

**Interim Guidance for ED and Inpatient Setting:
 COVID-19 and Influenza Screening, Testing, PPE, Room Placement
 April 19, 2021 (Replaces April 2, 2021 Guidance)**

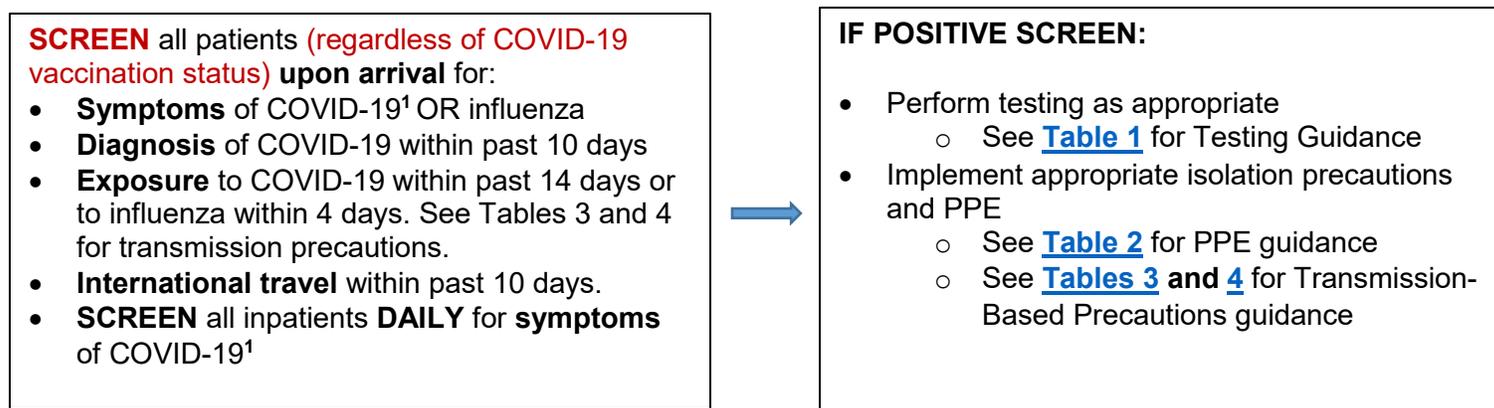
This document provides guidance for screening, testing, personal protective equipment (PPE), and isolation precautions for **SARS-CoV-2** and **influenza in the ED and inpatient setting**.

UPDATE: As of April 2021, New York State Department of Health NO LONGER REQUIRES testing or quarantine for domestic travel (i.e., travel to any state or U.S. territory) for all patients. Additionally, quarantine is NOT required for international travelers who are FULLY VACCINATED or who have RECOVERED from COVID-19 infection within the past 3 months.

While CDC and NYSDOH have relaxed certain quarantine restrictions **in the community setting** based on vaccination status and/or testing results, these may NOT apply to inpatient settings. Therefore, to optimize the safety of patients, visitors, and staff, **quarantine (contact/droplet precautions) is required through DAY 14 for hospitalized patients** who have been exposed to someone with COVID-19, regardless of vaccination status.

- All **patients and visitors should don a surgical mask** upon entry to the hospital. See [Interim Guidelines for Use of Face Coverings and Personal Protective Equipment by NYP Patients and Visitors](#) and [Table 1](#).
- Information about **patient and visitor screening** is available in the NYP [COVID-19 Screening Tool for Patients and Visitors/Support Persons](#)
- For guidance on **discontinuing COVID-19 isolation precautions**, see [Interim Guidance for Discontinuing Transmission-Based Precautions for Patients with Confirmed COVID-19](#).
- See the [influenza webpage](#) for additional recommendations regarding patients with **influenza or exposure to influenza**.

FIGURE 1: Overview of Screening in ED and Inpatient Settings



¹Symptoms of COVID-19 include fever (subjective or measured $\geq 100^{\circ}\text{F}$ or 37.8°C), cough, shortness of breath, sore throat, muscle aches, diarrhea, nasal congestion, headache, chills/rigors, new onset loss of smell, and altered sense of taste.

Contact Infection Prevention & Control:

NYP-AH: 212-932-5219	NYP-CU and NYP-MSCH: 212-305-7025	NYP-WC: 212-746-1754
NYP-WBHC: 914-997-4377	NYP-LMH: 212-312-5976	NYP-LH: 914-787-3045
NYP-BMH: 718-780-3569	NYP-HVH: 914-734-3950	NYP-Q: 718-670-1255

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Table 1: Indications for SARS-CoV-2 and Influenza Testing in ED and Inpatient Settings

Population	Indication for Testing	Test(s) to be Ordered
All patients	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	
Selected patients	If testing for respiratory pathogens other than SARS-CoV-2 and influenza is indicated, a paper requisition form should be used to request a “respiratory pathogen panel.”	Respiratory pathogen panel
Expired patients (in hospital or en route to hospital)	Suspected or confirmed COVID-19 or influenza as a cause of death AND not tested for both SARS-CoV-2 and influenza within 14 days prior to death	SARS-CoV-2 AND Influenza
Patients WITHOUT a prior history of COVID-19 and without indications listed above for “All patients”	Hospital admission (if asymptomatic)	SARS-CoV-2 only ²
	Prior to surgery and certain procedures	
	High clinical suspicion of COVID-19 in patient for whom initial SARS-CoV-2 test was negative	
	Discharge to a nursing home from inpatient setting (required to test negative prior to discharge)	
Patients WITH a prior history of COVID-19 within past 3 months (COVID-Recovered) and without indications listed above for “All patients”	Severely immunocompromised patients as part of a test-based strategy to discontinue isolation precautions	SARS-CoV-2 only ¹
	Patients who develop new symptoms suggestive of COVID-19	
	Prior to elective surgery and other elective procedures ¹	
	Discharge to a nursing home from inpatient setting (required to test negative prior to discharge)	

