



Department of Health

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DATE: December 23, 2022
TO: Adult Care Facilities, Local Health Departments
FROM: New York State Department of Health

Health Advisory Revised: Infection Prevention and Control Recommendations for Adult Care Facilities (ACFs) During the COVID-19 Pandemic

Please distribute immediately to:
Adult Care Facility Administrators and Operators

The purpose of this advisory is to provide revised information on the infection prevention and control recommendations that Adult Care Facilities (ACFs) in New York State (NYS) should follow during the COVID-19 pandemic. This advisory supersedes the April 18, 2022, *Health Advisory: Infection Prevention and Control Recommendations for Adult Care Facilities During the COVID-19 Pandemic*.

ACFs include adult homes, enriched housing programs, assisted living programs, and assisted living residences (including special needs assisted living residences and enhanced assisted living residences) licensed and/or certified by the New York State Department of Health (“Department” or “NYSDOH”). To determine an ACF’s licensure status, please refer to the ACF’s Department-issued operating certificate or look online at <https://profiles.health.ny.gov/acf>.

ACF COVID-19 General Infection Prevention and Control Guidance

To protect the health and safety of residents, staff, and visitors, ACFs should:

- adhere to requirements and recommendations for use of facemask and face coverings as determined by the Commissioner.
 - ACF personnel and visitors must adhere to requirements for use of face coverings or masks (covering mouth and nose) in accordance with requirements of the NYSDOH [Commissioner’s Determination on Masking in Certain Indoor Settings](#), while the Masking Determination remains in effect
 - ACF residents, visitors, and staff should be educated and follow any additional guidance from [CDC on use of facemasks](#) so individuals can protect themselves and others.
- know the COVID-19 community level in their county and adhere to recommended prevention steps based on [COVID-19 Community Levels](#).
- [counsel residents on strategies to protect themselves and others](#), including recommendations for source control if they are immunocompromised or at high risk for severe disease. CDC has information and [resources for older adults](#) and for [people with disabilities](#).
- establish a process to ensure everyone who enters the facility is aware of recommended and required actions to prevent transmission of COVID-19 to others if they have

symptoms of COVID-19, a positive viral test for COVID-19, or are a close contact to someone with COVID-19. See CDC guidance here:

- [Isolation and Precautions for People with COVID-19](#)
- [What to Do If You Were Exposed to COVID-19](#).
- provide instructional signage throughout the facility and proper visitor education on COVID-19 [signs and symptoms](#), infection prevention and control precautions, and other applicable facility practices (e.g., use of face covering or mask, specific entrances, exits, and routes to designated areas).
- ensure that [staff, visitors, and residents adhere to](#) appropriate hand hygiene practices.
- ensure frequent, effective, and appropriate cleaning and disinfection of high-touch environmental surfaces including in designated visitation areas after each visit.
- ensure staff are instructed in and monitored for appropriate use of personal protective equipment (PPE) according to [Standard Precautions](#) and ideally [transmission-based precautions](#) when used in an ACF.

In addition to general infection control guidance, each ACF should review CDC guidance: [Additional Information for Community Congregate Living Settings](#), and assess the unique risks of their congregate setting, the population served, and consider use of enhanced COVID-19 prevention strategies to help reduce the impact of COVID-19. See [How Can Congregate Living Settings Assess Risk?](#) and [How Can Congregate Living Settings Mitigate Risk?](#)

- ACFs are reminded that at minimum, proposed changes to building ventilation must be communicated with the appropriate regional office ACF program team in the Department.

Case Investigation and Contact Tracing

ACFs should have an established process to identify and manage individuals with suspected or confirmed COVID-19. ACFs should work with their local health department (LHD) in the event of a communicable disease outbreak, including, but not limited to COVID-19 and influenza. Under [Title 10, Section 2.10](#), physicians are required to report cases or suspected cases or outbreaks of communicable disease to the local health department. Additionally, under [Title 10, Section 2.12](#), the person in charge of any institution or any other person having knowledge of an individual affected with any disease presumably communicable, is required to report the case to the LHD where the facility is located.

If a new case of COVID-19 is identified in the facility, ACFs in collaboration with the LHD should:

- conduct an outbreak investigation to identify residents, staff, and visitors with close contact. The focus of such investigation is to prevent or control COVID-19 transmission within the facility.
- identify close contacts by interviewing the person with COVID-19, if possible. ACF staff, residents, and visitors are considered close contacts if they were less than 6 feet away from someone with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period, regardless of face masks or any other PPE worn by the contact or the person with COVID-19. When evaluating close contacts at the ACF, consider the time spent with someone with COVID-19 starting 2 days before the person developed symptoms, or the collection date of the test if the person remained asymptomatic, until the last day of contact.

See [Understanding Exposure Risks](#) for additional information.

When facility transmission occurs, expanded testing might be considered in collaboration with the LHD. Expanded testing may include testing of staff and residents as determined by the distribution and number of cases in the facility and the facility's ability to identify close contacts effectively.

