

Meadows at Brookmeade

**Policy and Procedure
COVID-19 Visitation Policy**

Department: Nursing

Date: February 22, 2021

Revised: March 10, 2021

Revised March 25th, 2021

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Approval: 

STATEMENT OF POLICY:

It is the policy of Brookmeade Community to adhere to applicable guidance issued by New York State in consideration of the health, welfare and significant risk posed to our residents by COVID-19. This policy included adherence to the guidance regarding visitation for nursing homes and assisted living facilities by New York State, including *Health Advisory : Revised Skilled Nursing Facility Visitation*, March 25th, 2021, And *DHHS/CMS QSO-20-39-NH, Nursing Home Visitation*.

The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding general nursing home (NH) visitation and aligns with CMS and CDC guidelines on such topic. Nothing in this directive should be construed as limiting or eliminating a nursing home's (NH's) responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor does it change the guidance previously issued relative to visitation for medically necessary or end-of life services.

Based on the needs of residents and a facility's structure, visitation can be conducted through a variety of means, such as in resident rooms,(Compassionate care) 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 and must be followed.

Beginning March 25th, 2021, nursing homes may expand visitation and/or activities under this revised guidance if able to continue following the core principles of infection control and prevention, under the following conditions:

Procedures:

1. Full compliance with both state and federal reporting requirements including COVID-19 focus surveys, daily HERDS, weekly staff testing surveys, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
2. The operator or designee must retain a copy of the revised facility's visitation plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. 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(s). The plan must reference relevant infection control policies for visitors. Health Advisory: 3. There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing as reported on daily HERDS submissions. Please be advised that the Department reserves the right to verify such accuracy of reporting as part of its routine surveillance activities.

4. Visitors must be able to adhere to the core principles, including infection prevention and control policies, and staff are expected to provide monitoring for those who may have difficulty adhering to core principles.

5. Facilities must have policies widely communicated to residents, staff and visitors that limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.

6. Facilities should limit movement in the facility, including limiting visitors from walking around different halls of the facility. Instead, visitors should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room unless the roommates are spouses.

7. Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors, vendors, students and volunteers.

8. The number of visitors to the nursing home must not exceed twenty percent (20%) of the resident census at any time and 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. Policies and procedures should be revised to afford every opportunity for visits in a safe and thoughtful manner. Policies should also contemplate the need for adequate supervision and strict adherence to the core principles of infection prevention and control.

9. Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.

10. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period remain ineligible for in-person visits. In these instances, every effort should be made to accommodate visits using electronic devices and alternative visitation techniques.

11. Facilities should use the COVID-19 county positivity rates, found on the CMS COVID-19 Nursing Home Data site to determine when visitation should be paused. When the county positivity rate is high (>10%), visitation must only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies.

12. Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

a) There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;

b) Visitors should be able to adhere to the core principles and staff must provide monitoring for those who may have difficulty adhering to core principles, such as children;

c) Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space)

Each resident will be allowed 2 visitors at one time.

Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors;

Visitation will be as follows:

Monday through Friday

Duration of Visit is 30 minutes

Visits are as follows:

Bluebird Lane/The Terraces 10am-10:30am

Cardinal Court/The Terraces 10:45-11:15am

Dove Way/ The Terraces 11:30- 12 Noon

- Visitation will be held in designated areas either outdoors and/or indoors
- Visitation can be scheduled online or through Social Services designee. Visits must be scheduled in advance.
- Effective March 25th, 2021-.DOH strongly recommends that all facilities offer testing to visitors. CMS encourages facilities in medium- or high-positivity counties to offer testing if feasible. Rapid test are available on site for visitors. Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation
- Brookmeade Staff will screen visitors (review health screen form, take temperature and receive negative test results)
If screen is passed, visitor will be directed to the visit location
If screen is failed, visitor will be advised and asked to leave the campus.

d) Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

13. While taking a person-centered approach and adhering to the core principles of COVID19 infection prevention, outdoor visitation can be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors 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 condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation should be facilitated routinely. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We

also recommend reasonable limits on the number of individuals visiting with any one resident at the same time.

14. When a new case of COVID-19 among residents or staff is identified, nursing homes should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on 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, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
- For 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.
- 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 visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

In addition, nursing homes must follow the additional guidelines outlined below which include ensuring each of the following:

- Adequate staff present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting of areas used for visitation after each visit using an EPA-approved disinfectant.
- Appropriate signage regarding facemask or face covering utilization and hand hygiene, and applicable floor markings to cue social distancing delineations must be in place at all times.
- Screening for signs and symptoms of COVID-19 prior to resident access.
- Documentation of screening must be maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing.

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

a. Adequate PPE must be made available by the nursing home to ensure residents wear a face mask, if medically able to utilize a face covering during visitation. Visitors must wear a face mask or face covering at all times when on the premises of the nursing home and maintain social distancing. The nursing home must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.

b. Facilities provide alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate appropriate use.

c. The nursing home should develop a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors.

