



NYS Resuming Visitation Guidelines (3.26.21)

Purpose:

The purpose of this guideline is to provide guidance to facilities in accordance with NY State and CMS Federal requirements for reopening in person visitation under core principle of infection control practices while ensuring that resident and family communication is ongoing and supported by virtual visits.

Procedure:

- Effective March 25, 2021 the facility may expand visitation and or activities under revised guidance within the Health Advisory dated March 25,2021.
- Facility must be in full compliance with both state and federal reporting requirements including COVID-19 focus surveys, daily HERDS, weekly staff testing surveys, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
- The administrator or designee must retain a copy of the revised facility's visitation plan at the facility where it is easily accessible and immediately available upon request of the Department of Health. The plan must clearly articulate the space(s) to be used for visitation (outdoors and indoors) including the number of visitors and residents which could be safely socially distanced within the space(s). The plan must reference relevant infection control policies for visitors.
- Visitors must be able to adhere to the Core Principles of COVID-19 Infection Prevention at all times, and staff are expected to provide monitoring for those who may have difficulty adhering to core principles.
 - Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and
 - denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status);
 - Hand hygiene (use of alcohol-based hand rub is preferred);
 - The use of face coverings or masks (covering mouth and nose);
 - Social distancing at least six feet between persons;
 - Instructional signage throughout the facility and proper visitor education on COVID- 19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
 - Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit;
 - Appropriate staff use of Personal Protective Equipment (PPE);
 - Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
 - Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH).38-NH).
- ***Note: Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2- dose series, or ≥2 weeks following receipt of one dose of a single dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.***
- Facilities must have policies widely communicated to residents, staff and visitors that:

- Limit the number of visitors per resident at one time.
- Limit the total number of visitors in the facility at one time (based on the size of the building and physical space).
- Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- Facilities should limit visitor's movement in the facility.
- Visits for residents who share a room should not be conducted in the resident's room.
- For situations where there is a roommate and the health status of the resident prevents leaving the room, the facility should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- **For fully vaccinated residents**, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents.
- Facility must adhere to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors, vendors, students, and volunteers.
- Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory prior to resident access.
- Documentation of screening must be maintained onsite in an electronic format and available upon the DOH request for inspection and/or contact tracing. Documentation **MUST** include the following for each visitor:
 - First & last name of visitor
 - Street address
 - Daytime and evening telephone number
 - Date & time of visit
 - Email if available
- It is encouraged to offer testing to all visitors. Facilities in medium or high-positivity counties are encouraged to test visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly). Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). **Visitors (including LTC Ombudsman) should not be required to be tested or vaccinated (or show such proof) as a condition of visit.** Encourage visitors to become vaccinated when eligible.
- Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.

Outdoor Visitation

- All visits should be held in safe outdoor spaces whenever practicable, weather permitting regardless of resident and visitor vaccination status. While adhering to infection prevention actions and maintaining social distancing within the designated area.
- When outdoor visits are not practicable the facility shall accommodate indoor visits in a well-ventilated designated visitation area that is able to accommodate social distancing.

Indoor Visitation

- When outdoor visits are not practicable the facility shall accommodate indoor visits at all times for all residents regardless of vaccination status in a well-ventilated designated visitation area that is able to accommodate social distancing with the exception of: These scenarios include limiting indoor visitation for:

- Unvaccinated residents if the nursing home's COVID-19 county positivity rate is >10% **AND** <70% of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; **OR**
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. In these instances, every effort should be made to accommodate visits using electronic devices and alternative visitation techniques.

Note: For county positivity rates go to: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwx-xpvg>

Indoor Visitation During a Resident or Staff COVID-19 Outbreak

- If a new case of COVID-19 among residents or staff is identified immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:
 - If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
 - If the first round of outbreak testing **reveals one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), then facilities should suspend visitation for all residents regardless of vaccination status until the facility meets the criteria to discontinue outbreak testing.
- Adequate staff present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting of areas used for visitation after each visit using an EPA-approved disinfectant.
- Appropriate signage regarding facemask or face covering utilization and hand hygiene, and applicable floor markings to cue social distancing delineations must be in place at all times.
- Facility must maintain adequate PPE and visitors must wear a face mask or face covering which covers both the nose and mouth at all times when on the premises and maintain social distancing.
- The nursing home should develop a short, easy-to-read fact sheet outlining visitor expectations including but not limited to: notification about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.
- Facilities will provide alcohol-based hand rub to residents, visitors, and representatives of the long-term care ombudsman prior to visiting the residents and those individuals are able to demonstrate appropriate use. Rub hands together using friction.
- A copy of the NH's revised formal visitation plan is posted on the website and broadcasted via email.
- Compassionate Care Visits are permitted when visitation may not otherwise be permitted in accordance with the Department's current visitation guidance.
- Patient's plan of care should reflect resident visitation rights.
- Facility must have access to adequate testing that plan in place, ensuring consenting residents have a single baseline, additionally the facility must have the capability to test, or arrange for testing of all residents upon identification of any individual with symptoms consistent with COVID-19.
- Failure of visitors to comply with the State and Federal requirements of the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

- Visitors should report positive COVID-19 test post visitation to the local health department and the facility. Exposures among visitors and residents should be evaluated using community contact tracing guidelines.

Potential Visit Related Exposures

The following should be evaluated to determine the appropriate follow-up when there is identification of a visitor who tests positive for COVID-19. If the following are confirmed by the facility:

- The visit was supervised by an appropriate facility staff member; and
- The visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
- The visitor complied with all COVID-19 precautions including hand hygiene and appropriate use of a face mask or face covering; and
- The visitor and the resident maintained at least 6 feet of distance from each other for the entire duration of the visit; and
- The visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.

Only if all of the above have been met: the resident who received the visit should be placed on a 14-day quarantine in a single room in the designated observation area using Contact plus Droplet precautions and eye protection. The resident should be monitored for symptoms and have temperature checks every shift. Testing for SARS-CoV-2 could be considered for greater assurance of the resident's COVID-19 status, every 3 to 7 days for at least 14 days.

If all of the above cannot be confirmed by the facility, proceed as they would after identification of a COVID-19 positive staff member, including conducting contact tracing to determine the extent of the exposure within the facility. On affected units (or entire facility, depending on the amount of contact), NHs should initiate testing every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result,