



Department of Health

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Health Advisory: Nursing Home Testing, Cohorting and Visitation Guidance

Please distribute immediately to:

Operators, Nursing Home Administrators, Directors of Nursing, Infection Preventionists
and Medical Directors

The purpose of this health advisory is to provide nursing homes with updated information on masking, cohorting, visitation and nursing home staff and resident testing requirements based on guidance issued by the Centers for Medicare and Medicaid Services (CMS) and dated September 23, 2022 (QSO 20-38-Revised, QSO 20-39-Revised) and the recommendations of the New York State Department of Health (NYSDOH). Please note that as of this document's release date, all counties within the borders of New York State (NYS), indicate high levels of COVID-19 community transmission, except Lewis and Hamilton Counties, which have identified substantial levels. As such, NYSDOH expects all NYS nursing home providers to adhere to the following requirements. In addition, all nursing homes must adhere to the Core Principles of COVID-19 Infection Prevention.

Masking Requirements:

As noted in the NYS Commissioner of Health's September 7, 2022, "*Determination on Masking in Certain Indoor Settings*" (Commissioner's Determination), the COVID-19 pandemic continues to impact NYS, with the omicron variant continuing to pose a substantial public health concern. Congregate living settings continue to be at increased risk for transmission.

Accordingly, the following face covering/masking requirements will continue:

1. Healthcare settings:

a. **Personnel:** After careful review and consideration of Center for Disease Control and Prevention (CDC) recommendations for face masks in healthcare settings regulated by the Department, all personnel, regardless of vaccination status, in a healthcare setting (i.e., facilities or entities regulated under Articles 28, 36 and 40 of the Public Health Law) shall continue to be required to wear an appropriate face mask until the Commissioner's Determination is modified or rescinded.

b. **Visitors to Healthcare Facilities:** After careful review and consideration of CDC recommendations, all visitors two years of age and older and able to medically tolerate a face covering/mask shall continue to be required to wear a face covering/mask in healthcare facilities, regardless of vaccination status until the Commissioner's Determination is modified or rescinded.

Symptom Screening for COVID-19

Based on the most recent COVID-19 community transmission levels, active symptom screening of all personnel and visitors remains in effect for all NYS licensed and regulated nursing homes. Instructional signage should be placed throughout the facility and proper visitor and staff education on COVID-19 signs and symptoms, infection prevention and control precautions, and other applicable facility policies must be widely communicated.

Testing of Nursing Home Staff and Residents

To enhance efforts to keep COVID-19 from entering and spreading through nursing homes, facilities are required to test residents and staff based on parameters and a frequency set forth by the U.S. Health and Human Services (HHS) Secretary. Facility staff must be instructed, regardless of their vaccination status, to report any of the following criteria to occupational health or another point of contact designated by the facility so they can be properly managed:

- a positive viral test for SARS-CoV-2,
- symptoms of COVID-19, or
- a higher-risk exposure to someone with SARS-CoV-2 infection

Nursing homes are directed to follow CMS Testing Summary recommendations (QSO 20-38-NH Revised 09/23/2022 -Table 1) upon identification of the testing triggers noted above.

As a reminder and as noted in <https://www.cms.gov/files/document/gso-20-38-nh-revised.pdf> an outbreak investigation is initiated when a **single new case** of COVID-19 occurs among residents or staff to determine if others have been exposed. An outbreak investigation would not be triggered when a resident with known COVID-19 is admitted directly into Transmission Based Precautions (TBPs), or when a resident known to have close contact with someone with COVID-19 is admitted directly into TBPs and develops COVID-19 before TBPs are discontinued. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission.

Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately (but not earlier than 24 hours after the exposure, if known). Facilities will continue to have the option to perform outbreak testing through two approaches, contact tracing or broad-based (e.g., facility-wide) testing.

Routine Testing of Staff Without Symptoms

In accordance with CMS QSO 20-38-NH Revised 09/23/2022, the NYSDOH is aligning with this guidance, therefore routine screening testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility. Please refer to the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations>.

