

March 27, 2020

## **FAQ for Staff at Higher Risk for COVID-19**

We understand that some staff are concerned that their age, status, or health condition may put them at higher risk with COVID-19. Here are some suggestions and FAQs for addressing questions and concerns.

### **I have an underlying health condition and I am worried that in my job I may come into contact with patients with COVID-19. What should I do to protect myself?**

First, make sure that you are using all of the recommended PPE for the type of work you are doing in your unit. PPE is critical to protecting you. If you are concerned about your role even with the use of proper PPE, you can reach out to your supervisor or department leader to discuss your concern and see if there is a different assignment for you.

### **Do I have to tell my supervisor what my condition is?**

No, you can just tell your supervisor that you have a condition that you think puts you at higher risk. Your supervisor will tell you to bring documentation of that condition to OHS, or if OHS has it already, to get confirmation from OHS that the condition is one that could make you at higher risk for COVID-19 infection.

### **Will my supervisor change my assignment?**

If OHS confirms that your condition puts you at higher risk, your supervisor will consider whether they can change your assignment to reduce your risk and still complete the work of the unit. If they can't change your assignment, they will escalate your request to the leadership of your department for another look to see if you could be assigned elsewhere temporarily.

### **What if the department leadership doesn't reassign me or I don't like the reassignment? Do I have a choice?**

You always have the right to seek a formal accommodation for your condition through the Office of Equal Employment – every facility has an assigned EEO Officer. If you go that route, the EEO officer will consider your request, seek documentation of your condition, and work with your supervisor to see if there is a reasonable accommodation for your unique employment circumstances to address the risk related to your condition.



Sometimes, a reasonable accommodation can include taking leave using your leave balances or an unpaid leave of absence. There is no guarantee that you will receive leave as an accommodation or have a choice of assignments.

### **If I am reassigned, how long will the reassignment last?**

Since the reassignments are based on very specific circumstances related to COVID-19 and to operational need, those assignments could change as circumstances related to the pandemic change.

### **What are conditions that might put me at higher risk?**

The medical literature is still evolving, but the following conditions are believed to put a person at higher risk of COVID-19:

- Pregnancy
- Current Immunocompromised state
- Hematopoietic stem cell transplant
- Current systemic chemotherapy
- Solid organ transplant
- Chronic and ongoing use of immunosuppressive agents including biologics or prednisone 20mg daily for > 2 weeks
- HIV infection with CD4 < 200

Age:

- Adults > 70 years old

Serious underlying medical conditions

- Significant cardiovascular disease (ASCVD risk > 10% or class III or IV CHF)
- Diabetes with A1c > 10
- Lung disease (requiring home oxygen, cystic fibrosis, COPD stage 3-4, asthma requiring daily high dose inhaled steroids)
- Kidney disease (stage 4-5 or on dialysis)
- Severe liver disease (Child-Pugh score > 10)



# NOVEL CORONAVIRUS

## COVID-19 FREQUENTLY ASKED QUESTIONS

REVISED MARCH 5, 2020

### Travel and Clinical Guidelines

#### **Q: What are the countries that we should flag for COVID-19 exposure?**

A: China, South Korea, Italy, Iran and Japan. Note, at least 76 countries have had at least one COVID-19 case. And the number of cases is increasing as person to person transmission becomes more prevalent – this is not unexpected and we are planning accordingly.

#### **Q: What precautions are we taking to monitor staff who have the travel history that puts them at risk?**

A: Any NYC Health + Hospitals employee who recently traveled to the countries identified by the CDC are to self-report to Occupational Health Services and Human Resources.

#### **Q: What's the time/leave policy for staff who have to self-quarantine and cannot work?**

A: Employees must contact their supervisor immediately upon identifying themselves in a risk category as outlined in the CDC guidelines and the NYC Health + Hospitals leave policy available on the Coronavirus Intranet page. If or when a supervisor has knowledge of an employee who falls under the CDC defined risk categories, the employee will be referred to Occupational Health Services (OHS) or their private physician for continued follow-up. Staff employed by our clinical affiliates should contact their employers about leave policies. We will be working with our affiliates to ensure that leave policies for people working in our health system facilities are appropriate and aligned with NYC Health + Hospitals leave policies.

