



Department of Health

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Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 11, 2020

Re: DAL NH 20-04 COVID-19 Guidance for
Nursing Homes - **REVISED**

Dear Owner/Operator & Nursing Home Administrator:

The New York State Department of Health (NYSDOH) is providing this guidance regarding precautions and procedures nursing homes must take to protect and maintain the health and safety of their residents and staff during the ongoing novel coronavirus (COVID-19) outbreak.

The nature of the spread of COVID-19 in the United States (US) is rapidly evolving. On Saturday, February 29, 2020, Washington state reported a healthcare worker and a resident at a Washington state nursing home both tested positive for COVID-19. Additional healthcare workers and residents at the facility have symptoms consistent with COVID-19. Evidence of community transmission in some areas has been recognized in multiple cases identified in the US.

Symptoms of the virus include fever, cough, shortness of breath, severe lower respiratory infection/acute respiratory distress syndrome and may also include nasal congestion, sore throat, diarrhea, and nausea. While some individuals ill with the virus may be asymptomatic or have mild illness, older individuals, particularly those with underlying health conditions, have shown greater susceptibility to the virus and often experience much more serious illness and outcomes. This potential for more serious illness among older adults, coupled with the more closed, communal nature of the nursing home environment, represents a risk of outbreak and a substantial challenge for nursing homes.

I. Stay Informed

It is expected that the spread of COVID-19 infections in the US will continue to increase. It is essential that all nursing home owner/operators, administrators, and clinical staff maintain situational awareness about the disease, its signs and symptoms, where cases and outbreaks are occurring, and necessary infection prevention and control procedures by regularly visiting the Centers for Disease Control and Prevention (CDC) and NYSDOH websites, as well as the NYSDOH Health Commerce System (HCS), to review the most up-to-date information for healthcare providers.

Because NYSDOH distributes alerts and advisories through the HCS notification system, it is essential that nursing homes maintain up-to-date contact information in the HCS

Communications Directory for their administrative and clinical leadership to be assured of receiving this information. The following are links to up-to-date information:

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- NYSDOH: <https://www.health.ny.gov/diseases/communicable/coronavirus.htm>
- HCS: <https://commerce.health.state.ny.us>

II. Prevent Exposure to and Spread of Illness at the Nursing Home

Visitors to the nursing home may introduce COVID-19 infection into the nursing home if they are ill as a result of community transmission either internationally or in the US, or have had close contact (within 6 feet) to person(s) known to have or reasonably suspected of having COVID-19. The nursing home must have staff available to screen visitors for symptoms or potential exposure to someone with COVID-19. The nursing home should consider temporarily modifying visiting hours or procedures in order to facilitate monitoring in a situation of community transmission.

Nursing homes must post signage addressing visitation restrictions at all public entrances to the nursing home, as well as in foyers and vestibules leading into the facility and on the nursing home's website. The English version of the signage is attached to this letter and downloadable files with other language translations will be made available when ready on the NYSDOH public website COVID-19 page for healthcare providers at: <https://www.health.ny.gov/diseases/communicable/coronavirus/providers.htm>. In accordance with federal regulations (42 CFR § 483.10[f][4][iii]), state regulations (10 NYCRR § 415.19[b]) and Centers for Medicare and Medicaid Services (CMS) guidance, this signage advises that visitors with symptoms of illness such as fever, lower respiratory infection, shortness of breath, cough, nasal congestion, runny nose, sore throat, nausea, vomiting, and/or diarrhea are restricted from visiting the nursing home until symptoms have fully resolved.

It is important to remember that, per 42 CFR § 483.10(f)(4)(vi), the nursing home, "must inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, . . . the reasons for the restriction or limitation, and to whom the restrictions apply...". The nursing home must proactively post information about the visitation restrictions on their website, and send a letter or email to the family of each resident, to inform them of the visitation policy.

Similarly, nursing home staff are exposed to the general community each day and may become infected with an acute respiratory illness (e.g. COVID-19, influenza, respiratory syncytial virus (RSV)) if community transmission of that illness is occurring. Staff must be screened for respiratory symptoms upon arriving at work. It is critical that nursing homes strictly enforce their illness and sick leave policies. Staff showing these types of symptoms must not be

permitted to remain at work and must not return to work until completely recovered. NYSDOH regional epidemiologists are available for consultation regarding work restrictions for ill healthcare employees.

Staff persons who have been potentially exposed to someone with confirmed COVID-19, or to someone who is a person under investigation (PUI) for COVID-19, will be placed under *precautionary quarantine* or mandatory *quarantine* by public health officials, based on the symptoms presented and/or level of risk for having contracted COVID-19.

