

POLICY AND PROCEDURE MANUAL

[Infection Control and RNH]

EFFECTIVE: 09/17/2020	REVISED/REVIEWED: 09/24/2020	TITLE: VISITATION GUIDELINES FOR NURSING HOMES NYSDOH UPDATE 9- 17-20	VERSION: 1	SHEET: 1 OF 4
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DATE: September 17, 2020
TO: Nursing Home Operators and Administrators
FROM: New York State Department of Health

On July 10, 2020, the Department of Health (“Department”) issued guidance to nursing homes indicating resumption of limited visitation and activities in nursing homes. This directive detailed specific criteria NHs must follow for reducing such restrictions, while mitigating the risk of resurgence of COVID-19. **Nothing in this directive absolved a NH’s responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor did it change the guidance previously issued relative to visitation for medically necessary or end-of life services.**

Nursing Homes may resume limited visitation and activities under this revised guidance beginning **September 17, 2020** under the following conditions:

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 NH has completed the NY Forward Safety Plan, and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov . The facility must retain a copy of the plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. Any changes to the plan must immediately be communicated to the 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).
3. The NH has no staffing shortages as evidenced by the NH’s individual staffing plan and as reported by the NH through weekly submissions to the NHSN.
4. **Absence of any new onset of COVID-19 in the nursing home as reported to the Department on the daily HERDS survey and as reported weekly to the NHSN for a period of no less than fourteen (14) days.**
5. Access to adequate testing. **The NH should have a testing plan in place that, at a minimum, ensures that all consenting nursing home residents have received a single baseline COVID-19 test.** In addition, the NH must have the capability to test, or can arrange for testing of, all residents upon identification of any individual with symptoms consistent with COVID-19. If a staff member tests positive for the SARS-CoV-2 virus, the NH must have the capacity to continue weekly re-testing of all nursing home residents until all residents test negative.

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6. An executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained and rapidly reported to the nursing home.

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.

8. The number of visitors to the nursing home **must not exceed ten percent** (10%) of the resident census at any time and only two visitors will be allowed per resident at any one time.

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

10. Current COVID-19 positive residents, resident's with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.

When a nursing home demonstrates that all of the aforementioned criteria have been satisfied, the nursing home must follow the guidelines outlined below to be included in the nursing home's NY Forward Safety Plan.

1. Visitation should be limited to outdoor areas, weather permitting and under certain circumstances in an inside, well ventilated space with no more than ten individuals who are appropriately socially distanced and wear a facemask or face covering while in the presence of others.

2. At this time, visitation is strictly prohibited in resident rooms or care areas with few exceptions such as situations referenced in #6 below, end of life visits or parents visiting a pediatric resident (up to age 21) on a dedicated pediatric unit/wing. In those instances, all other requirements listed in this directive apply. A separate advisory is available for pediatric-only nursing homes.

3. Limited visitation, including representatives from the long-term care ombudsman program, will be permitted, under the following conditions:

a. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.

b. The nursing home maintains signage regarding facemask utilization and hand hygiene, and applicable floor markings to cue social distancing delineations.

c. Visitors, including long-term care ombudsman, are screened for signs and symptoms of COVID-19 prior to resident access. Additionally, the visitor must present a verified negative test result within the last week (7 days) and visitation must be refused if the individual(s) fails to present such negative test result, exhibits any COVID-19 symptoms, or does not pass screening questions. Facilities that had already resumed visitation under previous guidance may allow visitation without the presentation of a verified negative test result for a **transition period until September 24, 2020**. End of



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life and compassionate care visits are not subject to a verified negative test result but are subject to all other COVID-19 screening requirements.

d. 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 or representative of the long-term care ombudsman program (LTCOP) to the nursing home:

e. There is adequate PPE made available by the nursing home to ensure residents wear a face mask, or if unable a face covering, during visitation.

f. 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.

g. 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.

h. 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.

4. Small group activities will be permissible when space allows for appropriate social distancing, however, no more than 10 residents and staff will be permitted to engage in such activities at any one time.

5. Residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.

6. For residents who are bed bound continue to use alternative methods of visitation such as through videoconferencing through skype or facetime as much as possible. Limited visitation may be permitted but should adhere to the same requirements for other visitors as much as possible. Visitors should go to the patient room and not any other areas in the facility.

7. All non-essential personnel as outlined below are subject to the same infection control requirements as staff, including but not limited to testing for COVID-19 with the same frequency as for staff; screening, wearing a mask, performing hand hygiene, maintaining social distancing.



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- Allow for students and trainees enrolled in programs to become licensed, registered, certified, board eligible or otherwise to complete a program for health care professionals to receive training and otherwise participate in duties relevant to their program of training provided the nursing home environment is appropriate to the student's education, training and experience. Students should follow the guidelines established in their agreement between the nursing home and academic institution.
- - Resumption of existing construction projects, and specifically, those projects directly impacting the lives of nursing home residents that were previously approved by the Department 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.**

Facilities should establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations. **Nursing homes should also continue to refrain sending residents to non-medically necessary trips outside the nursing home until further notice. Lastly, please be reminded that communal dining remains suspended at this time.** The Department will continue to evaluate and make additional recommendations 30 days after the effective date of this directive. Information for healthcare providers on topics related to COVID-19 is readily available on the Department of Health public website at <https://coronavirus.health.ny.gov/information-healthcare-providers>.

Thank you for your ongoing support and cooperation in responding to COVID-19 concerns.

Questions may be routed to covidnursinghomeinfo@health.ny.gov.