#### **Q: Do I need to let OHS know if I plan to travel?**

A: NYC Health + Hospitals does not restrict travel to employees. However, the advice for all New Yorkers is to avoid nonessential travel to affected areas. If an employee travels to one of the affected areas, they may be subject to the mandatory testing policy now in place (see below). OHS should be advised if and when a staff is placed on home isolation or quarantine. OHS will then monitor

#### **Q: What is the testing policy for staff who may have been exposed?**

A: Effective March 5, and under the authority of the NYC Department of Health (NYC DOH), educators, healthcare workers, or first responder employed by the City of New York, New York City Department of Education, and NYC Health + Hospitals who are determined to present a danger of infection to others, will have to submit to testing for COVID-19. Employees who are required to undergo testing will be prohibited from returning to work until there is a negative test result or until NYC DOH determines employee no longer presents a danger of infection to others. To determine whether testing applies to you, visit:

<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/commissioners-order-testing-covid19.pdf>

#### **Q: How can we get more information about travel and coronavirus?**

A: Travel information should be checked carefully for restrictions as these may change quickly. This information is available and is updated frequently on the U.S. State Department website at [travel.state.gov](http://travel.state.gov).

## Use of Surgical Masks and N95 Respirators

### **Q: Is our health system experiencing shortages of masks and other protective equipment?**

A: NYC Health + Hospitals is monitoring its supply of surgical masks and N95 respirator masks, and other protective equipment very closely in order to ensure that we can deliver safe care to our patients. Because of the high demand for masks, especially N95 respirators, we have put conservation efforts in place to prevent unnecessary use of this equipment and to ensure we have ample supply available if there is a surge of the virus in New York City.

### **Q: When should I use a surgical mask?**

A: Surgical masks should be worn by health care workers when caring for patients who have been placed in isolation while undergoing evaluation for coronavirus until or unless that person is formally identified as a Person Under Investigation (PUI).

### **Q: When should I use an N95 respirator?**

A: N-95 respirator should be worn by health care workers when caring for a patient who has been identified as a Person Under Investigation (PUI) by the New York City Department of Health and Mental Hygiene (DOHMH) or has been confirmed to have COVID-19. A PUI must be placed on Airborne Precautions. It is important to remember that a health care worker caring for any patient on Airborne Precautions — such as measles, chicken pox, active tuberculosis — should wear a N95 respirator. In order for the N95 respirator to provide any protection to the wearer, the wearer must be fit tested prior to using the respirator.

### **Q: When should I NOT Use an N95 respirator?**

A: If you are not directly taking care of a patient on Airborne Precautions – you will know by the “Airborne Precautions” sign on the patient’s door - you should not wear an N95 respirator. You should also not wear one when you are walking around a nursing unit or other department except on a special ED or inpatient respiratory surge unit.

### **Q: What are the safety steps to follow when using a N95 respirator?**

A: When using a N95 respirator to care for a patient on Airborne Precautions, follow these steps:

- Inspect N95 respirator for damage before each use. Discard the respirator if damaged.
- Perform hand hygiene after putting on the N95 respirator and before touching the patient.
- Perform a seal check\* before each use (see below). Adjust the N95 respirator if you can’t get a good fit.
- Carefully remove (doff) the N95 respirator to prevent contaminating it or your face.
- For Airborne Precautions (only), use the same N95 respirator for up to the entire work shift unless it is damaged, wet or contaminated with patient blood or body fluids, including nasal or respiratory secretions, or difficult to breathe through.
- For Airborne plus Contact Precautions, use the N95 respirator once and discard, unless also wearing a full-face shield. Then the N95 respirator may be worn repeatedly if removed without becoming visibly contaminated.
- Between uses, store the N95 respirator in a breathable container, such as a paper bag.
- Perform hand hygiene after you take off the N95 respirator and put it in the paper bag.
- Label outside of bag with your name. Store the bagged respirator in a convenient location (e.g., med cart/counter).
- Discard an N95 respirator in the regular trash unless dripping with, soaked with, or caked with blood or other potentially infectious materials (this is very rare).

