



Nursing and Rehabilitation Policy Manual: Administration

Policy Name: Visitation Guidelines

Created: 7/15/20

Revised: 11/12/2021

Approved By:

Date:

POLICY

It is the policy of this facility to allow 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 within all state and federal guidance for the prevention of COVID-19. 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 below.

The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident. We further note that residents may deny or withdraw consent for a visit at any time, per 42 CFR § 483.10(f)(4)(ii) and (iii). Therefore, if a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident must be allowed to receive visitors as he/she chooses."

Procedure:

Section I. Visitor Restrictions:

In the event that NYSDOH declares that an outbreak throughout New York State, the facility will follow the following rules for visitation based on the directives of the NYSDOH/CMS/CDC:

All visitors must:

- Wear a well-fitting non-surgical paper mask or a mask of higher quality (i.e., surgical mask, KN95 or N95) at all times during any visitation at the facility. If the visitor wishes, a cloth mask may be placed over the paper mask. The masks must cover both the nose and the mouth; and
- Physically distance from facility personnel and other patients/residents/visitors that are not directly associated with the specific resident(s) being visited by that individual.
- The Facility will verify that visitors have received a negative SARS-CoV-2 test result one day prior to visitation for antigen tests and two days prior to visitation for NAAT (e.g. PCR) tests. All visitors may use either NAAT testing or antigen testing.
- Visitors that do not have a test, may be offered a self-testing Rapid test by the Facility, based on availability of tests in the facility. These tests will be performed by the visitor themselves. Once a negative result is confirmed, the indoor visitation may continue.



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- The facility will require a test visitors except for designated compassionate care situations/visitors.

Personal Caregiving Visits:

- "Personal caregiving visitor" means 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 is defined as care and support of a resident to benefit such resident's mental, physical, or social well-being, and compassionate caregiving is defined as personal caregiving provided in anticipation of the end of the resident's life or in the instance of significant mental, physical, or social decline or crisis
- The facility will work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify at least 2 individuals whom the resident elects to serve as their personal caregiving visitor during declared public health emergencies.
- All residents or their designated representatives (in the event the resident lacks capacity), at time of admission or readmission, (or for existing residents within fourteen days of the effective date of this policy (6/1/21), will be asked to designate at least 2 individuals to serve as their personal caregiving visitor during declared public health emergencies. The facility will document resident's designated personal caregiving visitors as part of the resident's individualized comprehensive plan of care and will document when personal caregiving and compassionate caregiving is provided in the resident's individualized comprehensive plan of care.
- At least quarterly, the facility will inquire of all current residents (or/designee) to determine whether the facility's current record of designated personal caregiving visitors remains accurate, or whether the resident, or their designated representative if the resident lacks capacity, wishes to make any changes to their personal caregiving visitor designations and document any changes in the resident's care plan.

The facility will require all personal caregiving visitors to adhere to the facility's infection control measures including :

- Symptom check/screening including temperature check prior to entry to the facility for any communicable disease that is the subject of the declared public health emergency or any other communicable disease
- The facility may deny access to any visitor with a temperature above 100 degrees Fahrenheit;
- All personal caregiving visitors will be provided with and required to don all necessary personal protective equipment
- The facility will enforce social distancing between persons during visitation, including personal caregiving visitation, except as necessary to provide personal caregiving by the personal caregiving visitor for the resident
- The facility will ensure its policies and procedures respect resident privacy and take into account visitation protocols in the event a resident occupies a shared room.



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- Facility may restrict personal caregiving visitor if facility has reasonable cause to believe and has clearly documented in the CP that a resident will not benefit from accessing their designated personal caregiving visitors.
 - The facility may require a health or mental health professional (including physician, registered nurse, licensed clinical social worker, psychologist, or psychiatrist,) to provide a written statement that the personal caregiving will substantially benefit the resident's quality of life, enhance the resident's mental, physical, or psychosocial well-being, or any additional criteria evidencing a benefit to quality of life. Such written statements from the medical provider shall be maintained in the resident's individualized comprehensive plan of care.
- The facility may need to limit the frequency and duration of personal caregiving visits as well as the total number of personal caregiving visitors allowed to visit the resident and the facility at any one time due to
 - The resident's clinical or personal care needs;
 - The necessity to ensure the resident's roommate has adequate privacy and space to receive their own designated personal caregiving visitors;
 - If the desired visitation frequency or duration would impair the effective implementation of applicable infection control measures, including but not limited to:
 - Maintaining social distancing of at least six feet between the visitors and others in the facility,
 - Having sufficient staff to effectively screen all personal caregiving visitors and monitor visits to ensure infection control protocols are being followed throughout,
 - Having a sufficient supply of necessary personal protective equipment for all personal caregiving visitors.
 - Personal caregiving visitation may be limited or temporarily suspend due a declared public health emergency is related to a communicable disease and the Department determines that local infection rates are at a level that presents a serious risk of transmission of such communicable disease within local facilities;
 - Other directive; or an acute emergency situation exists at the facility, including loss of heat, loss of elevator service, or other temporary loss of an essential service
- In the event a facility suspends or limits personal caregiving visitation:
 - The facility will notify residents, all designated personal caregiving visitors, and the applicable Department regional office of such suspension or limitation and the duration thereof within twenty-four hours of implementing the visitation suspension or limitation.
 - For each day of the suspension or limitation, the facility shall document the specific reason for the suspension or limitation in their administrative records.
 - The facility will provide a means for all residents to engage in remote visitation with their designated personal caregiving visitor(s), including but not limited to phone or video calls, until such time that the suspension or limitation on personal caregiving visitation has ended.
- The facility may prohibit from entering or remove from the premises any personal caregiving visitor who is causing, likely to cause or whom the facility reasonably believes is likely to pose a threat of serious physical, mental, or psychological harm to any resident or facility personnel.



