

Updated Facility Visitation Plan (March 25, 2021)

Under the revised N.Y.S. Department of Health (“NYSDOH”) Health Advisory guidance beginning March 25, 2021 (copy available in document titled ‘Revised Skilled Nursing Facility Visitation Guidance 3-25-21’), nursing homes may expand visitation and/or activities based on the needs of the patients and the facility’s structure.

The Facility’s Visitation Plan has been updated in accordance with NYSDOH Health Advisory dated March 25, 2021. The modification is due to nursing home patients and staff who have been fully COVID-vaccinated as well as patients and staff receiving vaccinations as they become available. There is no change in the policy for visitation of patients due to medical necessity, compassionate visits, or end-of life services, as well as visits required under federal disability rights law.

Visitation is subject to the Facility maintaining the criteria established by NYSDOH. Therefore, it is extremely important that all visitors comply with the Facility’s Visitation Plan as listed below.

Facility Visitation Plan:

1. The facility, its patients, and families will continue to adhere to the core principles of infection prevention practices that reduce the risk of COVID-19 transmission including, but not limited to:
 - a. 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);
 - b. Hand hygiene (use of alcohol-based hand rub is preferred);
 - c. The use of face coverings or masks (covering mouth and nose);
 - d. Social distancing at least six feet between persons;
 - e. 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);
 - f. Cleaning and disinfecting high frequency touched surfaces in the facility often, **and designated visitation areas after each visit;**
 - g. Appropriate staff use of Personal Protective Equipment (PPE);
 - h. Effective cohorting of patients (e.g., separate areas dedicated to COVID-19 care);
 - i. Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH).
2. Outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19 (except in instances of inclement weather, excessively hot or cold temperatures, or poor air quality). Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Visits will be held outdoors whenever feasible/practicable.
3. Indoor visitation is always allowed for all patients regardless of vaccination status, except during circumstances when there is high risk for COVID-19 transmission. Visitation will be in a well-ventilated space to ensure individuals are appropriately socially distanced and wearing a facemask while in the presence of others. This includes patients visiting each other.
4. Circumstances when indoor visitation would be **limited** due to a high risk of COVID-19 transmission:
 - Unvaccinated patients, if the nursing home’s COVID-19 **county positivity rate** is >10% **AND** <70% of patients in the facility are fully vaccinated*,
 - Patients with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue Transmission-Based Precautions, **OR**

- Patients in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Patients who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations with adherence to contact and droplet precautions.

5. Visitors are encouraged to get tested in the community prior to coming to facility (2-3 days prior to visit). The facility may utilize rapid testing as appropriate and on a case-by-case basis. Testing will be facilitated wherever possible. In addition, visitors' COVID-19 test results will be compiled for reference in the event a need for contact tracing arises.
6. A fully vaccinated* resident may choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand hygiene before and after. However, visitors should physically distance from other patients and staff in the facility.

*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.

Indoor Visitation during an Outbreak

1. When a new case of COVID-19 among patients or staff is identified, the facility will suspend all visitation and immediately begin outbreak testing until at least one round of facility-wide testing is completed.
2. Visitation during an outbreak may resume under the following criteria:
 - a. 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 patients in areas/units with **no** COVID-19 cases. However, visitation on the affected unit is suspended until the facility meets the criteria to discontinue outbreak testing on the affected unit.
3. 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 2 or more units), then the facility will suspend visitation for all patients (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Compassionate Care, Medically Necessary, End of Life, and Disability Rights Visits

1. Compassionate care visits, medically necessary visits, end of life visits, and visits required under federal disability rights law are always allowed, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. Visitors will be screened, provided with PPE and escorted to the resident's room.
2. Compassionate care visits include:
 - a. Newly admitted patients with difficulty adjusting to the facility environment and lack of in-person family support.
 - b. Patients recently grieving the loss of a friend or loved one.
 - c. Patients who previously received in-person support and/or cueing from family for eating and drinking and are now experiencing dehydration and/or weight loss.
 - d. Patients who are exhibiting signs and symptoms of emotional distress including, but not limited to, seldom speaking, or crying more frequently (when the resident had rarely cried in the past), refusing to

participate in an activity or activities, staying in bed longer than usual, or exhibiting behavior considered abnormal for the individual.

