



Visitation Policy

Policy: Visitation for New York State Skilled Nursing Facilities.

Procedure: To safely accommodate visitors to New York State Skilled Nursing Facilities under NYSDOH guidance. Visitation can be conducted through different means based on a facility's structure and residents' needs. Regardless of how visits are conducted, certain core principles and best practices should be followed to reduce the risk of COVID-19 transmission.

Core Principles of COVID-19 Infection Prevention

Instructional signage will be hung throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices.

Educational information and easy-to-read fact sheet outlining visitor will be posted for visitors which include, but not limited to, the proper hand washing techniques, proper use of alcohol-based hand sanitizer and visitor expectations.

All visitors especially those who are not up-to-date with all recommended COVID-19 vaccine doses, will be advised of the risks of physical contact in regards to contracting and spreading COVID-19.

The facility will follow core infection control guidelines at all times, including but not limited to, Mask (covering mouth and nose), Social distancing at least six feet between persons, 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) and Effective cohorting of residents.

TESTING, SCREENING, VISITATION:

Testing of visitors will comply with the most up to date guidance from the governors E.O., NYSDOH, CMS, and the CDC.

Per January 12, 2022 E.O., Health Advisory: Nursing Home Staff and Visitation Requirement, The facility must 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, regardless of county transmission rate or vaccine status. All visitors may use either NAAT testing or antigen testing.

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The facility will provide testing for visitors, if they do not have proof of a negative test, if testing supplies are not available, regardless of visitors vaccine status, visitation will be permitted. The administrator must be notified immediately if testing kits are not available immediately, when testing is required.

Facilities may choose to ask about visitors' vaccination status, visitors are not required to be vaccinated (or show proof of such) as a condition of visitation. If the visitor declines to disclose their vaccination status, the visitor should wear a mask at all times. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems.

Visitor contact information will be gathered as a tracing tool should COVID-19 become prevalent in the facility. This information will be kept and filed for contract tracing reference.

All visitors will be screened for signs and symptoms of COVID-19. A denial of entry will be given to those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days.

Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine will not enter the facility until they have met the following criteria:

At least 10 days have passed since symptoms first appeared and

At least 24 hours have passed since last fever without the use of fever-reducing medications and Symptoms (e.g., cough, shortness of breath) have improved.

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

Outdoor Visitation

Outdoor visitation is preferred when the resident and/or visitor are not "up-to date" with all recommended COVID-19 vaccine doses. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Visits will be encouraged to be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits.

Outdoor visitation will be allowed for all residents who are not in isolation or quarantine.

Indoor Visitation

Facilities should allow indoor visitation at all times and for all residents. Although there is no limit on the number of visitors a resident can have at one time, visits should be conducted in a manner that

adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.

Guidance for indoor visitation includes:

Visitors will go directly to the resident's room or designated visitation area.

Visitors will wear a mask and physically distance when around other residents or healthcare personnel, regardless of vaccination status, unless medical exempt. All accommodation will be made to keep visitor, staff and other residents safe.

During visitation residents, regardless of vaccination status, can choose not to wear a mask when other residents are not present and have close contact (including touch) with their visitor.

Large gatherings will be avoided (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.

If a resident's roommate is not up-to-date with all recommended COVID-19 vaccine doses, or immunocompromised (regardless of vaccination status) visits should not be conducted in the resident's room, if possible.

Alternative visitation will be offered to visitors of resident who are in TBP or quarantine. Visitors and residents will receive education on the potential risk of visitation and precautions necessary in order for the visit to occur. If the visitor and resident wish to have in person visitation the visits will occur in the resident's room. The resident will wear a well-fitting facemask (if tolerated). Visitors will adhere to the core principles of infection prevention, including wearing appropriate PPE.

Indoor Visitation during an Outbreak Investigation

When a new case of COVID-19 among residents or staff is identified, a facility will immediately begin an outbreak investigation. To swiftly detect cases, we will adhere to CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors will still be allowed in the facility. Visitors will be made aware of the potential risk of visiting during an outbreak.

If residents or their representative would like to have a visit during an outbreak, the visitor will wear a mask during visits, regardless of vaccination status, and visits occur in the resident's room, if able.

If a positive resident has been identified all visitors may be required to use a KN-95 mask during visitation until no more positive residents remain in the building.

If visitation takes place in common area, upon completion of the visit, facility staff will clean and sanitize the visiting area using EPA approved cleaning products and disposed of properly.

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The facility Administrator will be notified of any violation or variance to this policy.

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.

Required visitation and access to the Long Term Care Ombudsman will be in accordance to current NYSDOH guidance.

“Up-to-Date” means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

These core principles are consistent with the Centers for Disease Control and Prevention (CDC), CMS, and NYSDOH guidance for nursing homes, and should be adhered to at all times.

Limited visitation can only be approved when the facility has met specific criteria. The administrator and the infection control preventionist will be notified prior to any restrictions or laminations of visitation. The Regional Epidemiologist will be contacted and compliance to all regulations will be adhered to.