Testing, regardless of vaccination status, is still required for staff and residents with symptoms; staff with higher risk exposures; residents who are close contacts of a confirmed case; and in outbreak settings.

On December 7, 2020, CMS issued guidance indicating they would use enforcement discretion and allow a facility with a limited-service lab registration (LSL) to use a COVID-19 point of care

antigen or molecular test to test an individual who was asymptomatic using test kits that were not approved by the U.S. Food and Drug Administration (FDA) for use on asymptomatic individuals.

On September 26, 2022, CMS issued [QSO-22-25-CLIA](#) which rescinded the December 7, 2020, Enforcement Discretion for the Use of SARS-CoV-2 Tests on Asymptomatic Individuals Outside of the Test's Instructions for Use. Please be aware that CMS rescinded [QSO-22-25-CLIA](#) on October 7, 2022 and the December 7, 2020 guidance issued by CMS remains in place.

Other Testing Considerations

In general, testing is not necessary for people without symptoms who have recovered from SARSCoV-2 infection in the prior 30 days. However, testing should be considered for those who have recovered in the prior 31-90 days and if testing is performed on these individuals, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.

For residents or staff who test positive, facilities should follow the guidance in the *Testing Staff and Residents During an Outbreak* section of QSO 20-38-NH-Revised September 23, 2022 and contact the appropriate state entity for contact tracing and assistance.

For testing information of residents who are newly admitted or readmitted to the facility and those who leave the facility for 24 hours or longer, see the *Managing Admissions and Residents Who Leave the Facility* section of the CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic webpage located at [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#).

Visitation and Visitor Testing

Consistent with 42 CFR § 483.10(f)(4)(v) facilities shall not restrict visitation without a reasonable clinical or safety cause. In previous nursing home visitation guidance, CMS outlined some scenarios related to COVID-19 that would constitute a clinical or safety reason for limited visitation.

CMS notes that there are no longer scenarios related to COVID-19 where visitation should be limited, **except** for certain situations when the visit is limited to being conducted in the resident's room or the rare event that visitation is limited to compassionate care. As such, all temporary visitation pauses will occur only under the express direction of the NYSDOH. Therefore, a nursing home must facilitate in-person visitation consistent with the applicable CMS regulations. Failure to facilitate visitation, per 42 CFR § 483.10(f)(4), which states "The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident," would constitute a potential violation and the facility would be subject to citation and enforcement actions.

In addition, all nursing homes licensed and regulated by the NYSDOH must continue to make every effort to verify that visitors have received a negative SARS-CoV-2 test result within one day prior to visitation for antigen tests and within two days prior to visitation for PCR tests. Visitors may continue to use either PCR testing or antigen testing. Any PCR or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration (FDA) or be operating per the Laboratory Developed Test requirements by the CMS.

Facilities can offer to conduct onsite testing of visitors, if practical, but must have up-to-date policies and procedures in place to review and report results of SARS-CoV-2. This does not apply to compassionate caregiving visitors who are visiting in anticipation of the end of a resident's life or in the instance of a significant mental, physical, or social decline or crisis of a resident, nor should it apply to emergency medical services (EMS) personnel.

Cohorting

CDC recommends residents with suspected or confirmed SARS-CoV-2 infection be placed in a single-person room. If limited single rooms are available, or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain in their current location.

Although the NYSDOH is aligning with the CDC guidance on cohorting, nursing homes **must exhaust all efforts to separate disparate testing roommates**, meaning in rare circumstance when no other options are available, the exposed roommate can be left in place until such time that alternate accommodations are available. Nursing homes must fully inform residents and families of the circumstances and offer transfer out of the facility if unwilling to cohort. As such, facilities must continue to work closely with NYSDOH public health team regarding cohorting. Documentation and communication are critical.

In summary, this advisory provides updated guidance to NYS nursing homes, but does not contain an exhaustive listing of all previously approved guidance, which remains in place. Thank you for your ongoing commitment to keep nursing home residents protected and safe. Questions regarding this correspondence may be referred to covidnursinghomeinfo@health.ny.gov.