

COVID-19 Home Care and Hospice Infection Prevention and Control

Frequently Asked Questions

(Applicable to entities regulated under Articles 36 and 40 of the Public Health Law)

1. Is universal use of facemasks (i.e., source control) required for personnel, patients, and visitors to prevent COVID-19 in home care and hospice settings?

All personnel in a healthcare setting (i.e., facilities or entities regulated under Articles 36, and 40 of the Public Health Law), regardless of COVID-19 vaccination status, should wear an appropriate face mask according to the [Centers for Disease Control and Prevention's \(CDC\) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).

If source control is not universally required by the facility, agency, or entity it remains recommended for individuals in home care and hospice settings who:

- have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
- had close contact (patients and visitors) or a higher-risk exposure (healthcare provider) with someone with SARS-CoV-2 infection for 10 days after their exposure.

Source control is recommended more broadly in home care and hospice settings:

- by those residing or working on a hospice unit or area of a facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over (e.g., no new cases of SARS-CoV-2 infection have been identified for 14 days); or
- facility-wide or, based on a facility, agency, or entity risk assessment, targeted toward higher risk areas or patient populations (e.g., when caring for patients who are moderately to severely immunocompromised) during periods of higher levels of community SARS-CoV-2, or other respiratory virus transmission. See [CDC website](#), including Appendix (Considerations for Implementing Broader Use of Masking in Healthcare Settings), for more information; or
- when source control is recommended by public health authorities (e.g., in guidance for the community when [COVID-19 hospital admission levels](#) are high). Source control should be used in healthcare settings when it is recommended for use in the community at large. Facilities, agencies, and entities should monitor CDC COVID-19 hospital admission levels regularly (e.g., weekly) to inform on the need for policy changes.

Even when masking for source control is not required by the facility, agency, or entity, individuals should be allowed to use a mask or respirator based on personal preference, informed by their perceived level of risk for infection based on their recent activities (e.g., attending crowded indoor gatherings with poor ventilation) and their potential for developing severe disease if they are exposed.

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2. Are healthcare personnel who are not vaccinated against influenza for the current influenza season required to wear a surgical or procedure mask?

Yes, during the time that influenza is declared “prevalent.” Section 2.59 of the New York State Sanitary Code (10 NYCRR § 2.59) requires that during the time that the Commissioner declares influenza prevalent in the state, all health care and residential facilities and agencies regulated pursuant to Article 28, 36, or 40 of the Public Health Law ensure that all personnel, as defined in the regulation, not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents are typically present. Agencies and facilities are encouraged to monitor the [NYSDOH website](#) for updates.

3. Must home care and hospice agencies and facilities continue to actively screen everyone entering the home care or hospice setting for COVID-19 signs and symptoms?

Agencies and facilities should follow [CDC guidance](#) for establishing processes and procedures to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection. This includes, but is not limited to:

- ensuring everyone entering the home care or hospice setting is aware of the recommended infection prevention and control practices in the home or facility; and
- establishing a process to make everyone entering the home or facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:
 - a positive viral test for SARS-CoV-2,
 - signs or symptoms of COVID-19, or
 - [higher-risk exposure](#) (for healthcare personnel) or anyone who had [close contact](#) with someone with COVID-19.

Screening may be either active or passive according to the agency or facility’s discretion:

- Passive screening can be accomplished through use of posted instructional signage at entryways and throughout the home or facility or distribution of educational materials. Staff, patients, and visitors should be provided with information and education on COVID-19 [signs and symptoms](#), infection prevention and control precautions, and other applicable practices (e.g., use of face covering or mask, use of alternative ways for patient and visitor interaction such as video call applications when appropriate).
- Active screening refers to requiring anyone entering the home or facility to complete a symptom screening questionnaire or an in-person interview and/or have their temperature taken before being allowed entry into the home or facility.

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For more details regarding recommended procedures for screening for COVID-19, please visit this [CDC website](#).

4. Are home care and hospice staff required to be vaccinated against COVID-19?

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

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

The requirement for home care and hospice agencies and facilities 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. Agencies and facilities 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.

6. Are the requirements in the June 1, 2020 Integrated Health Alerting and Notification System (IHANS) (Guidance for TPs 6-1-2020) still in effect for personal care aide and home health Aide training programs now that the COVID-19 public health emergency has ended?

The requirements in the June 1, 2020, IHANS (Guidance for TPs 6-1-2020) are no longer applicable for personal care aide and home health aide training programs. However, all training programs are encouraged to establish and implement policies and procedures that ensure compliance with infection control standards for continued effective and safe training of personal care aides and home health aides if there were a resurgence of COVID-19 or other communicable disease in their area. Additional information related to training program operations can be found in [Dear Administrator Letter DHCBS 21-11](#) "State Regulatory Waivers Relating to Home Care and Hospice Agencies," issued August 23, 2021. Training programs are encouraged to monitor the [NYSDOH website](#) for updates and follow [CDC guidance](#). Any questions or concerns may be submitted to the following email address, with a copy to your regional office:

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HHA Training Programs: hhatp@health.ny.gov

PCA Training Programs: pcatp@health.ny.gov