

## **Visitation Plan – COVID-19**

Revised 8/2021

### **The Steven and Alexandra Cohen Pediatric LTC Pavilion**

The Visitation Plan addresses safe in-person visitation while reducing the risk of transmission of disease.

#### **Background**

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within long term care facilities.

The New York State Department of Health (DOH) guidance dated 7/8/21, focuses on protecting nursing home residents from COVID-19, and recognizes that physical separation from family and other loved ones has taken a physical, psychological, and emotional toll on residents. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing and upsetting. In light of this, the DOH has revised guidance regarding visitation in nursing homes during COVID-19 public health emergency. The information provided in this plan is the most recent and supersedes and replaces any previous provided information regarding visitation.

#### **Guidance**

Based on the needs of residents and the facility's structure, the DOH recommends that visitation can be conducted through a variety of means, such as in resident rooms, dedicated visitation spaces 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 that must be followed. The Pavilion shall follow the following Core Principles and best practices:

#### **Core Principles of COVID-19 Infection Prevention**

To reduce the risk of COVID-19 transmission, the following Core Principles are consistent with CDC guidelines for nursing home visitation and shall be adhered to at all times:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Documentation of screening must be maintained onsite in an electronic format and available upon the request of DOH for purposes of inspection and potential contact tracing. Documentation must include the following for each visitor:
  - First and last name of the visitor
  - Physical address of the visitor
  - Daytime and evening telephone number
  - Date and time of visit
  - Email address if available
- All visitors shall be offered a COVID-19 rapid test. Visitors may also submit a negative COVID-19 test result taken not more than 72 hours prior to the visit
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face mask (a facility issued face mask must be worn)
- Social distancing at least six (6) feet between persons

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- 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 mask, specific entries, exits, 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 Protected Equipment (PPE)
- Effective co-horting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h)

These Core Principles are consistent with Centers for Disease Control and Prevention (CDC) guidance for nursing homes, and should be adhered to at all time. **Visitors who are unable to adhere to the Core Principles of COVID-19 infection prevention shall not be permitted to visit or shall be asked to leave.**

In addition to the above, the facility must be in full compliance with both state and federal reporting requirement including COVID-19 infection control focus surveys, daily HERDS survey, weekly staff testing survey, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).

By following a person-centered approach and adhering to the core principles, visitation can occur safely based on the following guidance.

### **Designated Visitation Space/Number of Visitors**

#### **Indoor Visitation**

Indoor visitation shall be allowed at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited to compassionate care situations due to 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.

Specifically,

- To ensure all residents are able to receive visitors, visits shall be scheduled for a specific day and length of time.
- If the resident is fully vaccinated, they may choose to have close contact (including touch) with their visitor while wearing a well-fitted facility issued facemask and perform hand-hygiene before and after the visit.
- Visitors should physical distance from staff they come in contact with during the visit.

The facility shall accommodate and support indoor greenhouse and resident room visitation based on the following guidelines:

- a) No new onset of COVID-19 resident or staff cases in the past 14 days and the facility is not currently conducting outbreak testing;
- b) Visitors should be able to adhere to the Core Principles and staff should provide monitoring for those who may have difficulty adhering to the Core Principles;
- c) Visitors' name, address and telephone number recorded for contact tracing;

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- d) Visitors under the age of 18 must be accompanied by an adult 18 years of age or older;
- e) Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14- day quarantine or observation period (compassionate care visits excluded) shall remain ineligible for in-person visits. In these instances, every effort should be made to accommodate virtual visits using electronic devices or telephone;
- f) Movement of visitors within the facility shall be restricted to the greenhouse and residents' room until further notice. For example, visitors shall not linger in the corridor or common areas of the facility. Rather they should enter facility and promptly go to their designated area. Until further notice, use of the facility's laundry room is prohibited.

**Outdoor Visitation** - Taking a person-centered approach and adhering to the Core Principles of COVID-19 infection prevention, outdoor visitation is preferred. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors in the adjacent courtyard whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical conditions, COVID-19 status), or the facility's outbreak status, outdoor visitation shall be facilitated routinely.

When conducting outdoor visitation, residents may visit with their families simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). There should be reasonable limits on the number of individuals visiting with any one resident at the same time and the facility reserves the right to limit the number of visitors.

Specifically,

- To ensure all residents are able to receive visitors, visits shall be scheduled for a specific day and length of time.
- If the resident is fully vaccinated, they may choose to have close contact (including touch) with their visitor while wearing a well-fitted facility issued facemask and performing hand-hygiene before and after.
- Visitors should maintain physical distance from other residents, visitors and staff.

The facility shall accommodate and support outdoor visitation based on the following guidelines:

- a) No new onset of COVID-19 resident or staff cases in the past 14 days and the facility is not currently conducting outbreak testing;
- b) Visitors should be able to adhere to the Core Principles and staff should provide monitoring for those who may have difficulty adhering to the Core Principles;
- c) Visitors under the age of 18 must be accompanied by an adult 18 years of age or older;
- d) Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14- day quarantine or observation period shall remain ineligible for in-person outdoor visits. In these instances, every effort should be made to accommodate virtual visits using electronic devices or telephone;
- e) If the resident and their families have opted for outdoor visitation, movement of visitors shall be restricted to the adjacent courtyard, for example, visitors shall not enter the facility. Rather they should enter the designated visitation area (courtyard) via the outside walkway and the resident will be brought outdoors.