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- In the event this occurs the facility must document the date of and reason for visitation refusal in the resident's individualized comprehensive plan of care and on the same date, communicate its decision to the resident and their designated representative.

Compassionate caregiving visitation:

In the event a resident experiences a long-term or acute physical, mental, or psychosocial health condition for which, in the opinion of the resident, their representative, or a health care professional (including but not limited to a physician, registered nurse, licensed clinical social worker, psychologist, or psychiatrist), a compassionate caregiving visitor would improve the resident's quality of life, the resident or their representative will designate at least two compassionate caregiving visitors at one time, and the facility will record such designation in the resident's individualized comprehensive plan of care. A resident's designated personal caregiving visitors may also provide compassionate caregiving. Compassionate caregiving visitation shall be permitted at all times, regardless of any general visitation restrictions or personal caregiving visitation restrictions in effect in the facility.

- Examples of other types of compassionate care situations include, but are not limited to:
 - End of life
 - A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
 - A resident who is grieving after a friend or family member recently passed away.
 - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
 - A 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).
 - Visits by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.
- Prior to entry to the facility, all visitors will be screened for signs/symptoms of communicable disease and be instructed on:
 - Hand Hygiene
 - Limiting surfaces touched
 - Use of PPE – specifically requirement to wear a mask
 - Visits will be conducted using appropriate social distancing between the resident and visitor if applicable based on guidance from NYSDOH or CDC. *(Note, if, however, personal contact would be beneficial for the resident's mental or psychosocial wellbeing, the facility will provide education to the visitor to ensure that such necessary physical contact follows appropriate infection prevention guidelines, including the visitor's*



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use of personal protective equipment and adhering to hand hygiene protocols before and after resident contact, and that the physical contact is limited in duration).

- Maintain all facility infection control practices
- Visitors that enter for personal caregiving visitations and/or compassionate situations (e.g., end-of-life) and any individuals who entered the facility will be advised, to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.
 - If symptoms occur, they will be advised to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited.
 - The facility will immediately screen the individuals of reported contact, and take all necessary actions based on findings.
- In the event of suspension of visitation, due to outbreak or NYSDOH/CMS directive the facility will notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Communication will be provided through multiple means of the visitation restriction such as signage, letters, emails, phone calls and recorded messages for receiving calls).
- Exceptions to visitation restrictions:
 - Consistent with 42 CFR § 483.10(f) (4) (v) the facility will not restrict visitation without a reasonable clinical or safety cause.
 - Federal and State Surveyors: CMS and state survey agencies are not restricted unless they pose a transmission risk when entering a facility such as if they have a fever.
 - Ombudsman – all residents will continue to have in-person access to the Ombudsman program unless in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), in which case the facility will at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.
 - 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).
 - 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., will 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.

Section II Visitation:

Per CMS/NYSDOH the facility The facility will allow indoor visitation at all times and for all residents as permitted under the regulations.



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The facility can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits as long as it maintains the core principles of COVID-19 infection prevention and does not increase risk to other residents.

1. The facility will post appropriate signage regarding facemask or face covering utilization and hand hygiene, and applicable floor markings to cue social distancing delineations at all times.
2. Visitor Requirements:
 - a. All visitors will be screened for signs and symptoms of COVID-19 prior to resident access and documentation of screening will be maintained onsite in an electronic format. Documentation must include the following for each visitor:
 - i. First and last name of the visitor;
 - ii. Physical (street) address of the visitor;
 - iii. Daytime and Evening telephone number;
 - iv. Date and time of visit; and
 - v. Email address if available
 - b. All visitors will be offered Covid testing, but will not be required to show proof of vaccination as condition to visit. If declared by NYSDOH, a negative PCR/Rapid Test result within 48/24 hours will be needed, unless the visitor qualifies as a compassionate caregiver.
 - c. All visitors will be required to wear a well-fitting non-surgical paper mask or a mask of higher quality. (Surgical, KN95, N95) face mask or face covering at all times when on the premises of the nursing home, maintain social distancing and adhere to infection control guidelines.
 - d. The facility will provide alcohol-based hand rub to visitors
 - e. The facility will provide each visitor easy to read fact sheet outlining visitor expectations including: (*See attachment*) :
 - i. Maintain social distance
 - ii. Wearing of face coverings
 - iii. Using ABHS
3. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave.
4. To ensure the facility is able to maintain the core principles of infection prevention:
 - o The facility will limit visitor movement in the facility. Visitors will not be allowed to walk around different halls of the facility. Visitors will be directed to go directly to the resident's room or designated visitation area.
 - o Visitors will be instructed to physically distance from other residents and staff in the facility.
 - o Visits for residents who share a room will not be conducted in the resident's room unless in situations where there is a roommate, and the health status of the resident prevents either from leaving the room. In this event the facility will attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
5. Visitation Space:
 - a. Outdoor: The facility will offer outdoor visitation in the following areas when feasible.
 - b. Indoor:



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- In room: in 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.

