



**Topic:** Visitation Plan and Policy during a Pandemic

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**Policy:**

Based on the needs of residents and the facility's structure, visitation will be conducted through a variety of means, such as in resident rooms, dedicated visitation spaces indoors and outdoors weather permitting. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission and must be followed. The facility will ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible.

**Procedure:**

**1. Core Principles of Infection Control**

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., 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;
- The use of face coverings or masks (covering mouth and nose) in accordance with CDC guidance;
- Social distancing of at least six feet between persons, in accordance with CDC guidance;
- 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);
- COVID – 19 units will have, to the availability and ability of the facility, designated staff.
- Resident and staff testing conducted as required.

These core principles are consistent with CDC guidelines for nursing homes and will be adhered to at all times. Additionally, visitation will be person-centered and should consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Visitors who are unable, or unwilling to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below.

## 2. Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, **outdoor visitation is preferred whenever practicable even when the resident and visitor are fully vaccinated\* against COVID-19.** Outdoor visits generally pose a lower risk of transmission due to increased space and airflow.

However, weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status, and quarantine status) may hinder outdoor visits. For outdoor visits, the facility will create accessible and safe outdoor spaces for visitation, utilizing the patio including the use of tents/umbrellas. When conducting outdoor visitation, all appropriate infection control and prevention practices will be adhered to.

*\*Note: Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2- dose series, or  $\geq 2$  weeks following receipt of one dose of a single- dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

## 3. Indoor Visitation

In accordance with CDC and CMS guidance, the facility will allow indoor visitation at all times and for all residents (regardless of vaccination status), **except** for a few circumstances when visitation will be limited to compassionate care situations due to a high risk of COVID-19 transmission. 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.

#### **4. Scheduling Visits**

Facilities will take into consideration how the number of visitors per resident at one time and the total number of visitors in the facility at one time may affect the ability to maintain the core principles of infection prevention. In addition, the facility will:

- Consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; provided scheduling will not limit access to required visitors detailed below. Any visitation schedule will allow residents to receive visitors for their desired length of time, to the extent possible in consideration of the Core Principles of infection control and as necessary to respect the privacy of other residents in the event a resident shares a room.
- Limit visitor movement in the facility; provided the Long-Term Care Ombudsman shall be permitted to move within the facility and is not subject to scheduling visits.

- If possible, for residents who share a room, visits 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 will attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- If the resident is fully vaccinated, they can choose to have close contact (including touch) with an unvaccinated visitor while both are wearing a well-fitting face mask and performing hand-hygiene before and after.
- If both the resident and their visitor(s) are fully vaccinated, and the resident and visitor(s) are alone in the resident room or designated visitation room, the resident and visitor may choose to have close contact (including touch) without a mask or face covering.
- Regardless, visitors should physically distance from other residents and staff in the facility.

#### **5. Indoor Visitation During an Outbreak**

An outbreak exists when a new onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). With the appropriate safeguards, visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. To swiftly detect cases, the facility will adhere to CMS regulations and

guidance for COVID-19 testing including routine staff testing, testing of individuals with symptoms, and outbreak testing, including but not limited to 42 CFR 483.80(h) and [QSO-20-38-NH](#). The facility must also comply with NYS executive orders, regulations, and applicable Department guidance governing testing.

When a new case of COVID-19 among residents or staff is identified, nursing homes will immediately begin outbreak testing and suspend all indoor visitation (except Required Visitation, as detailed in this policy) 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 indoor 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.
  - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
- 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), the facility will suspend indoor visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

While the above scenarios describe how indoor visitation can continue after one round of outbreak testing, The facility will continue all necessary rounds of outbreak testing as required by CMS. In other words, this policy provides information on how visitation can occur during an outbreak but does not

change any expectations for testing and adherence to infection prevention and control practices. If subsequent rounds of outbreak testing identify **one or more additional COVID-19 cases in other areas/units of the facility**, then the facility will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Compassionate care visits and visits required under federal disability rights law will be allowed at all times, for any resident (vaccinated or unvaccinated) regardless of the above scenarios.