- e. Patients who receive religious or spiritual support from clergy or another layperson.
 - f. Other situations which are resident specific.
3. Visitor movement in the facility is limited, including walking around different halls of the facility. Instead, visitors should go directly to the resident's room or designated visitation area.
 4. Visits for patients who share a room should not be conducted in the resident's room unless the roommates are spouses.
 5. For patients who are bed bound, the facility will continue to use alternative methods of visitation (i.e., videoconferencing through skypes or facetime, telephone calls, etc.) Limited visitation may be permitted but should adhere to the same requirements for other visitors as much as possible. Visitors should go to the resident's room and not any other areas in the facility.

Visitation Procedures

1. Documentation of visitor screening will be maintained onsite in an electronic format and available upon the DOH's request for purposes of inspection and potential contact tracing. Documentation shall include the following:
 - First and last name of the visitor
 - Physical (street) address of the visitor
 - Daytime and evening telephone number
 - Date and time of visit
 - Email address, if available; and
 - A notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information.
2. Screening shall consist of both temperature checks and asking screening questions to assess for signs and symptoms or potential exposure to COVID-19, including questions regarding international travel or travel to other states designated under the Commissioner's travel advisory.
3. Visits are scheduled during the designated visiting hours and are limited to a half-hour. Visits will be made in advance and will be scheduled by Activities staff and/or designated scheduling platform.
4. Each resident is only allowed to have one visiting session a day with a maximum of two visitors per session.
5. Patients may also be assisted to go outdoors with staff supervision. The appropriate infection control and safety and social distancing requirements must be maintained.
6. There is adequate PPE made available by the facility to ensure patients wear a face mask or face covering which covers both the nose and mouth during visitation, if medically tolerated.
7. Visitors must wear a face mask or face covering which always covers both the nose and mouth when on the premises of the facility. Visitors must maintain social distancing, except when assisting with wheelchair mobility. The facility has an adequate supply of masks on hand for visitors and will make them available to visitors who lack an acceptable face covering.
8. If any visitor fails to adhere to the protocol, he/she/they will be prohibited from visiting for the duration of the

COVID-19 state-declared public health emergency

9. The facility will assign staff to assist with the transition of patients, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
10. The facility will provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to patients, visitors, and representatives of the long-term care ombudsman visiting patients and those individuals are able demonstrate to appropriate use.
11. The facility will develop a short, easy-to-read fact sheet outlining hours of visitation and visitor expectations including appropriate hand hygiene and face coverings. The fact sheet will be provided upon initial screening to all visitors.
12. Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
13. The interdisciplinary Team will review the Facility's visiting program's compliance with the NYSDOH Health Advisories.
14. The facility will consult with their State or Local Health Department Epidemiology when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of COVID-19 transmission

VISIT RELATED EXPOSURE (visited the SNF 2 days before COVID positive test or symptom onset)

1. Evaluate the exposure using community contact tracing guidelines (contact within 6 feet and duration ≥ 10 minutes) regardless of PPE or face covering used by the visitor or the resident.
2. The following should be evaluated to determine the appropriate follow-up when there is identification of a visitor who test positive for COVID-19. The facility will use the following guidelines to determine the potential for exposure:
 - a. The visit was supervised by a staff member and all infection control principles were followed, including the use of face mask/face covering, 6 feet physical distancing between the resident/visitor and all other patients/visitors, **AND**
 - b. The visit was conducted in a common area or outdoor area that doesn't require the visitor to enter a resident unit.
3. If all of the above infection control principles were 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 and droplet precautions and eye protection.
4. The affected resident will be monitored for symptoms and have temperature checked each shift. Testing will be considered for COVID-19 infection every 3-7 days for at least 14 days.
5. If all infection control principles were not met in an exposure, the facility will initiate outbreak response as they would after identification of a COVID-19 positive staff member, including Transmission-Based Precautions on affected unit(s) (or entire facility, depending on the amount of contact).
6. Facility staff who are exposed according to CDC HCP exposure guidance should be furloughed. If contacts include other visitors, those visitors should be considered exposed if contact was within 6 feet for more than 10 minutes to the COVID-19 positive visitor, regardless of PPE or face covering worn.

It is important that visitors properly follow visitation guidelines to ensure a safe visit for their loved ones and to protect other patients and our front-line workers. Visitors that do not adhere to such guidelines will be asked to leave immediately.

We thank you for your continued patience and support during this unprecedented time. The Facility continues to vigorously follow all CDC, CMS and NYSDOH guidelines to protect our patients and their well-being. We will continue to update our website with any additional recommendations and requirements of the NYSDOH and CMS.