



Department of Health

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DATE: November 18, 2022
TO: Nursing Homes, Local Health Departments
FROM: New York State Department of Health (NYSDOH)

**Health Advisory:
COVID Infection Prevention and Control Nursing Home FAQs**

Please distribute immediately to:
Administrator, Director of Nursing, Medical Director, Risk Management,
Infection Prevention/Epidemiology

1. Do new admissions to a nursing home and/or residents who return to the nursing home after 24 hours or longer need to be quarantined?

Facilities should follow [CDC guidance for managing admissions and residents who leave the facility](#). If the resident is asymptomatic and does not otherwise meet criteria for Transmission-Based Precautions outlined in Section 2 of the CDC guidance, quarantine is not required. Such residents should be tested according to CDC guidance and should be encouraged to use source control as appropriate.

2. Do residents who had close contact with someone confirmed to have COVID-19 but who are not symptomatic require quarantine?

Facilities should follow [CDC guidance](#) for duration of empiric Transmission-Based Precautions for asymptomatic patients following close contact with someone with SARS-CoV-2 infection. In general, asymptomatic residents do not require empiric use of Transmission-Based Precautions while being evaluated for SARS-CoV-2 following close contact with someone with SARS-CoV-2 infection. These patients should still wear source control and those who have not recovered from SARS-CoV-2 infection in the prior 30 days should be tested per CDC guidance.

3. Must a facility move residents to form positive, negative, and unknown cohorts?

Facilities should follow [CDC guidance](#) for patient placement. Facilities could consider designating entire units within the facility, with dedicated HCP, to care for residents with SARS-CoV-2 infection when the number of residents with SARS-CoV-2 infection is high. Dedicated means that HCP are assigned to care only for those residents during their shifts. Dedicated units and/or HCP might not be feasible due to staffing crises or a small number of residents with SARS-CoV-2 infection. **This guidance supersedes all previous NYS-specific nursing home cohorting guidance.**

4. If a resident tests positive for SARS-CoV-2 and their roommate is negative, should the resident who tests negative be moved to a room by themselves?

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 the NYSDOH public health team regarding cohorting. Documentation and communication are critical.

5. Do facilities need to test all staff who are not up to date on their COVID-19 vaccines and asymptomatic?

No. Facilities should follow CMS requirements for testing outlined in [QSO-20-38-NH, Revised 9/23/2022](#). Routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility. See the [CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) guidance for additional information.

6. If an employee tests positive for SARS-CoV-2 and is up to date on vaccination, do residents need to be tested if they also received a bivalent booster?

Yes. Facilities should follow CMS requirements for testing outlined in [QSO-20-38-NH, Revised 9/23/2022](#). 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 have the option to perform outbreak testing through two approaches: contact tracing or broad-based (e.g., facility-wide) testing. If the facility can identify close contacts of the individual with COVID-19, they could choose to conduct focused testing based on known close contacts. If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-wide or group-level, e.g., unit, floor, or other specific area(s) of the facility. Broader approaches might also be required if the facility is directed to do so by the jurisdiction's public health authority, or in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.

7. Do nursing homes need to continue enforcing social distancing in common areas?

Facilities should follow [CMS requirements](#) that recommend encouraging physical distancing during peak times of visitation and large gatherings (e.g., parties, events). [CDC also recommends](#) taking measures to limit crowding in communal spaces.

8. Do nursing homes need to continue daily monitoring of residents for signs and symptoms of COVID-19?

There are no CDC, CMS, or NYS-specific guidance or requirements to monitor residents for signs and symptoms of COVID-19 daily. However, facilities are strongly advised to maintain a low threshold for identifying and testing residents who present with signs or symptoms consistent with COVID-19, influenza, respiratory syncytial virus (RSV), and other viral respiratory pathogens, as appropriate.

General questions or comments about this advisory can be sent to:
covidnursinghomeinfo@health.ny.gov or icp@health.ny.gov