Nursing homes should consult with the most current guidance from NYSDOH. At this time, if the staff person is *asymptomatic* but has had a potential exposure to COVID-19, they must be furloughed for a period of 14 days following the exposure and will be subject to a quarantine order, which may be voluntary or mandatory quarantine depending on the exposure risk. If the staff person is *symptomatic*, the furlough will last for at least 14 days following the date of onset of symptoms. The staff person will be subject to a mandatory quarantine or isolation order, depending on whether the staff person is suspected or known to have COVID-19.

If a staff person is found to be ill upon screening, the nursing home should send the person home and direct them to contact their primary care physician immediately. If the nursing home has reason to be concerned that the person may be infected with COVID-19, the nursing home must send the person home and contact the New York State Department of Health.

If nursing home staff are concerned that there may have been transmission of illness within the facility, the nursing home must consult with the NYSDOH to determine if a NORA report is necessary.

The state regulations that address infection control policies are located in 10 NYCRR 415.19. All nursing homes must review and reinforce their policies and procedures with all staff, residents, and visitors regarding infection prevention and control including:

- Standard, Droplet and Contact precautions (applicable for the care of all residents) with their staff. Guidance is available on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>. A convenient poster reviewing PPE donning/doffing procedures is available at: <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

- Hand hygiene practices and respiratory hygiene/cough etiquette. Ensure that adequate supplies of hand hygiene materials (both alcohol-based hand sanitizers and soap, water, and disposable paper towels) are readily available.

Daily, frequent cleaning and disinfection of commonly touched environmental surfaces must be done with EPA-registered, hospital-grade disinfectant to decrease environmental contamination. Staff must be instructed on the need to follow all manufacturer's instructions for use, including proper dwell times for all cleaners and disinfectants.

2. Conserve PPE, particularly surgical or procedure masks and N-95 respirators

Global supplies of some types of PPE, including surgical masks, have been impacted by the COVID-19 outbreak response, and deliveries are delayed. NYSDOH asks nursing home administrators to encourage those staff who have chosen to not be vaccinated against influenza, to reconsider being vaccinated as a means of conserving on the number of surgical masks used by the nursing home each day.

As influenza is currently prevalent in NYS, staff at nursing homes who are unvaccinated for influenza need to comply with the regulations under Section 2.59 of the New York State Sanitary Code (10 NYCRR § 2.59). The regulation requires all health care and residential facilities and agencies regulated pursuant to Article 28, 36, or 40 of the Public Health Law to 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.

As an alternative to vaccination, where possible, nursing homes could consider assigning those unvaccinated staff to administrative duties that do not require them to interact with residents. Reducing the number of staff that must meet this regulation will assist in conserving critical supplies of masks. Additionally, until a vaccination is available for SARS-CoV-2 (the virus that causes COVID-19), use of surgical masks and N-95s will be necessary under different circumstances. Conservation of these masks to the extent possible is warranted.

Nursing homes should also practice administrative controls on the availability of masks by centrally holding and allocating masks to staff as necessary. However, nursing homes must ensure that these controls do not discourage the use of masks when indicated for patient care. Signage should be posted for visitors who require a mask based on the transmission-based precautions of the resident they are visiting. Any potentially contagious resident whose visitors are not restricted from visitation, should don a surgical or procedure mask before receiving the visitor(s). Visitors should be reminded to maintain social distancing during the visit, and to perform hand hygiene, i.e. washing their hands and applying hand sanitizer, following the visit.

Where use of an N95 respirator or mask is necessitated by a required procedure, nursing homes can help to conserve these respirators by limiting the number of staff who will perform these procedures.

3. What to do if a Resident is suspected of having a COVID-19 infection

Residents suspected of infection with COVID-19 should be given a surgical or procedure mask (not an N95) to wear. The facility must immediately contact the New York State Department of Health. While awaiting the transfer, the resident must be isolated in a separate room with the door closed. In this context, nursing home staff attending the PUI until they are transferred should follow CDC guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) for the selection, use, and disposal of PPE (including gloves, isolation gown, and a properly fit-tested N95 or higher filtering facepiece respirator) and should maintain social distancing of at least 6 feet from the person.

III. Contact information:

You may contact the NYSDOH Bureau of Healthcare Associated Infections at 518-474-1142 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends, and holidays.

Please direct any questions you may have to the toll-free call center at 888-364-3065 or to icp@health.ny.gov

We thank you for your efforts in implementing these measures to prepare and protect your residents, staff, and visitors as we continue to manage the ongoing COVID-19 outbreak

Sincerely,



Sheila McGarvey
Director
Division of Nursing Homes & ICF/IID
Surveillance
Center for Health Care Provider Services
and Oversight

Attachment: Visitation Restrictions Signage - English