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INFECTION CONTROL/COVID MANAGEMENT
TITLE: COVID-19 VISITATION AND SAFETY PLAN

POLICY

The facility is committed to ensuring compliance with all state and federal laws and the New York State Department of Health ("DOH") regarding visitation in nursing homes while continuing to mitigate the risk of resurgence of COVID-19. Under the revised DOH Health Advisory guidance beginning March 25, 2021, nursing homes may expand visitation and/or activities based on the needs of the residents and the facility's structure. The modification is due to nursing home residents and staff who have been fully Covid-vaccinated as well as residents and staff receiving vaccinations as they become available. There is no change in the policy for visitation of residents due to medical necessity, compassionate visits, or end-of life services as well as visits required under federal disability rights law.

PURPOSE

- To resume visitation following the guidelines of New York State Department of Health and other regulatory agencies
- To ensure that resident and family communication is ongoing
- To maintain resident and staff safety by mitigating resurgence of COVID-19 infection
- To reduce the emotional toll on residents and their loved ones due to physical separation

PROCEDURE

1. To promote person-centered visitation, the facility will consider the residents' physical, mental, and psychosocial well-being, and support the resident's quality of life.

2. The facility, its residents, 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:

- 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).

VISITATION:

1. Outdoor visitation is preferred (except in instances of inclement weather, excessively hot or cold temperatures, poor air quality) 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. (Visits will be held outdoors whenever feasible/practicable).

2. Indoor visitation is always allowed for all residents regardless of vaccination status except during the period of high risk 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 residents visiting each other.

3. Circumstances when indoor visitation would be limited due to a high risk of COVID-19 transmission:

- 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.

(Residents 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).

4. 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 encouraged and facilitated wherever possible.
5. 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 residents and staff in the facility.
6. 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.
7. The hours of visitation will be on a specified schedule:

As will be arranged through the Recreation Department
8. The facility has assigned the following spaces for visitation:
 - Primary outdoor location: Patio area
 - Primary indoor location: Day Care area
9. A copy of the revised facility's visitation plan is kept at the facility in the Administrator's office where it is easily accessible and immediately available upon request of the DOH or local health department. This plan clearly articulates 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. The plan includes relevant infection control policies for visitors. The facility will immediately communicate any changes to the Safety Plan to the DOH
10. The facility's policies had widely communicated to residents, staff, and visitors the limit on the number of visitors per resident at one time and limitation of the total number of visitors in the facility at one time (based on the size of the building and physical space).

11. The number of visitors and time allocated to visitation should take into consideration that many residents and their loved ones will want to avail of such visits. A scheduled visit for a specified length of time will help ensure all residents are able to receive visitors.
12. The facility will continue to adhere to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds, including visitors, vendors, students, and volunteers.
13. Resident monitoring includes daily symptom checks, vital signs, and pulse oximetry.
14. Screening shall consist of both temperature checks and asking screening questions to assess for signs and symptoms or potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory.
15. The facility will maintain screening questions asked onsite and make it available upon the DOH's request.
16. In addition, visitors' COVID-19 test results will be compiled for reference in the event a need for contact tracing arises.
17. 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.
18. Visits for residents who share a room should not be conducted in the resident's room unless the roommates are spouses.
19. Visitation will be allowed, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP), and resident advocacy organizations.
20. The facility will comply with both state and federal reporting requirements including COVID-19 focus surveys, daily HERDS, twice weekly staff testing, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
21. The facility has posted its formal visitation plan to its public website and broadcasted via email or social media to provide visitors with clear guidelines for visiting and to announce if visitation is paused due to an increase in the number of residents and/or staff with a confirmed positive COVID-19 diagnosis.
22. Notification and communication to residents will be provided to those residents who are cognitively intact.

23. The facility will use the CMS COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site (link available at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>) as additional information to determine how to facilitate indoor visitation, and will abide by the following:

Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits). For county COVID-19 positivity rates below 5%, visitor testing is strongly encouraged. *

Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits). Visitor testing is required. Visitors must either: present a negative COVID19 test result from within the past seventy-two hours (72). * Alternatively, the visitor(s) may provide proof of having completed the COVID-19 vaccination series no less than 14 days prior to the date of the visit but also within 90 days of the last vaccination. However, proof of vaccination is not a guarantee that a visitor is not transmitting COVID-19, so testing is still recommended, and facilities may choose to require testing for these individuals. Additionally, all visitors must adhere to all infection control practices.