Managing COVID-19 Infection or Exposure

Residents, staff, and visitors should adhere to CDC guidance regarding:

- isolation for people with COVID-19 including when to isolate, how long to isolate, and how to end isolation. For more information, see CDC [Isolation and Precautions for People with COVID-19](#).
- precautions to be taken after exposure to COVID-19. For more information, see [What to Do If You Were Exposed to COVID-19](#).

Return to work for ACF staff:

- ACF staff on isolation for a COVID-19 infection may return to work according to [CDC Isolation and Precautions for People with COVID-19](#) (e.g., ACF staff with COVID-19 should be excluded for at least 5 days, return to work considerations should include whether symptoms are resolved or improving, severity of symptoms, and ability of the staff member to adhere to all recommended CDC precautions).
 - If an ACF determines it is unable to provide essential services and therefore plans to have staff to work before all recommended CDC criteria to end isolation are met, the ACF should contact the NYSDOH Surge and Flex Operations Center at (917) 909-2676.
- Work restrictions are generally not necessary for asymptomatic ACF staff with a close contact exposure to a person with COVID-19 if the staff member is able to adhere to all recommended [CDC precautions](#) (e.g., staff member is able to wear a well-fitting facemask, obtain the recommended testing for COVID-19, and follow other precautions).
- ACFs should also follow work exclusion recommendations provided by the LHD.

ACFs should ensure that staff who provide in-person services for a resident with COVID-19 are familiar with CDC recommended infection prevention and control practices in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\)](#) to protect themselves and others from potential exposures, including hand hygiene, personal protective equipment, and cleaning and disinfection practices.

COVID-19 Vaccination

Per [DAL ACF 22-38](#) (9/19/22), long-term care facilities are expected to exercise diligence, act proactively, and document efforts to ensure all residents and staff who are eligible and consent to vaccination remain up to date with CDC recommended COVID-19 vaccine doses, including all CDC recommended updated (bivalent) booster doses. ACFs are reminded that the Department continues to endorse CDC recommendations that everyone stay up to date with all CDC-recommended COVID-19 vaccinations, including all primary series doses and booster doses when eligible. Operators and administrators should make diligent efforts to arrange for all consenting, existing residents to register for a vaccine appointment to receive COVID-19 vaccinations when eligible and shall document attempts to schedule and methods used to schedule the vaccine in the individual's case management notes, as applicable.

The Department reminds long-term care facilities that they should coordinate COVID-19 booster and influenza vaccination clinics for efficiency. Both vaccines can be administered at the same time.

Visitation

The following supersedes DAL #22-26 issued March 3, 2022.

- All visitation is allowed.
- At all times, ACFs must follow all regulatory guidelines and principles, including those related to access and supervision.
- Visitors must adhere to requirements for use of face coverings or masks (covering mouth and nose) in accordance with requirements of the NYSDOH [Commissioner's Determination on Masking in Certain Indoor Settings](#) while the Masking Determination remains in effect.
- Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted according to the ACF's COVID-19 infection prevention and control procedures, so visits do not increase risk to other residents, visitors, or staff.
- Regardless of the CDC [COVID-19 community level](#), residents and their visitors when alone in the resident's room or in a designated visitation area, may choose to have close contact (including touch). Before the visit, residents (or their representative) and their visitors should be advised of the risks of physical contact.
- Asymptomatic residents exposed due to a close contact to a person with COVID-19 can still receive visitors. The resident should adhere to all recommended [CDC precautions](#). Visitors should be made aware of the potential risk of visiting and of the precautions necessary before the visit.
- Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria to [end isolation](#). Visitors who have been exposed to COVID-19 should follow [recommended CDC precautions](#).
- While it is safer for visitors not to enter the ACF while the LHD conducts an outbreak investigation, visitors may be allowed in the ACF but should be made fully aware of potential risks associated with visitation during an outbreak investigation and must always adhere to the infection prevention and control measures implemented in the facility.
- Unless directed by the LHD, communal activities and dining do not have to be paused during an outbreak. However, residents who are on isolation should not participate in communal activities and dining until the criteria to [discontinue isolation](#) have been met.

Visiting or shared healthcare personnel who provide services to residents

This document provides guidance for staff, visitors, and residents in ACFs. However, healthcare services delivered in these settings should be informed by CDC's [Infection Prevention and Control Recommendations](#). Visiting or shared healthcare personnel, (e.g., employees of Article 36 and Article 40 home care or hospice agencies) who enter an ACF to provide healthcare services to one or more residents (e.g., physical therapy, wound care, intravenous injections/infusions, or catheter care provided by home health agency staff) should follow any recommendations, including infection prevention and control practice, duration of COVID-19 isolation and quarantine, COVID-19 testing schedule following exposure and return to work guidance in the CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and [November 2022 NYSDOH return to work recommendations for healthcare personnel](#).

Questions about this advisory can be sent to: covidadultcareinfo@health.ny.gov.