

GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION

519 8th Avenue, 16th Floor, New York, NY, 10018

Phone: 212-643-2828 Fax: 212-643-2956 www.gnyhcfa.org

MEMO 22-06

TO: Administrator, DNS, Medical Director, Infection Preventionist and QA Committee

FROM: Mary Gracey-White, Director of Regulatory Compliance

DATE: March 25, 2022

RE: CMS, CDC, and NYS Covid 19 Testing & Visitation Updates

As you may be aware CMS revised NH Guidance 20-38 and 20-39 on March 10, 2022. These updates include testing, visitation as well as other CDC guidance revised on February 2, 2022. We have discussed the new guidance documents with NYSDOH and are attaching the NYSDOH DAL released today aligning with CDC/CMS. In our previous member communication on March 16, 2022, we outlined that the major update within the Federal guidance is the definition for “Up to Date”- means a **person has received all recommended Covid 19 vaccines including any booster doses when eligible**. Based on this definition, CMS has set the requirement that **if staff have not received a Covid booster they are not considered up to date and will require routine testing** in accordance with CDC community transmission rates. Staff who are up to date with Covid 19 vaccination booster do not require routine testing.

- Implementing routine Testing of staff not up to date with Covid-19 vaccination recommendations which includes booster dose in accordance with **CDC Community Transmission for health care** located at [HERE](#).

Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i>⁺
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

⁺Staff *who are up-to-date* do not need to be routinely tested.

*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.	Residents, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, <i>regardless of vaccination status</i> , that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, <i>regardless of vaccination status</i> , that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, <i>regardless of vaccination status</i> , facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, <i>regardless of vaccination status</i> , facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2 below	Not generally recommended

- **If the level of community transmission decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the level of community transmission has remained at the lower activity level for at least two weeks before reducing testing frequency**
- Please note that as per CMS guidance, confirmed by NYSDOH, staff cannot self-test.
- Testing is not necessary for asymptomatic people who have recovered from SARS- CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended.
- Visitor Testing will remain in effect. Additional test kits will be sent by NYSDOH. Visitors that have a positive test or show symptoms of Covid-19 should not visit until they have met the criteria used for residents to discontinue transmission-based precautions. (As per CDC this is at least 10 days have passed since the date of their first positive viral test)
- Visitors should continue to wear masks and physically distance from other residents and staff.
- Residents who are up to date with all recommended COVID-19 vaccine doses do not need to use source control when in communal areas of the facility; however, residents at increased risk for severe disease should still consider continuing to practice physical distancing and use of source control
- If a resident's roommate is not up to date with all recommended COVID-19 vaccine doses, or immunocompromised (regardless of vaccination status) visits should not be conducted in the resident's room, if possible.
- If physical distancing between other residents cannot be maintained, the facility may restructure the visitation policy, including asking visitors to schedule their visit at staggered times throughout the day, and/or limiting the number of visitors in the facility or a resident's room at any time
- A Facility may opt to test residents who are not up to date with all Covid vaccine doses that leave the facility frequently or for more than 24 hours. In addition, facilities may quarantine residents who are not up to date with Covid vaccine doses based on assessment of risk factors.
- CDC recommends all new and readmissions **not up to date with Covid vaccination** be placed in quarantine and tested upon admission, and if negative, should be tested again 5-7 days later as

above. In addition, CDC recommends all new admissions and residents who leave the facility for more than 24 hours be tested upon admission and if negative 5-7 days later

- Continue to monitor residents for signs and symptoms of COVID-19 daily.

We recommend you review both the DAL and CMS Memos (attached). Please contact local Epidemiology or covidnursinghomeinfo@health.ny.gov as needed.