



DATE: May 18, 2022

TO: All healthcare settings including hospitals, nursing homes, home healthcare, diagnostic and treatment centers, physician offices, dental offices, local health departments, and office-based surgery practices.

FROM: New York State Department of Health (NYSDOH)

**Health Advisory: Infection Prevention and Control Recommendations
for Healthcare Personnel During the Coronavirus Disease 2019
(COVID-19) Pandemic**

Please distribute immediately to:
Administrators, Infection Preventionists, Hospital
Epidemiologists, Medical Directors and Nursing Directors

The purpose of this advisory is to provide an update on the infection prevention and control recommendations that all healthcare settings in New York should follow during the COVID-19 pandemic. Except for when alternate NYSDOH guidance is available, NYSDOH recommends that all healthcare settings adhere to the infection prevention and control guidance issued by the Centers for Disease Control and Prevention (CDC) in [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).

This Health Advisory supersedes the NYSDOH May 3, 2021, Health Advisory “*** Revised *** Discontinuation of Transmission-Based Precautions for Patients with COVID-19 Who Are Hospitalized or in Nursing Homes, Adult Care Facilities, or Other Congregate Settings with Vulnerable Residents”. [CDC infection prevention and control guidance](#) provides recommendations for the duration of transmission-based precautions for patients and residents with suspected or confirmed COVID-19 and those who meet the criteria for transmission-based precautions based on close contact with someone with SARS-CoV-2 infection.

This advisory also supersedes the NYSDOH May 12, 2021, “Updated Guidance for Resumption of Non-Essential Elective Surgeries and Non-Urgent Procedures in Hospitals, Ambulatory Surgery Centers, Office Based Surgery Practices and Diagnostic and Treatment Centers” and updates the pre-elective procedure testing guidance as follows:

- Pre-elective procedure SARS-CoV-2 viral testing is required to be performed prior to elective surgery or procedures by hospitals, ambulatory surgery centers, office-based surgery practices, and diagnostic and treatment centers for all patients, regardless of their COVID-19 vaccination status. However, pre-elective procedure testing is not required for asymptomatic patients who have recovered from laboratory-confirmed SARS-CoV-2 infection during the previous 90 days.

- Samples for pre-elective procedure testing should be collected from patients within 1 calendar day of the elective surgery or procedure, and test results must be received and reviewed before conducting the elective surgery or procedure.
- Testing can be done using any nucleic acid amplification test (NAAT) or antigen test authorized by the U.S. Food & Drug Administration. Acceptable test sites include the surgical facility, laboratory, local health department, pharmacy, home, local healthcare provider, or other testing site.
- Patients may provide the results of at-home COVID-19 tests if the facility has implemented policies and procedures to ensure the patient's at-home test(s) were performed correctly, on the correct person, in accordance with the package insert instructions, and within the 1 calendar day timeframe (e.g., photograph of the completed test(s), attestation from the patient).
- For at-home test kits that include instructions for the individual to perform serial testing, the second of the serial tests must be performed within 1 calendar day before the procedure, and the first test must be performed according to the timeframe outlined in the package insert.
- If providers choose to test patients who have recovered from SARS-CoV-2 infection in the prior 90 days, an antigen test instead of a NAAT is recommended because some people may remain NAAT positive but not be infectious during this period. There is no need to test patients who are asymptomatic and recently recovered to prove they are now negative.
- Pre-procedure testing is not required before non-scheduled emergent surgeries or procedures, which are not elective. However, in these situations, a thorough screening and history should be obtained, and appropriate precautions implemented.
- Providers should adhere to other CDC SARS-CoV-2 testing recommendations in the [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic, Perform SARS-CoV-2 Viral Testing](#), including recommendations for testing of patients with symptoms of SARS-CoV-2 infection and patients with close contact to someone with SARS-CoV-2 infection.

Facilities should follow applicable CDC and NYSDOH guidance regarding patient visitation with adherence to the more stringent guidance. Available guidance includes the visitation recommendations in the [CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and (except for the updates below), the NYSDOH June 7, 2021, [Interim Health Advisory: Updated COVID-19 Updated Guidance for Hospital Visitation and Non-Hospital Employed Patient Support](#). Updates to the June 7, 2021 advisory are as follows:

- Visitors must undergo symptom checks upon entering the facility and shall be denied entry if they report [symptoms of COVID-19](#), a positive viral test for SARS-CoV-2 in the prior 10 days, or close contact with someone with SARS-CoV-2 infection in the prior 10 days. Facilities should have an established process to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection, regardless of vaccination status (e.g., individual screening on arrival at the facility or system in which individuals can self-report any of the above before entering the facility).
- Once in the facility, visitors should generally remain in the patient's room throughout the visit, except when directed to leave by hospital staff. When in other areas of the facility outside the patient's room (e.g., cafeteria, waiting area, rest room), visitors must be appropriately distanced from other patients or staff. Facilities should develop policies

and procedures to ensure that visitors adhere to guidance from [NYSDOH](#) on use of source control by visitors.

In addition, all nursing homes should follow requirements of the Centers for Medicare & Medicaid Services (CMS) and should review the supplemental CDC guidance: [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)

Healthcare facility personnel are advised to regularly and frequently review the [NYSDOH website](#), the [New York State Health Commerce System](#), the [CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and, for nursing homes, the [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) for updates to NYS and CDC guidance.

Recommendations for adult care facilities in New York are available in the April 18, 2022 NYSODH Health Advisory, "[Infection Prevention and Control Recommendations for Adult Care Facilities During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)".

General questions or comments about this advisory can be sent to: covidhospitaldinfo@health.ny.gov, covidnursinghomeinfo@health.ny.gov, or icp@health.ny.gov.