



**Topic:** Visitation Plan and Policy during Covid-19 Pandemic

**Effective Date:** 7/10/2020

**Revised:** 9/15/2020; 9/17/2020; 10/25/2020; 2/26/2020; 4/5/2021

**Policy:**

The Centers for Medicare and Medicaid (CMS), in conjunction with the Centers for Disease Control and Prevention (CDC), has updated the visitation guidelines for Nursing Homes, in light of the millions of nursing home residents and staff who have been fully Covid-vaccinated and continues to receive vaccinations as they become available. **On 3/25/2021, New York State Department of Health (NYSDOH) has revised its visitation guidelines to align with CMS' QSO-20-39-NH – Visitation, revised 3-10-2021**

Based on the needs of residents and the facility's structure, visitation will 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 and must be followed.

**Procedure:**

1. The facility, residents, and families will continue to adhere to the core principles of Covid-19 infection – wearing a mask, maintaining social distance (at least 6 feet apart), hand hygiene, etc.
2. Facilities will 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). Visits will be scheduled the social worker or recreation staff for a specified length of time to help ensure all residents are able to receive visitors. The facility will notify families, residents, staff and visitors via updating their facility website, emailing and/or calling families and notifying residents at resident council meeting.
3. The facility will limit the number of visitors to 2 visitors per resident at one time and limit the total number of visitors to 4 in the facility at one time. The facility will schedule visits for a specified length of time to help ensure all residents are able to receive visitors.
4. 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:
  - First and last name of the visitor;
  - Physical (street) address of the visitor;
  - Daytime and Evening telephone number;
  - Date and time of visit; and
  - Email address if available



5. **Outdoor visitation** is *preferred* (except in instances of inclement weather, excessively hot or cold temperatures, poor air quality) even when the resident and visitor are fully vaccinated against Covid-19.
  - Fully vaccinated: a person who is  $\geq 2$  weeks following receipt of the 2nd dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine.
  - The facility will limit movement in the facility to the best of its ability, including limiting visitors from walking around different halls of the facility. Instead, visitors will go directly to the resident's room or designated visitation area. The facilities designated indoor visiting area is the lobby.
6. **Indoor visitation** will be allowed at all times and for all residents (regardless of vaccination status) except in the following situations when visitation should be limited due to a high risk of Covid-19 transmission:
  - Unvaccinated residents, if the nursing home's county Covid-19 positivity rate  $>10\%$  **and**  $<70\%$  of residents in the facility are fully vaccinated.
    - For county positivity rates, go to COVID-19 Nursing Home Data | Data.CMS.gov
  - 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.
7. A fully vaccinated resident may choose to have limited close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand hygiene before and after.
  - However, visitors should physically distance from other residents and staff in the facility.
8. **Indoor visitation during an outbreak** may continue under the following circumstances:
  - Outbreak is defined as a new nursing home onset of Covid-19 infections that originate in the nursing home
  - When a new case of Covid-19 is detected among residents or staff, the facility will
    - i. Begin outbreak testing in accordance with CMS QSO-20-38-NH
    - ii. Suspend all visitation (except that required under federal disability rights law)
  - Visitation may resume under the following criteria:
    - i. 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.
      1. However, the facility will suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing



2. For example, if the first round of outbreak testing reveals 2 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.
  - ii. If the first **and** subsequent rounds of outbreak testing reveals **one or more additional Covid-19 cases in other areas/units of the facility** (e.g., new cases in 2 or more units), the facility will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
    - While the above scenarios describe how visitation can continue after one round of outbreak testing, the facility will continue all necessary rounds of outbreak testing.
    - In all cases, visitors should be notified about the potential for Covid-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks)
9. Residents who are on transmission-based precautions for Covid-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations with adherence to contact and droplet precautions.
10. Potential visit related exposures
  - If a visitor tests positive for Covid-19 and the visit to the NH occurred 2 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.
  - Exposures among visitors and residents should be evaluated using community contact tracing guidelines (contact within 6 feet and duration  $\geq 10$  minutes) regardless of PPE or face covering used by the visitor or the resident.
  - 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:
    - 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
  - If all of the above are met, then the resident who received the visit should
    - vi. Be placed on a 14-day quarantine in a single room in the designated Observation area using contact and droplet precautions
    - vii. Be monitored for symptoms and have temperature checked each shift
    - viii. Testing can be considered for these residents every 3-7 days x 14 days
  - If all of the above cannot be confirmed, then:
    - i. Proceed as you would after identification of a Covid-19 positive staff member
11. Facility staff who are exposed according to CDC HCP exposure guidance should be furloughed
- See Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 | CDC
12. **Compassionate care visits and visits required under federal disability rights law** should be allowed at all times, for any resident regardless of a resident's vaccination status, the county's Covid-19 positivity rate, or an outbreak.
13. Facilities should consult with their State or Local Health Department Epidemiology when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of Covid-19 transmission.
14. Visitor testing and vaccination:
- While not required, facilities in medium or high positivity counties are encouraged to offer testing to visitors if feasible. CMS outlines that facilities should prioritize visitors who visit regularly.
  - Facilities can also encourage visitors to get tested in the community prior to coming to facility (2-3 days prior to visit).
  - Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation
  - This also applies to representative of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems.
15. **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.
  - CMS states that facilities shall not restrict visitation without a reasonable or safety cause outlined in 42CFR 483.10(f)(4).