



# Department of Health

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Masking, Testing, Cohorting, and Visitation

Dear Chief Executive Officer and Administrators:

The purpose of this guidance is to provide hospitals and diagnostic and treatment centers with updated information on masking, cohorting, visitation and staff and patient testing requirements based on guidance issued by the Centers for Medicare and Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC) and the recommendations of the New York State Department of Health (NYSDOH). Please note, that as of this document's release date, nearly all counties within the borders of New York State (NYS), reflect high levels of COVID-19 community transmission, and remaining counties reflect substantial levels (<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>). As winter approaches, it is expected transmission will increase. As such, NYSDOH expects all NYS licensed hospitals and diagnostic and treatment centers to adhere to the following requirements. In addition, all facilities must adhere to the Core Principles of COVID-19 Infection Prevention.

## Masking Requirements:

As noted in the NYS Commissioner of Health's September 7, 2022, "*Determination on Masking in Certain Indoor Settings*" (Commissioner's Determination), the COVID-19 pandemic continues to impact NYS and the Omicron variant poses a substantial public health concern. Properly wearing an appropriate face mask continues to be an effective measure to protect against the COVID-19 virus.

Accordingly, the following face covering/masking requirements will continue:

### 1. Healthcare settings:

a. **Personnel:** After careful review and consideration of the CDC's recommendations for face masks in healthcare settings regulated by the Department, all personnel, regardless of vaccination status, in a healthcare setting (i.e., facilities or entities regulated under Articles 28, 36 and 40 of the Public Health Law) shall continue to be required to wear an appropriate face mask until the Commissioner's Determination is modified or rescinded.

b. **Visitors to Healthcare Facilities:** After careful review and consideration of the CDC's recommendations, all visitors two years of age and older and able to medically tolerate a face covering/mask, shall continue to be required to wear a face covering/mask in healthcare facilities, regardless of vaccination status until the Commissioner's Determination is modified or rescinded.

## Symptom Screening for COVID-19

Based on the most recent COVID-19 community transmission levels, licensed Article 28 facilities (hospitals and diagnostic and treatment centers) must continue to screen staff, patients, and visitors for symptoms of COVID-19 in order to identify and manage individuals with suspected or confirmed COVID-19 infection. Options for screening include but are not limited to individual screening upon arrival at the facility; or implementing an electronic monitoring systems that individual can self-report any of the above before entering the facility. Instructional signage should be placed throughout the facility and include appropriate proper visitor and staff education on COVID-19 signs and symptoms, infection prevention and control precautions, and other applicable facility policies.

## COVID-19 Testing of Hospital and Diagnostic and Treatment Center Staff and Patients

Facility staff must be instructed, **regardless of their vaccination status**, to report any of the following criteria to occupational health or another point of contact designated by the facility so they can be properly managed:

- a positive viral test for SARS-CoV-2,
- signs or symptoms of COVID-19, or
- a higher-risk exposure to someone with SARS-CoV-2 infection.

As noted in the CDC's guidance accessible at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>:

- Anyone with even mild symptoms of COVID-19, **regardless of vaccine status**, should receive a viral test for COVID-19.
- Patients without symptoms who have had close contact with someone infected with COVID-19 should have a series of three viral tests for COVID-19. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
- Due to challenges in interpreting the result, testing is generally not recommended for people without symptoms who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- Guidance for work restrictions, including recommended testing for HCP with higher-risk exposures, are in the CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.

Hospitals and diagnostic and treatment centers should have policies and procedures in place for how COVID-19 exposures within the healthcare facility are managed and investigated and how contact tracing will be performed. If healthcare-associated COVID-19 transmission is suspected, facilities should consider expanded testing of healthcare providers and patients as determined by the number and distribution of cases throughout the facility and ability to identify close contacts. For additional information, please refer to CDC's infection control guidance in the section entitled "Create a Process to Respond to SARS-CoV-2 Exposures Among HCP and Others."

## Visitation

Consistent with Section 405.7(c)(20), for hospitals, and Section 751.9(g) for diagnostic and treatment centers of Title 10 of the Official Compilation of Codes, Rules, and Regulations of the State of New York (NYCRR), facilities must authorize family members and other adults to visit consistent with the facility's ability to receive visitors. These visits are essential and contribute to the patient's well-being and care and must be allowed to the maximum extent possible. Hospitals may, at their discretion and consistent with their pre-COVID-19 ability, set the maximum number of visitation hours and visitors for various units in the hospital based on the patient's status, condition and situation. Visitation must, however, be accompanied by strict adherence to infection prevention and control requirements. Please refer to previously issued June 7, 2021 Interim Health Advisory: Updated COVID-19 Guidance for Hospital Visitation and Non-Hospital Employed Support Staff accessible at [https://coronavirus.health.ny.gov/system/files/documents/2021/06/hospital\\_visitation\\_guidance\\_06072021.pdf](https://coronavirus.health.ny.gov/system/files/documents/2021/06/hospital_visitation_guidance_06072021.pdf) regarding support persons for Labor and Delivery, pediatric patients, patients with intellectual or development disabilities (I/DD) and patients at the end of life.

Facilities shall not restrict visitation without a reasonable clinical or safety concern. CMS noted that while visitation restriction policies were used previously in the pandemic to mitigate COVID-19 infection, at this time continued federal guidance on restrictions for acute and continuing care facilities is no longer necessary and there are no restrictions on visitation. Therefore, hospitals and diagnostic and treatment centers must facilitate in-person visitation consistent with the federal 42 CFR 482.13(h) and with New York State regulations. Failure to facilitate visitation would constitute a potential violation and the facility may be subject to citation and enforcement actions.

## Patient Placement and Cohorting

The CDC recommends patients with suspected or confirmed SARS-CoV-2 infection be placed in a single-person room. The patient should ideally have a dedicated bathroom and the door to the patient's room should be kept closed, if possible. **Please be advised if cohorting, only patients with the same respiratory pathogen should be roomed together.**

Please note: this advisory provides updated guidance to licensed Article 28 hospitals and diagnostic and treatment centers but does not contain an exhaustive listing of all previously issued guidance, which remains in place. Thank you for your ongoing commitment in keeping patients safe. Questions regarding this correspondence may be referred to [hospinfo@health.ny.gov](mailto:hospinfo@health.ny.gov).

Sincerely,

Stephanie Shulman, DrPH, MS  
Director, Division of Hospitals and  
Diagnostic & Treatment Centers