Compassionate Care Visits:

This guidance further clarifies that Compassionate Care Visits are permitted when visitation may not otherwise be permitted in accordance with the Department's current visitation guidance, and facilities may waive requirement of a visitor presenting a negative COVID-19 test prior to commencement of such visit under any of the below circumstances. Compassionate care visits should include:

- 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 compassionate care situations may be considered by the facility on a resident-specific basis. Testing should be encouraged, or facilitated wherever possible.

Rapid Test Results- are to uploaded to the ECLRS System

Staff performing rapid testing – are to wear full Personal Protective Equipment: face mask, eye protection, gown and gloves.

Gloves are to be changed between each visitor.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: March 25, 2021

TO: Nursing Home Operators and Administrators, Directors of Nursing, Medical Directors, Infection Preventionists, Social Workers, and Activities Professionals

FROM: New York State Department of Health (Department)

Health Advisory: Revised Skilled Nursing Facility Visitation

**Please distribute immediately to:
Operators, Administrators, Directors of Nursing, Medical Director, Infection
Preventionists, Social Worker, Activities Professionals**

Purpose

The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding general nursing home ("NH") visitation and is consistent with the U.S. Centers for Medicare & Medicaid Services ("CMS") memorandum QSO-20-39-NH and Centers for Disease Control and Prevention ("CDC") guidelines on such topics. Nothing in this directive should be construed as limiting or eliminating a NH's responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor does it change the guidance previously issued relative to visitation for medically necessary or end-of life services.

While both New York State and CMS guidance have focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Additionally, since the release of prior iterations of visitation directives, several COVID-19 vaccines have received Emergency Use Authorization from the Food and Drug Administration ("FDA"). Millions of vaccinations have since been administered to NH residents and staff across the country, and these vaccines have shown pronounced efficacy in helping to prevent symptomatic spread of SARS-CoV-2 infection (i.e., COVID-19). Nursing homes in New York State should be committed to ensuring all eligible and consenting residents and staff have the opportunity to be vaccinated. As such, and aligning with CMS, the DOH is revising the guidance regarding visitation in NHs during the COVID-19 Public Health Emergency ("PHE").

The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding visitation, including the recent February 24, 2021 and the November 24th Holiday Guidance. Each facility is required to have appropriate policies and procedures in place to address infection control and prevention during and after visits and outings.

create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

**Note: Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2- dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

Indoor Visitation

Facilities should allow 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 (exception- 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** $<70\%$ 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.

Note: For county positivity rates go to: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvq>

Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time may affect the ability to maintain the core principles of infection prevention. In addition, nursing homes should:

- Consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- Limit visitor movement in the facility.
- If possible, for residents who share a room, visits should not be conducted in the resident's room.
- For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in- room visitation while adhering to the core principles of COVID-19 infection prevention.
- Allow for, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.

Indoor Visitation During an Outbreak

An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). With the appropriate safeguards, visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. To swiftly detect cases, nursing homes are reminded to adhere to CMS regulations and guidance for COVID-19 testing including routine staff testing, testing of individuals with symptoms, and outbreak testing, including but not limited to 42 CFR 483.80(h) and QSO-20-38-NH. Nursing homes must also comply with NYS executive orders, regulations, and applicable Department guidance governing testing.

The following should 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:

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

Then, the appropriate action should be taken with respect to residents only, if all of the above are 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 plus Droplet precautions and eye protection. The resident should be monitored for symptoms and have temperature checks 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 all of the above cannot be confirmed by the facility, NHs should proceed as they would after identification of a COVID-19 positive staff member, including conducting contact tracing to determine the extent of the exposure within the facility. On affected units (or entire facility, depending on the amount of contact), NHs should initiate testing every 3 days 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, use of transmission based precautions and testing for influenza (as per 10 NYCRR 415.33).

Facility staff who are exposed according to CDC HCP exposure guidance should be furloughed. See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. 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 should be reported by the facility to the local health department where the individual resides.

Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations. Compassionate care visits, and visits required under federal disability rights law, **should be allowed at all times**, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. Using a person-centered approach, nursing homes should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Examples of other types of compassionate care situations include, but are not limited to:

- 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,

Additionally, each facility must comply with federal disability rights laws such as **Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA)**. For example, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Any questions about or issues related to enforcement or oversight of the non-CMS requirements and citations referenced above under this section subject heading should be referred to the HHS Office for Civil Rights, the Administration for Community Living, or other appropriate oversight agency.

Survey Considerations

Federal and state surveyors are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19. Surveyors should also adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by state law.

Entry of Healthcare Workers and Other Providers of Services

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., 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 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. Nursing homes are reminded that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Using a person-centered approach when applying this guidance should cover all types of visitors, including those who may have been previously categorized as "essential caregivers."

As a reminder, the resumption of existing construction projects, and specifically, those projects directly impacting the lives of nursing home residents that were previously approved by the Department may move forward with submission of and approval by the Department of a revised mitigation/prevention plan outlining at a minimum, testing, screening, PPE use, distance from residents, etc.

Note: Under no circumstance, will the Department allow for such resumption of a renovation or construction project(s) in or adjacent to a functioning and occupied dedicated COVID unit.