High (>10%) = Visitation must only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies. Testing should be done even for such compassionate care visits. *

24. 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.

25. The facility maintains signage regarding facemask utilization and hand hygiene. Designated areas for visitation will have stickers on the floor to maintain social distancing.

26. Each resident is only allowed to have one visiting session a day with a maximum of two visitors per session.

27. 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 must have adequate supply of masks on hand for visitors and must make them available to visitors who lack an acceptable face covering.

28. 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.

29. Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.

30. 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.

31. The facility will assign staff to assist with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.

32. Residents may also be assisted to go outdoors with staff supervision. The appropriate infection control and safety and social distancing requirements must be maintained.

33. Compassionate care visits, and visits by Personal Care Givers as required under federal disability rights law, is always allowed, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak such as:

- Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support.
- Residents recently grieving the loss of a friend or loved one.
- Residents who previously received in-person support and/or cueing from family for eating and drinking and are now experiencing dehydration and/or weight loss.
- Residents 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.
- Residents who receive religious or spiritual support from clergy or another layperson.
- Other situations which are resident specific.

** Personal caregivers may be a family member, friend, or relative and may have unrestricted visits to assist with personal care as requested

34. There is adequate PPE made available by the facility to ensure residents wear a facemask or face covering which covers both the nose and mouth during visitation, if medically tolerated.

35. The facility will provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors, and representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate to appropriate use.

36. For residents 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.

37. The IDT Team will review the visiting program and monitor for any needed adjustments and report to QA Committee as needed.

38. The facility has posted signage throughout the site to remind personnel to adhere to proper hygiene, social distancing rules, appropriate use of PPE, and cleaning and disinfecting protocols.

39. All non-essential personnel as outlined below are subject to the same infection control requirements as staff, including but not limited to testing for COVID-19 with the same frequency as for staff, screening, wearing a mask, performing hand hygiene, maintaining social distancing.

40. Students enrolled in programs to become licensed, registered, or certified health care professional provided the nursing home environment is appropriate to the student's education, training and experience are allowed.

41. Hygiene and Cleaning:

Cleaning logs will be maintained on site by Housekeeping Director indicating the date, time, and scope of cleaning.

42. Frequent cleaning and disinfection of shared objects (e.g., chairs, tables, surfaces, and high transit areas, such as restrooms and common areas) will be conducted.

43. 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

VISITATION DURING AN OUTBREAK (Covid-19 infections that originate in the SNF)

1. Suspend all visitation (except visits required under federal disability rights law, ie compassionate care visits and personal care visits can continue)

2. Visitation during an outbreak may resume under 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, visitation on the affected unit is suspended until the facility meets the criteria to discontinue outbreak testing

- For example, if the first round of outbreak testing reveals 2 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 and subsequent rounds 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 facility will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

- Facilities should continue all necessary rounds of outbreak testing regardless of presence or absence of additional cases.

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

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 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
3. The affected resident will be monitored for symptoms and have temperature checked each shift.
4. Testing can be considered for the resident every 3-7 days x 14 days.

NOTE: CMS states that facilities shall not restrict visitation without a reasonable or safety cause outlined in 42CFR 483.10(f)(4)

Refer to:

- DOH Health Advisory: Skilled Nursing Facility Visitation dated 9/15/20
- DOH Health Advisory: Revised Skilled Nursing Facility Visitation dated 9/17/20.
- DOH Health Advisory Revised Skilled Nursing Facility Visitation dated 2/22/21.
- DOH Health Advisory Revised Skilled Nursing Facility Visitation dated 2/23/21.
- DOH Health Advisory: Revised Skilled Nursing Facility Visitation dated 3/25/21.
- DOH Health Advisory: Revised Skilled Nursing Facility Visitation dated 6/1/21

Reviewed M. Murphy RN ICP/DNS