

NEW YORK VISITATION POLICY

POLICY

It is the policy of this facility to begin visitation for loved ones, 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 with current state and federal guidance for the prevention of COVID-19. The below criteria and procedures are subject to change based upon further NYSDOH guidance and directives.

CRITERIA

Only facilities that meet the following criteria may resume limited visitation and activities:

1. The facility is in a region that is at least at **Phase 3** of New York Forward reopening plan.
2. The facility is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the NHSN.
3. The facility has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staff teams to deal with COVID-positive residents and nonpositive residents.
4. The facility has submitted the NY Forward Safety Plan to covidnursinghomeinfo@health.ny.gov. The facility must retain a copy of the plan at the facility where it is accessible and immediately available upon request of the Department of Health or local health department. Any changes to the plan must be immediately communicated to the Department of Health.
5. The absence of any new onset of COVID-19 among staff or residents as reported to the Department on the HERDS and staff testing surveys and as reported to NHSN for a period of **no less than fourteen days**, consistent with CMS guidance.
6. The facility has no staffing shortages based upon the facility's staffing plan and as reported to NHSN.
7. The facility has access to adequate testing. The facility must have a testing plan in place that ensures all consenting residents receive a single baseline COVID-19 test. Facility must have the capability to test (or can arrange to test) all residents upon identification of any individual with COVID-19 symptoms. If a staff member tests positive, the facility shall have the capacity to re-test all staff and residents, as applicable.
8. The facility has an arrangement with a laboratory to process and report results of COVID-19 tests (greater than 95% sensitivity, 90% specificity). POC antigen testing will not suffice.

9. Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of the facility, including visitors. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.
10. A copy of the facility's formal visitation plan is posted to their public website and broadcasted via email or social media to provide visitors with clear guidelines for visiting and to announce if and when visitation is paused due to an increase in the number of residents and/or staff with confirmed positive COVID-19 diagnosis.
11. Limited visitation, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP), and resident advocacy organizations will be permitted.

PROCEDURE:

If, and only if, a facility satisfies the above criteria, the facility may permit limited visitation in accordance with the following procedures:

- i. Facility visitation will be conducted in outdoor area, weather permitting. Facility may cancel or postpone scheduled visitation due to inclement weather if facility cannot accommodate indoor visitation as set forth below. The facility may permit inside visitation only under the following conditions:
 - a. The facility is experiencing inclement weather (e.g. excessive heat; rain, wind);
 - b. Visit occurs in a well-ventilated spacious room previously approved by the Director of Operations and Director of Engineering;
 - c. No more than 10 individuals are permitted at one time;
 - d. Visitors, including residents, must be social distanced and wearing a facemask / face covering. This may include residents visiting each other; and,
 - e. Visits may not occur in resident rooms or patient care areas.
- ii. **No more than 10 percent of the residents shall have visitors at any one time and only two visitors will be allowed per resident at any one time.**
- iii. Visitors must schedule visits at least 24 hours in advance by contacting Rose Ann Pernice at 516-826-1160. Visits may occur between 10:00 a.m. and 2:00 p.m., seven days a week.
- iv. The facility will assign staff to assist with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.

- v. The facility will post signage regarding facemask utilization and hand hygiene and uses applicable floor markings for social distancing.
- vi. The facility will screen all visitors 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 from the date of collection). Visitation will be refused if the individual(s) fails to present such negative test result, exhibits any COVID-19 symptoms, or does not pass screening questions.
 - a. Visitors visiting residents at end of life are exempt from providing the facility with a negative COVID test result within the last 7 days.
 - b. Screening will include temperature checks and questions to assess potential exposure to COVID-19, international travel and to states designated under the Commissioner's travel advisory.
- vii. The facility must maintain screening questions asked onsite in an electronic format and make it available upon the Department's request.
- viii. The facility must maintain a log for all visitors which includes:
 - a. First and last name of the visitor;
 - b. Physical (street) address of the visitor;
 - c. Daytime and evening telephone number;
 - d. Date and time of visit;
 - e. Email address, if available;
 - f. Only a notation indicating the individual cleared the screening (both temperature and questions) but that does **not** include any individual temperatures or other individual specific information; and,
 - g. Documentation of the visitor's COVID test result.
- ix. Visitors and residents must wear a facemask or face covering (must always cover both the nose and mouth when on the premises of the facility). Facility must have a sufficient amount of masks to provide to visitors as needed.
- x. Visiting areas will have easily accessible alcohol-based hand rub (at least 60% alcohol), for residents, visitors, and staff.
- xi. Subject to any further guidance or directives from NYSDOH, visitors under the age of 18 years old are allowed when accompanied by an adults 18 years of age or older.

- xii. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.
- xiii. The facility will provide and post a fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet will be provided upon initial screening to all visitors.
- xiv. Residents will also be assisted to go outdoors with staff supervision weather permitting. The appropriate infection control and safety and social distancing requirements must be maintained.
- xv. The IDT Team will review the Visiting program and monitor for any needed adjustments and report to QA Committee as needed.
- xvi. If any visitor fails to adhere to the protocol, he/she/they will be prohibited from visiting for the duration of the COVID-19 state declared public health emergency.