- On a special ED or inpatient respiratory pathogen surge unit, the N95 respirator may be worn continuously, including the hall/nursing station areas for up to 4 hours at a time and then should be discarded.
- Do not use an N95 respirator worn by someone else.
- Do not use an N95 respirator if you have facial hair that prevents a tight fit of the respirator.
- Do not remove, adjust, or touch your N95 respirator during patient care activities.
- Do not re-use an N95 respirator used during aerosol generating procedures such as bronchoscopy, intubation, or open endotracheal tube suctioning.

**Q: What is the best way to perform a “seal check” for the N95 respirator?**

A: To perform a “seal check,” cover the respirator with one or both hands. Be careful not to disturb the position of the respirator. Inhale and exhale. If air leaks around the nose or edges, re-adjust the respirator. Make certain respirator edges seals snugly against the face. If you cannot achieve a proper seal after adjusting the N95 respirator, see your supervisor. You may need to be fit tested with a different N95 respirator or trained to use a CAPR/PAPR.

**Q: What kind of protective gown and gloves should I use when working with a patient who is on Airborne Precautions, such as a PUI or COVID-19 patient?**

A: Wear a fluid resistant, non-sterile gown and exam gloves to protect skin and clothing when entering or in a room with a patient on Airborne Precautions.

**Q: Is there a vaccine?**

A: There is currently no vaccine to protect against COVID-19. The best way to prevent infection is by practicing basic infection control precautions, such as respiratory etiquette and hand hygiene, and to avoid close contact with sick individuals.

**Q: Is there a treatment for COVID-19?**

A: There is no specific antiviral treatment for COVID-19. People with the virus should seek medical care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions.

**Q: Are there any cases in NYC?**

A: This is a fast-changing situation. Please check [nyc.gov/health/coronavirus](https://www.nyc.gov/health/coronavirus) for the latest updates.

**Q: Are there any Patients Under Investigation (PUIs) in NYC? In our health system?**

A: This is a fast-changing situation. Please check [nyc.gov/health/coronavirus](https://www.nyc.gov/health/coronavirus) for the latest updates

**Q: How do we decide who to test?**

A: Our doctors collaborate with the NYC Department of Health & Mental Hygiene to make this decision, which is based on the patient’s symptoms, their travel history or exposure to someone else who has travelled to the countries with high number of cases.

**Q: How long does the test take? Who does the test? Is the test free?**

A: Effective March 3, NYC has begun to perform tests locally at the New York City and New York State public health laboratories. Results are generally available in 24 hours or less. The test will be available at no cost to patients under our care.

**Q: What is the course of care and treatment for a PUI? Do they need to remain hospitalized?**

A: Decision regarding the disposition of a patient under investigation (PUI) for COVID-19 will be made in consultation with the NYC Department of Health. Many patients experience mild symptoms. In these cases, the patient may not require hospitalization. They will most likely be placed on home quarantine for a period of 14 days after their last known or suspected exposure to COVID-19.

## NYC Health + Hospitals Preparedness and Response Efforts

### Q: What is NYC Health + Hospitals doing to protect patients and staff?

A: At NYC Health + Hospitals, our goal is to keep our patients, visitors, and staff safe during the outbreak of the respiratory illness caused by the newly discovered coronavirus known as COVID-19. We are monitoring the situation closely and are following all recommendations provided by our local and state departments of health and the CDC. Our medical experts are well trained in screening protocols to recognize, isolate, and evaluate patients who may have COVID-19 infection. And we continue to do tabletop exercises, surge planning and send secret shoppers to our facilities to ensure our front-line teams are following best practice standards, are ready to recognize potential patients, and provide the best, safe care for them. We encourage all New Yorkers who have the respiratory symptoms associated with this virus – regardless of their immigration status or ability to pay -- to seek care without fear.

