



DATE: March 13, 2020
TO: Nursing Homes (NHs) and Adult Care Facilities (ACFs)
FROM: NYSDOH Bureau of Healthcare Associated Infections (BHA I)

Health Advisory: COVID-19 Cases in Nursing Homes and Adult Care Facilities

Please distribute immediately to:

Administrators, Infection Preventionists, Medical Directors, Physicians, Physician Assistants, Nurse Practitioners, Nursing Staff, Risk Managers, and Public Affairs.

COVID-19 has been detected in multiple communities around New York State. Residents of NHs and ACFs are at especially high risk of severe morbidity and mortality. Healthcare personnel (HCP), other direct care providers and visitors who enter NHs and ACFs while symptomatic or asymptomatic with COVID-19 present a high risk for outbreaks. At this time NHs and ACFs statewide are required to take the following actions. This guidance supersedes previous NYSDOH guidance.

To prevent the introduction of COVID-19 into NHs and ACFs

1. Effective immediately, suspend all visitation except when medically necessary (i.e. visitor is essential to the care of the patient or is providing support in imminent end-of-life situations) or for family members of residents in imminent end-of-life situations, and those providing Hospice care.¹ The duration and number of visits should be minimized. Visitors should wear a facemask while in the facility and should be allowed only in the resident's room. Facilities must provide other methods to meet the social and emotional needs of residents, such as video calls. Facilities shall post signage notifying the public of the suspension of visitation and proactively notify resident family members.
2. Immediately implement health checks for all HCP and other facility staff at the beginning of each shift. This includes all personnel entering the facility regardless of whether they are providing direct patient care. Facility staff performing health checks must wear facemasks. HCP and other facility staff with symptoms or with $T \geq 100.0$ F should be sent home, and HCP and other facility staff who develop symptoms or fever while in the facility should immediately go home.
3. All HCP and other facility staff shall wear a facemask while within 6 feet of residents. Extended wear of facemasks is allowed; facemasks should be changed when soiled or wet and when HCP go on breaks. Facilities should bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.

If there are confirmed cases of COVID-19 in a NH or ACF

1. Notify the local health department and NYSDOH if not already involved.

¹ Any such visitors shall be checked as if they are staff.

2. In NHs, actively monitor all residents on affected units once per shift. This monitoring must include a symptom check, vitals, lung auscultation, and pulse oximetry.
3. Assure that all residents in affected units remain in their rooms. Cancel group activities and communal dining. Offer other activities for residents in their rooms to the extent possible, such as video calls.
4. Residents must wear facemasks when HCP or other direct care providers enter their rooms, unless such is not tolerable.
5. Do not float staff between units. Cohort residents with COVID-19 with dedicated HCP and other direct care providers. Minimize the number of HCP and other direct care providers entering rooms.
6. In NHs, all residents on affected units should be placed on droplet and contact precautions, regardless of the presence of symptoms and regardless of COVID-19 status. HCP and other direct care providers should wear gown, gloves, eye protection (goggles or a face shield), and N95 respirators (or equivalent) if the facility has a respiratory program with fit tested staff and N95s. Otherwise, HCP and other direct care providers should wear gown, gloves, eye protection, and facemasks. Facilities may implement extended use of eye protection and facemasks/N95s when moving from resident to resident (i.e. do not change between residents) unless other medical conditions which necessitate droplet precautions are present. However, gloves and gowns must be changed and hand hygiene must be performed.
7. For residents who initially test negative, re-testing should be performed immediately if they develop symptoms consistent with COVID-19.

If there are suspected cases of COVID-19 in a NH or ACF

Residents suspected of infection with COVID-19 should be given a facemask to wear, and the facility must immediately contact the NYSDOH. The resident must be isolated in a separate room with the door closed. Staff attending the resident if and until they are transferred should wear gowns, gloves, eye protection (goggles or a face shield), and facemasks and should maintain social distancing of at least six (6) feet from the resident except for brief, necessary interactions. Facilities should bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.

For ACF Resident Access to the Community

In areas of high concentrations of positive coronavirus cases, residents should be encouraged to remain at home. If residents access the community and community transmission is recognized in the area where the ACF is located, the ACF must have staff available to screen residents for symptoms or potential exposure to someone with COVID-19.

Facilities should also refer to the following documents for more information:

- From CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- From CMS: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- From NYSDOH (on Health Commerce): https://apps.health.ny.gov/pub/ctrldocs/alrtview/postings/Nursing_Home_Guidance_3_1_583593822992_0.6.20_with_signage.pdf

General questions or comments about this advisory can be sent to icp@health.ny.gov, covidadulthoodcareinfo@health.ny.gov, and/or covidnursinghomeinfo@health.ny.gov.