Purpose	To provide guidance and steps to mitigate hospital-onset COVID-19 infection among patients during times of medium and high community COVID-19 alert level
Scope	New York City Health + Hospitals System

Definitions	Hospital-onset of COVID-19 infection	COVID-19 infection diagnosed in the hospital acute care setting in any patient who initially tested negative for COVID-19 on initial admission screening test.

When to Use	During times of medium or high levels of community COVID-19 alert level, as deemed by NYC DOHMH, COVID-19 testing to be conducted on a routine basis in inpatient setting to mitigate hospital onset of COVID-19 infection. NYC DOHMH indicates current COVID-19 alert level: https://www1.nyc.gov/site/doh/covid/covid-19-alert-levels.page

Community COVID-19 Alert Level	Guidance Active Status
High or medium levels	Active guidance
Low levels	Not active guidance

- Notify your local infection control department if any cases of hospital-onset COVID-19 are diagnosed.
- Admissions to a unit are not required to be suspended after a case of hospital-onset COVID-19. In units with evidence of ongoing transmission, however, service chiefs should decide to divert admissions temporarily, if feasible, based on patient flow
- The following recommendations below are to optimize patient safety and minimize disruptions to bed flow. These measures are expected to be temporary and subject to change depending on improving or worsening transmission.

Guidance	**Indications for COVID-19 Testing and Recommended Testing Platform** - Individual units have leeway to test more frequently and broadly, if indicated, particularly if local staff feel there have been additional high-risk exposures to an index case, or if there is evidence of ongoing transmission, or patient is being transferred into congregate setting unless this will delay patient flow. - Facility should consult their local infection disease and infection control personnel to review specific situations and provide tailored guidance

- Decision to test an asymptomatic patient if recovered from COVID-19 in the last 90 days should be made in consultation with local infectious disease and infection control personnel.
- Decision to test patient up-to-date with COVID-19 vaccination should be made in consultation with local infectious disease and infection control personnel.
- COVID-positive patients during their infectious period should NOT be re-tested as part of routine testing.

Indication for COVID-19 Testing	Recommended Testing Platform
On admission to the hospital	Rapid test – use Liat, Biofire, or Cepheid platform based on local availability
Planned transfer to congregate unit	PRL as a prioritized sample
Unplanned transfer to congregate unit	Rapid test – use Liat, Biofire, or Cepheid platform based on local availability
2 days after new admission	Routine PRL PCR
For asymptomatic roommate(s) of newly diagnosed hospital-onset COVID-19 and any other high-risk exposures identified by local staff, do one-time testing	Routine PRL PCR NOTE: if exposure to the COVID-positive patient was <48 hours ago, delay the testing until 2-5 days after the exposure (or if symptoms develop) if asymptomatic given minimum incubation period
Any new COVID-like symptoms	PRL as a prioritized sample
Additional testing for other patients on the unit, including serial testing, may be considered in consultation with local infectious diseases consultant or hospital epidemiologist	Routine PRL PCR

Additional Considerations	**Management of COVID-Positive Patients** - COVID-positive patients should be offered antiviral therapy if they are eligible based on current treatment guidelines - If possible, designate a COVID-positive section for your service where positive patients can be geographically separated from others (e.g.

separated by a fire door). COVID-positive patients should be isolated in the COVID area if possible
- COVID-positive patients should not participate in group therapy or gather with any COVID-negative patients in common spaces during isolation
- If leaving their room for procedures or tests, they must be consistently and properly masked using a hospital-issued surgical mask

For Rest of the Unit:

- Group therapy should be modified to the extent possible. Keep groups small, distanced, and all masked. If possible, divide unit into smaller pods that don't mix with other pods for group therapy
- Based on size of space, enforce occupancy limits for common spaces to ensure proper distancing
- Reinforce universal masking and distancing for all patients. Patients (and parents of children/adolescents) should be informed on admission that COVID is widespread in the community, and that hospitals are not immune. They should be urged to adhere to these precautions to protect themselves
- Staff should be wearing N95 + eye protection while on the unit

Encourage inpatient COVID-19 vaccination and boosting for all patients eligible for vaccination. It does not have to wait for discharge.

References	Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

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