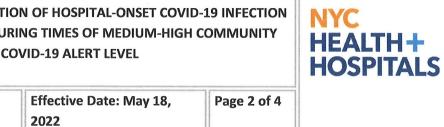
GUIDANCE FOR MITIGATION OF HOSPITAL-ONSET COVID-19 INFECTION IN INPATIENT UNITS DURING TIMES OF MEDIUM-HIGH COMMUNITY **COVID-19 ALERT LEVEL**

	GUIDANCE FOR MITIGATION OF HOSPITAL-ONSET COVID-19 INFECTION IN INPATIENT UNITS DURING TIMES OF MEDIUM-HIGH COMMUNITY COVID-19 ALERT LEVEL			NYC HEALTH+ HOSPITALS
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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	New York City Health + Hospitals System		
Definitions	Hospital-onset of COVID-19 infectionCOVID-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 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			
¢.	Guidance Active Status			
	High or medium levels	Active guidance		
	Low levels	Not active guidance		
Guidance	epartment if any cases of hospital-onset ed to be suspended after a case of hospital- nce of ongoing transmission, however, rt admissions temporarily, if feasible, based low are to optimize patient safety and hese measures are expected to be epending on improving or worsening			
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 			

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	 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 retested as part of routine testing. 		
	Indication for COVID-19 Testing On admission to the hospital	Recommended Testing Platform Rapid test – use Liat, Biofire, or Cepheid platform based on local	
	Planned transfer to congregate unit Unplanned transfer to congregate unit	availability PRL as a prioritized sample 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 Additional testing for other patients on the unit, including serial testing, may be considered in consultation with local infectious diseases consultant or hospital epidemiologist	PRL as a prioritized sample Routine PRL PCR	
Additional Considerations	 Management of COVID-Positive Patie COVID-positive patients should be a eligible based on current treatment If possible, designate a COVID-positi positive patients can be geographic 	offered antiviral therapy if they are guidelines ive section for your service where	

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	 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): <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html</u>

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