiene frequently.
3. Wear a face mask or face covering when unable to practice social distancing.
4. Practice respiratory etiquette (e.g., cover mouth and nose when coughing or sneezing).

Testing: Testing for SARS-CoV-2 AND influenza is recommended for all symptomatic persons.\(^1\)

Empiric treatment for influenza should be considered based on factors such as:\(^3\)
1. Prevalence of influenza in the community.
2. Known exposure to influenza.
3. Symptoms compatible with influenza (note, anosmia, a symptom of COVID-19, is not suggestive of influenza).
4. Symptom onset ≤ 48 hours (may consider treatment > 48 hours after onset in presence of risk factors for severe disease).
5. Underlying medical conditions

Refer to Algorithm for Ambulatory Patients with Influenza-like Illness.

Depending on the anticipated turnaround time for the influenza test, the decision to treat could be delayed until the result is available.

Provide information regarding strategies to prevent infection transmission, including:

a. Isolate/separate from others
b. Perform hand hygiene frequently
c. Wear a face mask when separation from others is not possible (e.g., when leaving home to seek medical care)

---

\(^1\) 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/).
Table 2: Transmission-Based Precautions and PPE for COVID-19

<table>
<thead>
<tr>
<th>Patient Status</th>
<th>Precautions</th>
<th>HCP PPE&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Patient and Visitor PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever or Symptoms of COVID-19 OR Influenza at Prescreening OR Arrival OR COVID-19 diagnosis within past 14 days</td>
<td>Within past 14 days: Exposure to COVID-19&lt;sup&gt;1&lt;/sup&gt; OR Travel to U.S. state that does not share a border with NY OR Travel Internationally</td>
<td>Precautions</td>
<td>HCP PPE&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>None</td>
<td>Universal surgical mask + Eye protection</td>
</tr>
<tr>
<td></td>
<td>Yes&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Droplet (terminally clean)</td>
<td>Surgical mask + Eye protection&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Yes&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Yes or No</td>
<td>Contact + Droplet (terminally clean)</td>
<td>Surgical mask</td>
</tr>
</tbody>
</table>

<sup>1</sup>Asymptomatic patients who report only influenza exposure do not require transmission-based precautions.

<sup>2</sup>Avoid 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.

<sup>3</sup>If patient is COVID-recovered, terminal clean of room is not required.

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

<sup>5</sup>Refer to clinician. Consider telehealth visit.

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