**NOTE:** In all cases, visitors will be notified 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.

## 6. Visitor Testing and Vaccination

The facility will offer free testing to all visitors. The facility will prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities will also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). In addition, the facility encourages visitors to become vaccinated when eligible. While visitor testing and vaccination can help prevent the spread of COVID-19, **visitors will not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described in the Required Visitation section of this policy.**

### **Required Visitation**

#### **1. Limited Restrictions Permitted for General Visitation**

Consistent with 42 CFR 483.10(f)(4)(v), The facility will not restrict visitation without a reasonable clinical or safety cause. The facility will facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above. Residents who are on transmission-based precautions for confirmed or suspected COVID-19 or an exposure to COVID-19 as defined by the CDC will only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. This restriction will be lifted once transmission-based precautions are no longer required per CDC guidelines.

#### **2. Access to the Long – Term Care Ombudsman**

The facility will provide representatives of the Office of the State Long-Term Care Ombudsman with **immediate access** to any resident. In-person access may be limited to virtual visitation due to infection control concerns and/or concerns relating to the transmission of COVID-19, such as the scenarios stated above for limiting indoor visitation or where the representative of the Long-Term Care Ombudsman Program screens positive for signs or symptoms of COVID-19; however, in-person access will not be limited without reasonable cause. CMS requires representatives of the Office of the Ombudsman to adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), the facility will, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.

The facility under 42 CFR 483.10(h)(3)(ii) will also allow the Ombudsman to examine the resident’s medical, social, and administrative records as otherwise authorized by State law.

#### **3. Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs**

The facility will allow **immediate access** to a resident by any representative of the protection and advocacy systems, as designated by the State, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000).

Protection and Advocacy programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to “investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported to the system or if there is probable cause to believe the incidents occurred.” 42 USC § 15043(a)(2)(B). Under its federal authorities, representatives of Protection and Advocacy 6

programs are permitted access to all facility residents, which includes “the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person.” 42 CFR 51.42(c); 45 CFR 1326.27.

Additionally, the facility will comply with federal disability rights laws, such as **Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA)**. For example, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude the facility from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

#### **4. Personal Caregiving Visitors**

The personal caregiving visitation regulations for NHs, which implement the Essential Caregiver Act, remain law, and therefore the facility has policies and procedures in place regarding personal caregiving visitors, including those who provide compassionate caregiving. However, the facility need only implement these policies and procedures when there is a declared State or local public health emergency.

#### **5. Compassionate Caregiving Visitors**

Consistent with existing State and federal requirements, and contained at 10 NYCRR 415.3(d)(4), The facility will permit compassionate care visits at all times, regardless of any general visitation restrictions or personal caregiving restrictions and must include the following safeguards:

- Screening for signs and symptoms of COVID-19 and exposure to COVID-19 prior to entering the facility;
- Considerations for appropriate infection control and prevention measures if physical contact is necessary (i.e., contact would be beneficial for the resident’s mental or psychosocial wellbeing),

including appropriate use of personal protective equipment and adherence to hand hygiene protocols; and

- Method(s) to determine the compassionate caregiver's appropriate donning of PPE and compliance with acceptable infection control and prevention measures.

Examples of compassionate care visits include but are not limited to:

- end of life;
- the resident, who was living with their family before recently being admitted, is struggling with the change in environment and lack of physical family support;
- the resident is grieving after a friend or family member recently passed away;
- the resident needs cueing and encouragement with eating or drinking, and such cueing was previously provided by family and/or caregiver(s), and the resident is now experiencing weight loss or dehydration; and
- the resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Additional compassionate care situations will be considered by the NH on a resident-specific, individualized basis.

Compassionate care visits, and visits required under federal disability rights law, will be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

## **6. Healthcare Workers and Other Providers of Services**

Health care workers who are not employees of the facility **but provide direct care** to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened.

EMS personnel do not need to be screened, so they can attend to an emergency without delay. Nursing homes are reminded that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

## **7. State and Federal Surveyors**

Federal and State surveyors **are not required** to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19 upon screening. Surveyors should also adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by State law.



