

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

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

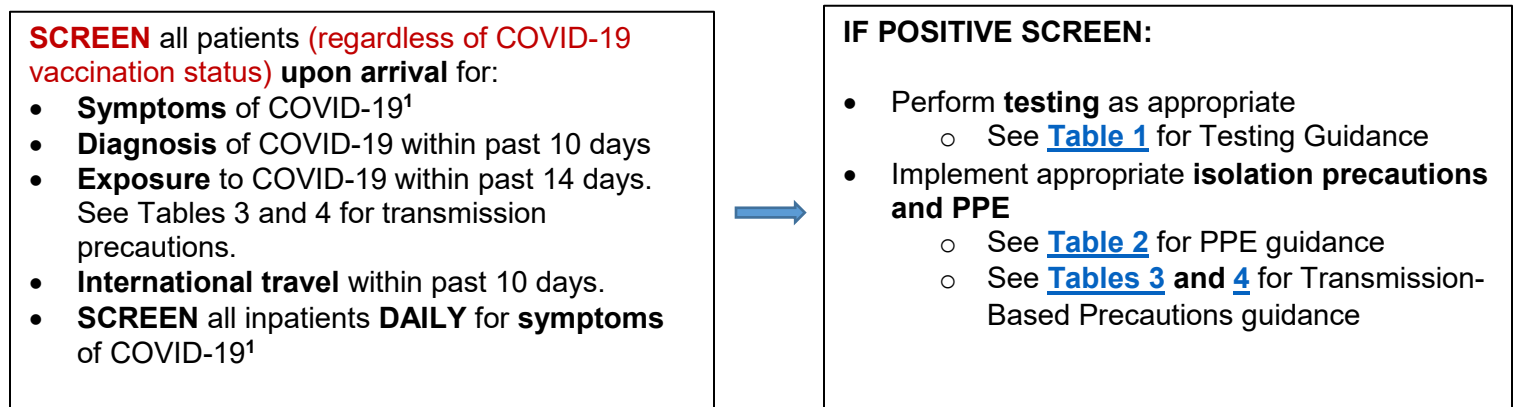
KEY UPDATES:

- **Due to the end of flu season, influenza testing is no longer required for all patients presenting with symptoms of COVID-19. Additionally, influenza testing is no longer required for expired patients.**
- **Per NYSDOH, it is no longer required for inpatients with a history of COVID being discharged to a nursing home to have a negative COVID test. These patients may also be discharged when they meet criteria to discontinue COVID-19 transmission based precautions. Nursing homes may have differing requirements for a repeat swab for patients who are COVID negative on admission.**

While CDC and NYSDOH have relaxed masking requirements and certain quarantine restrictions **in the community setting** based on vaccination status and/or testing results, these may NOT apply to inpatient settings. 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, regardless of COVID-19 vaccination status. See [Interim Guidelines for Use of Face Coverings and Personal Protective Equipment by NYP Patients and Visitors](#) and [Table 2](#).
- 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](#).

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:

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NYP-WBHC: 914-997-4377	NYP-LMH: 212-312-5976	NYP-LH: 914-787-3045
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Table 1: Indications for SARS-CoV-2 Testing in ED and Inpatient Settings

Symptoms of COVID-19 ¹
Exposure within 14 days to confirmed COVID-19
Hospital admission (<i>EXCEPT COVID-Recovered</i> ²)
<u>Prior to surgery and certain procedures</u> (<i>EXCEPT COVID-Recovered</i> ²)
High clinical suspicion of COVID-19 in patient for whom initial SARS-CoV-2 test was negative
Severely immunocompromised patients as part of a test-based strategy to discontinue transmission based precautions
If required by a nursing home prior to discharge (NOTE: patients with COVID-19 do NOT require a negative swab prior to discharge as long as they meet other criteria for discontinuation of transmission based precautions)
Suspected or confirmed COVID-19 as a cause of death AND not tested for SARS-CoV-2 within 14 days prior to death

¹If testing for respiratory pathogens other than SARS-CoV-2 is indicated, a paper requisition form should be used to request a “respiratory pathogen panel.”

²COVID-Recovered = patients with a prior history of COVID-19 within past 3 months who have met criteria for discontinuation of isolation.

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 as well as those who require contact and droplet precautions due to exposure or travel (see [Table 4](#)), use an N95 respirator (well-fitting surgical mask is acceptable alternative), gown, gloves, and eye protection).
- [See guidance](#) for patient and visitor mask and PPE.

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

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

¹If a single room is not available, separate from other patients using barriers (e.g., curtain) and distance

²N95 recommended + eye protection + gloves + gown for ALL patients with suspected or confirmed COVID-19. Well-fitting surgical masks are an acceptable alternative to N95.