Our health system has taken several steps to provide safe care and protect patients and staff:

- N95 Stewardship program - We have updated the guidelines for N95 respirators surgical masks and PPE to reinforce proper use and conservation of our current supplies. Visit the [Coronavirus intranet](#) page to view policy.
- Electronic Alerts for Clinicians -Travel Screening in our electronic medical record system will continuously be updated to include countries in which the outbreak has spread based on public health guidance.
- Screening and Treatment Guidelines -Our Clinical Subject Matter Experts team has developed several guidance documents for facilities to use if a suspected or confirmed patient presents to any of our facilities. Visit the [COVID-19 Guidance and Resources](#) page to view these documents.
- Staff Training -A 45-minute in-service training program is available for frontline staff on how to identify, isolate and inform on diseases of public health concern. Just-in time training resources and videos are also available. For more information about training, contact: [syra.madad@nychhc.org](mailto:syra.madad@nychhc.org)
- Emergency Management & City-wide Coordination - The Central Office Emergency Operations Center is virtually activated to monitor the ongoing outbreak and provide support to all sites as needed. Health system leadership is in constant communication with public health partners.
- Table-top Exercises - Every facility in NYC Health + Hospitals will practice a high-demand scenario to ensure the operations, clinical, communications and other staff teams are well prepared to respond to a potential surge of patients.

### Q: Where can I get more information?

[NYC Health + Hospitals – Coronavirus intranet page](#)

[CDC-Novel Coronavirus Frequently Asked Questions](#)

[CDC-Novel Coronavirus Information for Health Professionals](#)

[World Health Organization Coronavirus page](#)

[NYC DOHMH Coronavirus page](#)

## What All New Yorkers Need to Know About COVID-19

### Q: What is Novel Coronavirus?

A: Coronaviruses are a family of viruses that cause mild illnesses like a cold, to more serious illnesses like pneumonia:

- Infections with this new virus have been reported in many countries, including the U.S. For an updated list of affected areas, visit [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus).
- The virus is likely to be spread from person to person, but it is currently unclear how easily it spreads.
- Commonly reported symptoms include fever, cough, and shortness of breath.
- Most people (80%) with COVID-19 experience mild symptoms and will feel like they have a bad cold or the flu. Some people will require hospitalization. People who are at most risk for severe illness are elderly or have other health conditions.

### Q: What should New Yorkers do?

A: While the CDC has determined that the current risk of infection of COVID-19 in the United States remains low, there are steps to take to stay healthy:

- Get the flu shot—it's not too late. Although the flu shot will not protect you from COVID-19, it will help prevent the flu which has similar symptoms to the coronavirus.
- Cover your coughs and sneezes with a tissue or your sleeve — do not use your hands.
- Wash hands often with soap and warm water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Do not touch your eyes, nose, or mouth with unwashed hands.
- If you feel sick, stay home.
- Avoid nonessential travel to affected areas. Visit [cdc.gov/coronavirus/2019-ncov/travelers](https://www.cdc.gov/coronavirus/2019-ncov/travelers) for the latest travel health notices.

### Q: When should people seek treatment?

A: If you have fever, cough and/or shortness of breath, and recently traveled to an area with ongoing spread of coronavirus, or have been in close contact with someone who has recently traveled to any of those areas, contact your doctor right away.

- If you have these symptoms, but no travel history, stay home and call your doctor.
- It's preferable to call ahead before going to a doctor's office or emergency room, to tell them about your symptoms and any recent travel, and get guidance about next steps.
- Avoid contact with others and wear a face mask if you need to leave your home when you are sick.
- If you cannot reach your doctor, or do not have a doctor, do not hesitate to seek medical care. For immediate assistance, call 311 or the NYC Health + Hospitals call center at **1- 844-NYC-4NYC**.

### Q: What other advice should we share with New Yorkers?

A: At this time, New Yorkers **DO NOT** need to:

- Limit travel within the city.
- Avoid public gatherings and public transportation.
- Change anything about where you get your food or how you prepare it.
- Wear a face mask if you are not sick. Face masks are only recommended if directed by a health care provider. People wear protective face masks for many reasons, including seasonal allergies, pollution or protecting those around them from a common cold. They should not be harassed or targeted for wearing one.

