

COVID-19 Guidance Clarification Meeting for Adult Care Facilities
Questions and Answers

1. Is daily symptom monitoring or are daily temperature checks required for staff, residents and visitors?

- There is no requirement to perform daily symptom monitoring or temperature checks for staff, residents, or visitors. However, facilities should establish a process to ensure everyone who enters the facility is aware of recommended actions to prevent transmission of COVID-19 to others if they have signs or [symptoms of COVID-19](#), a [positive test for SARS-CoV-2](#), or are [a close contact](#) to someone with COVID-19. Examples of processes include:
 - designating a qualified facility point of contact to ensure that the recommended actions to prevent transmission of COVID-19 are followed. Staff, residents, and visitors should be provided clear directions on how to reach the designated contact if they experience signs and symptoms of COVID-19, a positive COVID-19 test result, or close contact to someone with COVID-19, and/or
 - posting signage at facility entrances containing clear information about the recommended actions staff, residents, and visitors should take if they experience signs and symptoms of COVID-19, a positive COVID-19 test result, or close contact to someone with COVID-19 and/or
 - active screening, (i.e., requiring anyone entering the facility to complete a symptom screening questionnaire or an in-person interview and/or have their temperature taken before being allowed entry into the facility). Active screening is at the discretion of the facility but is not required.
- Facilities should maintain a low threshold for identifying and managing residents with signs or symptoms consistent with COVID-19 or other viral respiratory pathogens, as appropriate. If facility-associated transmission of COVID-19 is suspected or confirmed:
 - facilities should report COVID-19 outbreaks to the local health department (LHD) and follow the LHD recommendations for infection control.
 - facilities also might consider implementing temporary routine active screening for symptoms and/or testing as determined by the distribution and number of cases throughout the facility and ability to identify close contacts.
- Visitors with confirmed COVID-19 infection or compatible signs or 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.

2. Can unvaccinated residents participate in congregate dining?

Unless directed by the local health department (LHD), all residents, regardless of vaccination status, may participate in communal dining. However, residents who are in isolation should not participate in communal activities and dining until the [criteria to discontinue isolation](#) has been met. Similarly, residents who have had close contact with someone with COVID-19 should follow [CDC guidance on what to do if exposed to COVID-19](#).

3. Can we resume communal gatherings that include visitors, where people are eating and drinking?

Unless directed by the LHD, communal activities and dining, including those that include visitors, may take place. The facility should ensure that staff, visitors, and residents adhere to appropriate [hand hygiene practices](#). Additionally, the facility should ensure frequent, effective, and appropriate cleaning and disinfection of high-touch environmental surfaces. Facilities can also lower the risk of transmission by creating physical distance in congregate areas where possible.

4. Do residents who leave the ACF need to be tested when they return?

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There are no requirements to test residents upon return to the facility after an outside visit. However, ACFs should 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. As with visitors, ACFs should establish a process to ensure returning residents are aware of recommended and required actions to be followed if they have signs or symptoms of COVID-19, a [positive viral test for SARS-CoV-2](#), or are a [close contact](#) to someone with COVID-19.

5. Should we continue with social distancing in common areas? Must only unvaccinated persons socially distance? If there is no difference with unvaccinated attendance, what is the expectation?

ACFs should know the [COVID-19 hospital admission level](#) in their county and adhere to recommended prevention steps based on those levels, regardless of vaccination status. When the hospital admission level is medium or high, ACFs should consider creating physical distance between residents, visitors, and staff in congregate areas, where possible. Additionally, ACFs should counsel residents on [strategies to protect themselves and others](#). ACFs should encourage everyone to [stay up to date with all CDC recommended vaccinations](#), including all booster doses when eligible.

6. What are the current isolation and quarantine protocols?

Residents, staff, and visitors should follow [CDC community guidance for isolation and quarantine](#) following a positive test result or close contact with someone with COVID-19.

7. Do we still need to notify residents and families of a COVID positive individual and/or a COVID death?

There is not a regulatory requirement for such notice in adult care facilities; however, it is a best practice.

8. Is there a requirement for universal eyewear?

Healthcare personnel (HCP) who deliver services in ACFs should follow [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#), including recommendations for universal use of personal protective equipment. HCPs should use eye protection during all patient care encounters in facilities located in counties where SARS-CoV-2 transmission is increasing.

9. Are ACF staff required to be vaccinated against COVID-19?

Pursuant to the Department's [May 24, 2023 Dear Administrator Letter](#), ACF personnel are no longer required to be fully vaccinated against COVID-19. Vaccination continues to be the strongest protection against illness and ACF personnel are encouraged to stay up to date with CDC recommended COVID-19 vaccines including all booster doses when eligible. Facilities may use their discretion and choose to continue to require staff be vaccinated.

10. Can the facility bring back employees who left due to the mandate and hire new staff who are not vaccinated?

The requirement for ACFs to ensure that personnel are fully vaccinated against COVID-19 is no longer being enforced by the Department, and the Department is in the process of repealing the regulation. ACFs should consult their human resources (HR) department and/or legal counsel for advice on determining the extent to which personnel may be rehired, while being compliant with applicable state and federal laws. The Department continues to endorse CDC recommendations that everyone [stay up to date with all CDC recommended COVID-19 vaccinations](#), including booster doses when eligible.

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11. Are ACF staff considered healthcare personnel?

Visiting or shared personnel (e.g., employees of Article 36 and Article 40 home care or hospice agencies) who provide healthcare services to residents such as physical therapy, wound care, intravenous injections/infusions, or catheter care are considered healthcare personnel and 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 Pandemic](#) and the [NYSDOH Health Advisory Updated Advisory on Return-to-Work Protocols for Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#).

For the purposes of isolation and quarantine, staff who do not meet the above criteria are not considered healthcare personnel. This includes staff such as personal care staff, hair dressers, food service personnel, environmental services personnel, and activity staff; these individuals should follow [community guidance](#).

12. Are monthly in-service trainings for residents still required?

Monthly in-services were encouraged due to the rapid changes brought on by the COVID-19 pandemic but are not a regulatory requirement. In-services are a best practice to address topics in the home.

13. What is the status of the daily HERDS survey, and will it be concluded?

Any updates concerning HERDS survey will be broadly broadcasted.

Helpful Links:

Symptoms of COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Isolation and Precautions for People with COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

What to Do If You Were Exposed to COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html>

Handwashing in Communities: Clean Hands Save Lives

<https://www.cdc.gov/handwashing/index.html>

How to Protect Yourself and Others

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

COVID-19 by County

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>

Stay Up to Date with COVID-19 Vaccines

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

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Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html#create>

May 24, 2023 Dear Administrator Letter
<https://coronavirus.health.ny.gov/system/files/documents/2023/05/healthcare-worker-vaccine-mandate-guidance.pdf>

Updated Advisory on Return-to-Work Protocols for Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
https://coronavirus.health.ny.gov/system/files/documents/2023/02/doh-hcw_rtw_advisory_11_30_22.pdf