¹If any of the indications noted in the section on testing for both SARS-CoV-2 and influenza are present, test for both SARS-CoV-2 and influenza

Table 2: USE APPROPRIATE UNIVERSAL PPE

- [Well-fitting surgical mask](#) at **ALL** times.
- [Eye protection](#) for **ALL** patient care regardless of COVID-19 result or symptoms.
- For **NP swab collection** in asymptomatic patient, wear surgical mask or N95 respirator, eye protection, and gloves.
- **N95 respirator for ALL aerosol-generating procedures (See [Table 5](#))**, regardless of COVID-19 result.
- For patients with confirmed or suspected COVID-19, implement **contact and droplet precautions** (N95 respirator recommended, well-fitting surgical mask is acceptable alternative; gown, gloves, and eye protection).
- For patients with exposure to COVID-19 or travel-related risk factors, an N95 respirator is recommended (a well-fitting surgical mask is an acceptable alternative).
- [See guidance](#) for patient and visitor mask and PPE.

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Table 3: COVID-19/Influenza Related Transmission-Based Precautions and Room Placement for PATIENTS WITH SUSPECTED OR CONFIRMED COVID-19/INFLUENZA with or without Exposure or International Travel

Clinical Status	Exposure to COVID-19 within 14 days OR International travel within 10 days ¹	Transmission-Based Precautions	Room Placement and Cohorting Considerations ²
Suspected COVID-19 OR influenza	Yes or No	Contact + Droplet^{3,4}	Single room
Confirmed COVID-19	Yes or No	Contact + Droplet^{3,4}	Single room or cohorted with another patient with confirmed COVID-19
Confirmed Influenza	No	Droplet⁴	Single room or cohorted with another patient with same influenza subtype
	Yes ⁵	Contact + Droplet^{3,4}	Single room

¹Influenza exposure does not require transmission-based precautions, but patients should be considered for chemoprophylaxis if indicated.

²If a single room is not available, separate from other patients using barriers (e.g., curtain) and distance

³N95 recommended + eye protection + gloves + gown for ALL patients with suspected or confirmed COVID-19, with recent exposure to COVID-19, or with international travel and not fully vaccinated or recovered from a prior COVID-19 infection within the past 3 months. Well-fitting surgical masks are an acceptable alternative to N95.

⁴N95 required for all aerosol-generating procedures (See [Table 5](#)).

⁵See [Table 4](#) (footnotes 1 and 6) for duration of quarantine in the event an influenza positive patient is COVID exposed or has recent international travel. Patients with influenza and recent international travel do not require quarantine if fully vaccinated for COVID-19 or if they have recovered from a prior COVID-19 infection within the past 3 months.

NOTE: If a patient with a prior history of COVID-19 presents with symptoms consistent with COVID-19, the patient should be cared for using the precautions recommended for other symptomatic patients until active SARS-CoV-2 infection is ruled-out.

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Table 4: Transmission-Based Precautions and Room Placement for Patients with LOW SUSPICION FOR COVID-19 based on Exposure, Vaccination, and/or International Travel

Clinical Status	Exposure to COVID-19 within 14 days ¹	International travel within 10 days	Fully Vaccinated ²	Transmission-Based Precautions	Room Placement and Cohorting Considerations ³
Low suspicion for COVID-19 or influenza AND no history of COVID-19 within 3 months	Yes	Yes or No	Yes or No	Contact + Droplet for 14 days ^{4,5}	Single room
	No	Yes ⁶	No	Contact + Droplet for 7-10 days ^{4,5,6}	Single room
	No	Yes	Yes	Standard ⁵	Single room not required <i>If asymptomatic, while PCR is pending: can cohort with COVID-19 negative patient who does not require quarantine</i>
COVID-Recovered ⁷	Yes or No	Yes or No	Yes or No	Standard	Single room not required

¹All patients with COVID-19 exposure who are not considered COVID-recovered⁷ (regardless of vaccination status) should be placed on contact and droplet precautions for 14 days after the most recent exposure. Testing is recommended 5-7 days after exposure. Patients with a negative test must remain on precautions for 14 days while hospitalized.

²Fully vaccinated: ≥2 weeks following receipt of the second dose in a 2-dose series (e.g., Pfizer or Moderna), or ≥2 weeks following receipt of one dose of a single-dose vaccine regimen (e.g., Johnson & Johnson).

³If a single room is not available, separate from other patients using barriers (e.g., curtain) and distance.

⁴N95 recommended + eye protection + gloves + gown for ALL patients with suspected or confirmed COVID-19, with recent exposure to COVID-19, or with international travel and not fully vaccinated. Well-fitting surgical masks are an acceptable alternative.

⁵N95 required for all aerosol-generating procedures (See [Table 5](#)).

⁶International travelers who are not fully vaccinated may “test-out” after 7 days of quarantine if a SARS-CoV-2 test is obtained 3-5 days after arrival in the US and is negative (Day of arrival is considered Day 0). Travelers without testing on days 3-5 require quarantine for 10 days after arrival in the US.

⁷COVID-recovered refers to patients **WITH** a prior history of COVID-19 within past 3 months who have met criteria for discontinuation of isolation

Table 5: 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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