6. Residents:

- a. Adequate PPE will be made available to ensure residents wear a face mask, if medically able.

7. Potential Visit Related Exposures:

- a. If a visitor tests positive for SARS-CoV-2 by a diagnostic test and the visit to the NH occurred from two days before the visitor's symptom onset (or in the 2 days before the date of collection of the positive sample for visitors who remained asymptomatic) to the end of the visitor's isolation period, there is a potential for exposure.
- b. 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 personal protective equipment (PPE) or face covering used by the visitor or the resident.
- c. The following will be evaluated to determine the appropriate follow-up when there is identification of a visitor who tests positive for COVID-19. If the following are confirmed by the facility:
 - i. the visit was supervised by an appropriate facility staff member; and
 - ii. the visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
 - iii. the visitor complied with all COVID-19 precautions including hand hygiene and appropriate use of a face mask or face covering, and
 - iv. the visitor and the resident maintained at least 6 feet of distance from each other for the entire duration of the visit; and
 - v. the visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.
- d. Then, the appropriate action will be taken with respect to residents only, if all of the above are confirmed, the resident who received the visit will be placed on a 14-day quarantine in a single room in the designated observation area using Contact plus Droplet precautions and eye protection. The resident will be monitored for symptoms and have temperature checks every shift.
- e. If all of the above cannot be confirmed by the facility, the facility will proceed as if there was identification of a COVID-19 positive staff member, including conducting contact tracing to determine the extent of the exposure within the facility.
- f. Facility staff who are exposed according to CDC HCP exposure guidance will be furloughed per most recent CMS/CDC/NYSDOH guidelines.



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- g. 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. Facility staff or visitors who identified as exposed at the facility will be reported by the facility to the local health department.

References:

Infection Prevention and Control Manual Policy for Suspected or Confirmed Coronavirus (COVID-19) Appendix A Facility Visitation *(rev. 6/2/21 per QSO-20-30-NH- 5-18-21; NYSDOH DAL 3/25/21 and NYS PHL 2801-h and 461-u Chapter 108 - 6/1/21)*



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VISITOR FACT SHEET

- Wear a well-fitting non-surgical paper mask or a mask of higher quality (i.e., surgical mask, KN95 or N95) at all times during any visitation at the facility.
- If the visitor wishes, a cloth mask may be placed over the paper mask. The masks must cover both the nose and the mouth
- You will be given a visitor "badge" or sticker upon entry and are required to wear it for the duration of your visit.
- If declared by NYS, due to a State-wide Outbreak, we will request a negative PCR/Rapid test within 48/24 hours.
- Visitors who qualify as a compassionate care giver, assigned by the Facility, are not required to test, but can be encouraged. Compassionate Caregiver qualifications are dictated by CMS/DOH.
- If you do not have a test, we will offer, depending on allocation of supply, a Ihealth Rapid test that you may self-test on the premises.
- If you are visiting your loved one daily, or multiple times a week, a test is only required 1 every 3 calendar days.
- To keep you and your loved one safe, upon arrival for your visit, you will be required to:
 - enter only through the main entrance,
 - use alcohol-based hand sanitizer upon arrival & wear a face mask that covers both your mouth and nose at all times (no bandanas, scarfs, neck warmers or face covering other than a face mask will be allowed),
 - complete and pass a health screening form and allow our staff to check your temperature,
 - maintain social distancing of at least 6 feet from other visitor groups,
 - sanitize your hands upon entering the lobby, throughout your visit, before/after touching your loved one & again after your visit.
- Indoor visits will be allowed in designated locations or your loved one's private room.
- Outdoor visits will be allowed, as weather permits, in designated areas.
- Please observe coughing etiquette (cough into elbow or tissue, discard tissue, then wash hands with soap & water or use hand sanitizer).
- If after a visit you receive a positive COVID test result, we ask that you notify the facility as soon as possible.

*****Failure to adhere to the above will require the visit to be stopped immediately.**

All of the above policies and procedures can be revised without notice. Any visitor that shows signs or symptoms of COVID-19 will be prohibited from visiting.

PER NYS DEPARTMENT OF HEALTH GUIDELINES, ANY VISITOR NOT ADHERING TO THE CONDITIONS OF VISITATION WILL BE PROHIBITED FROM VISITATION FOR THE DURATION OF THE COVID-19 STATE DECLARED PUBLIC HEALTH EMERGENCY.

All of us at WeCare want to thank you for helping us keep your loved one safe!

Visitor name

Date