



MEMORANDUM

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: NYSDOH

Date: May 31, 2022

Subject: Transmittal Memo

1) This guidance is a revision of the May 18, 2022 “Health Advisory: Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic” with updates to the elective surgery pre-procedure testing component.

2) The May 18, 2022 guidance regarding the elective surgery pre-procedure testing component is not being enforced at this time.

3) The Department recommends that you continue to follow the 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](#) regarding pre-procedure testing until you can implement revised guidance dated May 31, 2022, not to extend beyond the effective date for the revised guidance of June 24, 2022.



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

DATE: May 31, 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)

***** UPDATED *** Health Advisory: Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019**

(COVID-19) Pandemic

This guidance supersedes guidance of May 18, 2022.

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 for hospitals, ambulatory surgery centers, office-based surgery practices, and diagnostic and treatment centers as follows:

- CDC currently states that pre-elective procedure SARS-CoV-2 viral testing before elective surgery or procedures by hospitals, ambulatory surgery centers, office-based surgery practices, and diagnostic and treatment centers is at the discretion of the facility ([Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)).

- However, the current NYSDOH expectation is that while facilities have discretion in how they implement testing, facilities must have a testing policy in place, and facilities' policies will require testing of all patients when [Community Transmission Rates](#) are **moderate, substantial, or high** in the facility's community and its typical service area, except those asymptomatic patients who have recovered from laboratory-confirmed SARS-CoV-2 infection during the previous 90 days. As of this writing, Community Transmission Rates are **high** throughout New York State.
- When Community Transmission Rates in a facility's community and typical service area are categorized as "**low**", facility policies regarding testing are completely discretionary, and testing is not required. Facilities' testing policies may include special consideration for patients traveling long distances for care, such as from high transmission areas.
- Note that Community Transmission Rates are for the use of healthcare facilities and are different from CDC's [COVID-19 Community Levels](#).
- Facilities' testing policies should be designed to maximize detection of infected patients using the facilities' best judgment and considering local laboratory capabilities, turnaround time, testing availability at sites with a limited service laboratory permit (e.g., rapid antigen or rapid molecular tests), availability of and ability to conduct home tests, and pre-procedure patient preparation.
- 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.
- Facilities' testing policies should balance test sensitivity with the ability to logistically accomplish testing in a reasonable manner to provide safety to both patients and staff. For example:
 - If PCR is used, then the timing should consider the turnaround time, weekend/holiday testing availability, etc. If these factors lead to testing several days before the procedure, then a different testing option might be preferable.
 - If antigen testing is used, with a typically shorter turnaround time but lower sensitivity than PCR, especially for asymptomatic individuals and early in the course of infection, then it becomes even more important that testing occur as close in time before the procedure as feasible.
- If the pre-procedure testing protocol includes use of at-home test kits, consideration should be made for the fact that many manufacturers' instructions for asymptomatic individuals involve serial testing (i.e., 2 tests, typically 1-2 days apart). Facility policies should include procedures to ascertain that the patient's at-home test(s) were performed on the correct person, in accordance with the package insert instructions, and within the appropriate timeframe (e.g., a photograph of the completed test(s) and an attestation from the patient).
- 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 when feasible, 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.

- **The effective date of this new pre-procedure testing guidance is June 24, 2022.**

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 NYSDOH 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: covidhospitaldctinfo@health.ny.gov, covidnursinghomeinfo@health.ny.gov, or icp@health.ny.gov.