³N95 required for all aerosol-generating procedures (See [Table 5](#)).

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

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 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 If asymptomatic, while PCR is pending: can cohort with COVID-19 negative patient who does not require quarantine
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 recent exposure to COVID-19, OR for patients with international travel who are 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 at least 3 days after arrival in the US and is negative (Day of arrival is considered Day 0). Travelers without testing after day 3 require quarantine for 10 days after arrival in the US.

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

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

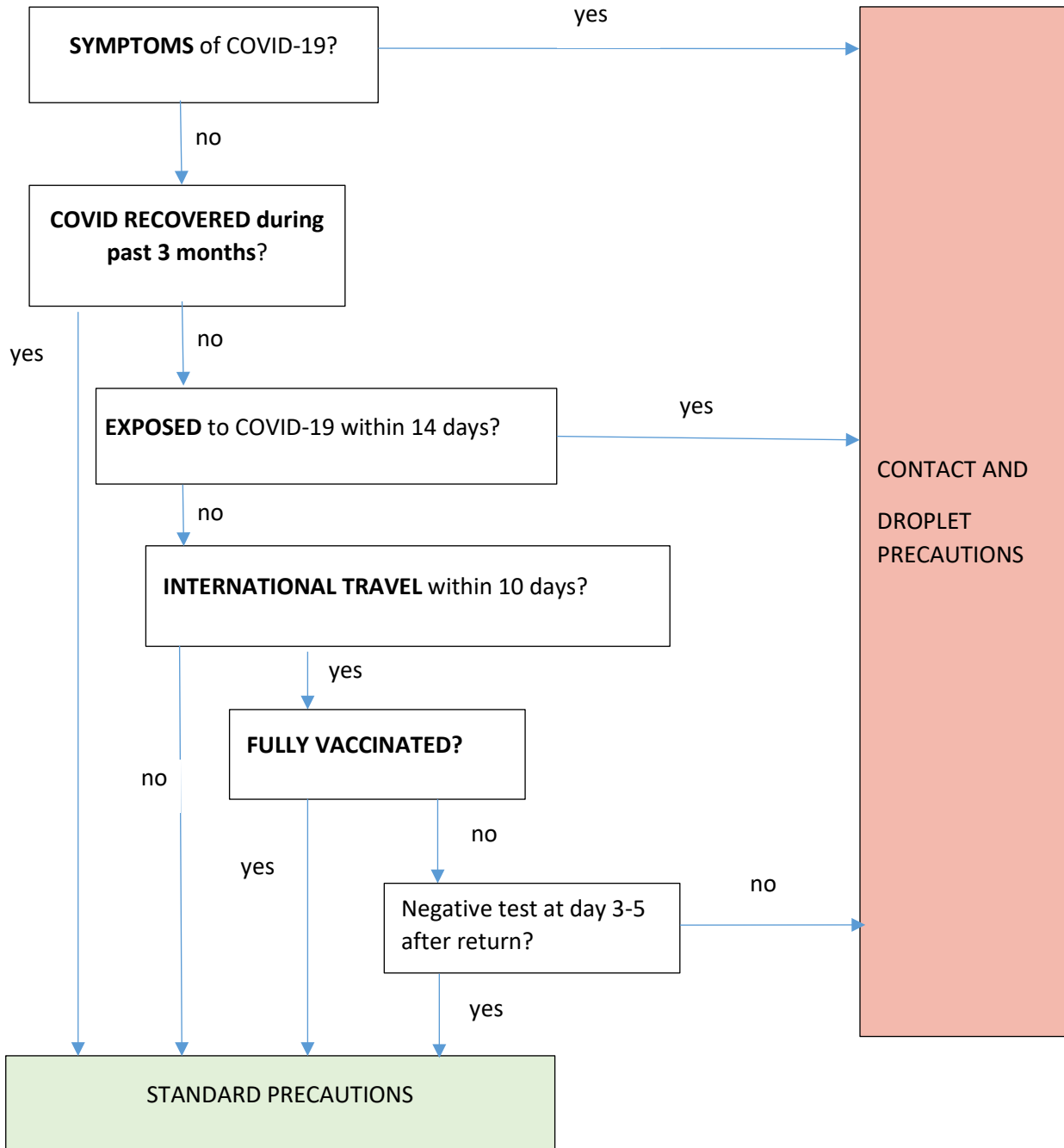
Note: Procedures requiring N95 respirator should be performed in a negative pressure room, if possible. Procedures with * should be prioritized for a negative pressure room.

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