**Suspension of Indoor and Outdoor Visitation During an Outbreak** – An outbreak exists when a new onset of COVID-19 occurs among residents or staff. When a new case of COVID-19 among residents or staff is identified, the facility shall immediately begin outbreak testing and suspend all visitation, until at least one round of facility-wide testing is completed. Visitation can resume once the facility meets the criteria to discontinue outbreak testing.

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**NOTE: Compassionate care in-room visits may continue during a facility outbreak. Please refer to Compassionate Care In-Room Visit section.**

### **Personal Caregiving Visitor and Compassionate Care Visitor In Room Visits**

The facility shall work with residents and their families to identify the need for personal and compassionate care visits. Personal and compassionate care visits may take place for COVID-19 positive residents if deemed necessary by the Administrator, Medical Director or Director of Nursing.

Compassionate care visits shall be allowed regardless of the resident's vaccination status, the county's COVID-19 positivity rate, or a facility outbreak status. The Administrator, Medical Director or Director of Nursing shall approve the need for all personal or compassionate care visits. During such visit, visitors shall maintain 6 feet distance from other residents and staff in the facility and adhere to transmission-based precautions.

If personal or compassionate care visits are to take place in the resident's room and if there is a roommate present, the cubical curtain must be drawn.

Personal and Compassionate care visits may include but are not limited to:

- 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.

The situations above are not intended to be an exhaustive list. Additional personal and compassionate care situations may be considered on a resident-specific basis.

The facility shall accommodate and support personal and compassionate care visits on the following guidelines:

- Screening of visitors who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms.
- Visitors shall consent to a COVID-19 rapid test. Visitors may also submit a negative COVID-19 test result taken no more than seven (7) days prior to the visit.
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face mask (a facility issued face mask must be worn)
- Social distancing at least six (6) feet between persons

### **COVID-19 County Positivity Rate and Visitor Testing Requirement**

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The facility shall allow visitation for all residents except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission. The facility shall use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site <https://data.cms.gov/stories/s/COVOD-19-Nursing-Home-Data/bkwz-xpvg>.

### **Visitor Notification of Potential COVID-19 Exposure**

Parents and guardians shall be notified weekly via email of the number of positive COVID-19 staff and residents and/or deaths status.

### **Potential Visit Related Exposures**

If a visitor to the nursing home tests positive for COVID-19 and the visit to the facility occurred two days prior to the onset of symptoms to the end of the visitors isolation period, there is a potential for exposure. Exposures among visitors and residents should be evaluated using community contact tracing guidelines, meaning exposure is defined by the proximity of the individuals and duration of the visit (contact within 6 feet and duration 10 minutes or more) regardless of PPE used by the visitor or resident.

The facility shall evaluate using the following criteria to determine the appropriate follow-up when there is identification of a visitor who tests positive for COVID-19.

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

Appropriate action to be taken for residents only\* – **If the all of the above is confirmed**, 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. The resident should be monitored for symptoms and have their temperature checked 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 none of the above can be confirmed**, contact tracing should be conducted to determine the extent of the exposure within the facility. Testing should be conducted every 3 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.

Facility staff who are exposed according to CDC HCP exposure guidance should be furloughed. If contact includes 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 mask worn. Facility staff or visitors who identified as exposed at the facility should be reported by the facility to the local health department where the individual resides.

The facility must justify the procedure followed in writing\*.

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**Other Approved Visitors** – all other visitors must adhere to the Core Principles of COVID-19 infection prevention as described above. Additionally, individuals providing services (volunteers, students) should comply with testing requirements.

- Long Term Care Ombudsman – If in-person access is deemed inadvisable the facility must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by telephone or through use of other technology.
- Federal and state surveyors are not required to be vaccinated and must be permitted entry into the facility unless they exhibit signs or symptoms of COVID-19 after being screened.
- EMS, radiology technicians, 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 exhibit signs or symptoms of COVID-19 after being screened. EMS personnel do not need to be screened, so they can attend to an emergency immediately.
- Students and trainees enrolled in programs to become licensed, registered, certified, board eligible or otherwise to complete a program for health care professionals to receive training and otherwise participate in duties relevant to their program are allowed entry into the facility unless they exhibit signs or symptoms of COVID-19 after being screened. Students should comply with testing requirements.
- Volunteers - are allowed entry into the facility unless they exhibit signs or symptoms of COVID-19 after being screened. Volunteers should comply with testing requirements.

The Visitation Plan has been approved by:

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Elena Nogueira Lopez, LNHA  
Administrator

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Date

\_\_\_\_\_  
Scott Klein, MD  
COO, Medical Director

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Date

\_\_\_\_\_  
Lauren Lorenz, RN  
Director of Nursing

\_\_\_\_\_  
Date

Attachment:

Parent and Guardian Visitation Information – Pandemic Infectious Disease: Screening and Visitation revised 5/24/21