

UNION PLAZA CARE CENTER

POLICY: Visitation Guidelines	
AUTHORIZED BY: Deborah Luongo, RN DNS	EFFECTIVE DATE: 7/15/2020
SIGNATURE:	REVIEWED: 2/25/2021 DL
Revision Dates: 3/25/21, 4/14/21,7/14/2021	

Policy: It is the policy of this facility to begin visitation for residents, families and resident representatives while ensuring safety and adherence to infection prevention strategies to minimize any potential spread of infection. This will be done in accordance with all state and federal guidance for the prevention of COVID-19.

PURPOSE: To promote and enhance resident quality of life by implementing visitation to combat psychological impacts of isolation from family and representatives.

NYSDOH Criteria (revised 7/9/2021)

Nursing Homes may conduct limited visitation and activities under the following revised NYSDOH guidelines.

- The facility is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the NHSN.
- The facility has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staff teams to deal with COVID-positive residents and non-positive residents.
- The facility has completed the NY Forward Safety Plan and submitted a copy of the complete plan to covidnursinghomeinfo@health.ny.gov. The facility must retain a copy of the plan at the facility where it is accessible and immediately available upon request of the Department or local health department.

a. 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

- Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of the facility, including visitors. Visitors may be asked for ID as needed. Visitors are encouraged to be tested within 2-3 days of visiting. Facility will offer Antigen (Rapid) Covid test for visitors who are

unable to get tested before visiting *if* county positivity rate between > 5-10%, or per most recent DOH guidelines.

- The facility will conduct screening of all who enter the facility for signs and symptoms of COVID-19, including temperature checks, questions about and observations of signs and symptoms. Documentation of screening will be maintained in an electronic format and available upon request of the NYSDOH. This includes denial of entry for those with signs/symptoms or close contact with someone with COVID-19 infection in the past 14 days.
- Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.

A copy of the facility's formal visitation plan is posted to their public website and may be broadcasted via email or social media to provide visitors with clear guidelines for visiting and to announce if and when visitation is paused due regulatory reasons associated with COVID-19 infection.

PROCEDURE:

- The facility will expand visitation and/or activities while following NYSDOH and Federal guidance.
- Facility visitation can be conducted through a variety of means:
 - a. In resident rooms
 - b. Dedicated visitation spaces
 - c. Outdoors (preferred, weather permitting)
- In order to limit movement in the facility during visitation, the following guidelines will be followed:
 - a. When weather permits, visitation will take place in the designated outdoor area(s).
 - b. When weather does not permit, visitation will take place in the designated monitored indoor area(s)
 - c. In instances when the resident cannot leave his/here room due to medical/psychological reasons, visitation may take place in the resident's room.
 - Visitor (s) will go directly to the resident's room or designated area
 - If a resident shares a room, visitation will attempt to facilitate in-room visitation while adhering to the core principles of infection prevention.
- Visits will be made in advance and scheduled by the Visitation Coordinator/designee via phone
- Accommodations will be made for families who are unable to visit during normal visiting hours.
- If a resident is fully vaccinated, they may choose to have close contact (including touch) with an unvaccinated visitor while both wearing a well-fitting 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's room or designated visitation room, the resident and visitor (s) may choose to have close contact (including touch) without a mask or face covering.

OUTDOOR VISITATION

- Outdoor visitation is preferred and can continue during an outbreak for residents who are not on transmission -based precautions or quarantine. Facilities will need to determine on a case-by-case basis whether an outbreak would affect outdoor visitation. For example, if the outbreak is larger or responding to the outbreak requires more attention by staff, then outdoor visitation may need to be on hold temporarily.

INDOOR VISITATION

The facility will facilitate indoor visitation at all times and for all residents (regardless of vaccination status), **except for** a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission. An exception for compassionate care visits should be permitted at all times. These scenarios include limiting indoor visitation for:

- Unvaccinated residents if the nursing home's COVID-19 county positivity rate is >10% AND less than 70% of residents are vaccinated
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met criteria to discontinue Transmission-Based Precautions.
- Residents in quarantine, whether they are vaccinated or unvaccinated until they have met criteria for release from quarantine

Indoor visitation can still occur when there is an outbreak, but there is evidence that transmission is contained to a single area /unit. The facility will initiate serial testing and resume visiting based on the following:

- 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 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. 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.
 - b. 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 indoor visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing in accordance with CMS guidance 42CFR 483.80(h) of testing all residents and staff every 3-7 days until there are no new positives for 14 days.
- 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 EPA-approved N – List disinfectant.

- The facility will post signage regarding facemask utilization and hand hygiene and uses applicable floor markings for social distancing.
 - A log will be kept for all visitors that includes:
 - 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;
- Partially and unvaccinated residents and visitors will wear a facemask or face covering (must always cover both the nose and mouth when on the premises of the facility). Masks will be available on hand as needed.
- Visiting areas will have easily accessible Alcohol-Based Hand Rub for residents, visitors, and staff.
- Visitors who are younger than 16 years old must be accompanied by an adult 18 years of age or older.
- The facility will allow the number of visitors based on the ability to adhere to infection control principles including the ability to maintain 6 feet physical distancing between residents and visitors, as applicable.
- The facility will provide times allocated for each visit session to ensure all residents/loved ones can be accommodated with scheduling.
- Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.
- The facility will provide and post a face sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet will be provided upon initial screening to all visitors.
- Residents will also be assisted to go outdoors with staff supervision weather permitting. The appropriate infection control and safety and social distancing requirements must be maintained.
- The IDT Team will review the Visiting Program and monitor for any needed adjustments and report to QA Committee as needed.
- If any visitor fails to adhere to the protocol, he/she/they will be asked to leave and may not be permitted to visit in the future.
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PERSONAL CAREGIVING VISITS (refer to specific P&P)

Personal Caregiving Visitor (PCV): a family member, close friend, or legal guardian of a resident designated by such resident, or such resident's lawful representative, to assist with personal caregiving or compassionate caregiving for the resident.

Personal Caregiving: care and support of a resident to benefit such resident's mental, physical, or social well-being.

COMPASSIONATE CARE VISITS (refer to specific P&P)

Compassionate Care Visits are permitted when visitation may not otherwise be permitted (in accordance with NYS Public Health Law), and facilities may waive requirement of a visitor presenting a negative COVID-19 test prior to commencement of such visit under the following circumstances:

- 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/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 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.
- Residents who are experiencing declining health condition
- Residents who are at the end of their lives.

END OF LIFE VISITS

For any resident assessed to potentially be at the end-of-life, family/resident representative will be contacted by SW/Designee to allow visitation. Testing is not required for end-of-life visits. Family will be screened, provided with PPE and escorted to resident's room.