



**OASAS COVID-19 and Respiratory Viral Transmission Infection Control Guidance for  
Non-Hospital-based Inpatient and Residential Addiction Treatment Facilities**

The purpose of this guidance is to update the June 2023 OASAS COVID-19 infection control guidance for OASAS non-hospital based inpatient and residential facilities. Hospital-based OASAS programs will continue to follow their institution's infection control policies and procedures.

Programs are responsible for creating their own infection control policies.

**I. Masking requirements**

- Universal masking in OASAS non-hospital based inpatient and residential addiction treatment facilities by patients, staff and visitors is recommended but not required.
- With seasonal fluctuations in respiratory virus transmission trends, Facilities should monitor these trends through the NYS DOH and the CDC and contact OASAS if guidance on masking practices is needed.
- The NYS DOH recommends that healthcare facilities monitor available local data to determine when universal masking for the prevention of respiratory virus transmission within a facility is no longer necessary. When deciding when to relax masking requirements, facilities should observe a sustained (e.g., several weeks) downward trend in respiratory virus transmission metrics.
- The local data that could inform this decision include hospital admission rates, the presence of facility-associated viral respiratory pathogen outbreaks, and/or employee/occupational health data related to viral respiratory illness absences. In addition, the [COVID-19 Data in New York](#), [Influenza Activity, Surveillance and Reports](#) and [CDC Metrics for Community Respiratory Virus Transmission](#) websites are resources facilities could use to evaluate trends in the transmission of respiratory viruses.
- Health care staff who are not vaccinated annually for influenza are required to mask with a well-fitted surgical mask or NIOSH-approved N95 mask when influenza is prevalent in NYS.
- Masks must remain available to all patients, residents, staff and visitors at all times regardless of respiratory virus transmission trends. While there is no NYS DOH or CDC masking requirement for viruses other than COVID-19 or influenza, masking effectively mitigates respiratory viral transmission.

**II. Screening patients for COVID-19 and other respiratory viruses**

- Universal admission screening of asymptomatic individuals with COVID-19 point of care antigen (POC Ag) testing is no longer required.

- **Targeted screening with COVID-19 POC Ag testing** should be performed on patients who have respiratory symptoms suggestive of a respiratory infection or known recent exposures to COVID-19.
- Seasonally, viral testing for influenza and respiratory syncytial virus (RSV) may be performed for symptomatic patients with negative COVID-19 tests.

### III. Guidance on COVID-19 isolation and quarantine protocols

- **818 non-hospital inpatient rehabilitation programs:**

The CDC’s COVID-19 isolation guidance for inpatient health care facilities was NOT affected by the March 2024 change to CDC’s recommendations for community members. The CDC has shifted their guidance for quarantine to [“transmission-based precautions.”](#)

- Isolation:

- Patients testing positive for COVID-19 will be isolated for 7 days, day #0 through day #7. Day #0 is the first day of symptoms or the day of the positive COVID-19 test.
- Patients with symptoms consistent with COVID-19 will remain in isolation until COVID-19 is excluded with one viral NAAT test (PCR) *or* two POC COVID-19 Ag tests performed 48 hours apart.

- Quarantine or transmission-based precautions:

- For asymptomatic patients who have had close contact with someone with a confirmed positive COVID-19 test
- COVID-19 may be excluded after three POC COVID-19 tests performed on days #1, 3 and 5 after exposure.

- **819 and 820 residential programs:**

OASAS’ residential or congregate care programs and outpatient facilities may follow the [CDC’s COVID-19 community prevention strategies](#) and are not required to follow the isolation and quarantine protocols that were required prior to March 2024.

### IV. Infection Control Recommendations from the CDC and NYS DOH

- **General infection control recommendations for respiratory pathogens:**

- Continue to utilize [standard precautions](#) as outlined by the CDC.
- Continue to [post visual alerts](#) with infection control information.
- Continue to follow [Infection Control \(ny.gov\)](#) recommendations from NYS DOH.

- **Infection Control Recommendations for COVID-19:**

- Informed by current knowledge of COVID-19 transmission, the CDC has provided an updated framework for health care facilities that uses setting-specific infection control practices based on the needs of the populations served. Refer to the CDC’s [Recommended routine infection prevention and control \(IPC\) practices during the COVID-19 pandemic](#).
- Continue processes to identify staff, patients or visitors entering your facilities who have symptoms consistent with possible COVID-19 infection, have tested positive for COVID-19, or have had close contact with a person who has tested positive for COVID-19.

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- COVID-19 test sample collection or any other test sample collection involving exposure to droplets or aerosols should be done with full personal protective equipment (PPE) including fit-tested, NIOSH-approved N95 or higher-rated masks/respirators and eye protection (goggles or face shields).
- Persons who are confirmed COVID-19-positive in any setting may be roomed together in isolation rooms and should have private bathrooms. Asymptomatic persons who have had close contacts with COVID-19 but not confirmed COVID-19 positive should *not* be roomed with those persons who are confirmed COVID-19. If possible, close contacts should not be roomed together.
- Refer to the CDC's [Recommended infection prevention and control \(IPC\) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection](#) for specific recommendations on managing patients with confirmed COVID-19 or with symptoms consistent with COVID-19.
- Procedures that have the potential to generate aerosols (e.g., nebulizer treatments, CPAP, BIPAP, high flow oxygen) are allowable in all OASAS programs. While it is preferred that these procedures are done in an airborne infection isolation room (AIIR) or negative pressure room on site, it is allowable that these procedures are done without an AIIR or negative pressure room. Staff performing these procedures or engaging with a patient while a procedure is being performed, should wear full PPE.
- Continue to encourage COVID-19 vaccination and recommended boosters, annual influenza vaccination, and RSV vaccination (for higher risk individuals).

#### **V. Return to work for health care personnel (HCP) with suspected or confirmed COVID-19 infection**

- There have been no CDC updates since September 2022.
- Refer to the [CDC guidance related to COVID-19 and HCP](#) for return-to-work guidelines.

#### **VI. Guidance on the proper use of personal protective equipment (PPE) for staff**

- A [CDC infographic](#) describes the sequence for putting on and taking off personal protective equipment (PPE) including gowns, masks or respirators, goggles or face shields, and gloves.
- Information regarding approved disinfectants that may be used to disinfect goggles or face shields is published by the US Environmental Protection Agency (EPA) on the [EPCA List N](#) product list.

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