	End of Life, Compassionate Care Visitation, Personal Caregiving Visitor, Outdoor Visitation, Indoor Visitation, Communal Dining, Activities- NY			C-IC-28g
Dept:	Clinical Operations	**New** **X Revised**	**Last Date Reviewed/Revised:**	7,-15-2021
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RELATED FORMS:	Following NYS department of health guidance, CDC and CMS guidance			

Policy:

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, 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.

This policy reflects guidelines for DOH, CMS, and CDC. The Nursing Home should ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible.

Facility will provide access to any resident or visitors of their choice, included but not limited to immediate family or other relatives of the resident and any others who are visiting with the consent of the resident.

Procedure:

Visitors may be required to sign a Consent prior to their visit, acknowledging that there is a possibility of exposure to COVID-19 and releases the facility of any liability should they contract the COVID-19. The Consent further explains that you are required to report immediately to the facility if you should develop any COVID-19 symptoms.

Facility is to continue following the core principles of infection control and prevention

Facility should have 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).

Visitors should 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.

<u>Guidance</u>

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission including, but not limited to:

• Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status);
• Hand hygiene (use of alcohol-based hand rub is preferred);
• The use of face coverings or masks (covering mouth and nose);
• Social distancing at least six feet between persons;
• Instructional signage throughout the facility and proper visitor education on COVID- 19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene);
• 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);
• Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
• Resident and staff testing conducted as required

These core principles are consistent with CDC guidelines for nursing homes and should be **adhered to at all times.** Additionally, visitation should be person-centered and should consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglass dividers, curtains). Also, nursing homes should enable visits to be conducted with an adequate degree of privacy. **Visitors who are unable to adhere to the core principles of COVID-19 infection prevention may not be permitted to visit or should be asked to leave.** By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, **outdoor visitation is preferred even when the resident and visitor are fully vaccinated* against COVID-19.** Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Please be reminded that visits should be held outdoors whenever practicable. However, weather considerations or an individual resident's health

status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, 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, 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 singledose 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; <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-NursingHome-Data/bkwz-xpvg

Facility 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, facility 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.

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.

While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how visitation can occur during an outbreak but does not change any expectations for testing and adherence to infection prevention and control practices.

If subsequent rounds of outbreak testing identify one or more **additional COVID-19 cases in other areas/units of the facility**, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident (vaccinated or unvaccinated) regardless of the above scenarios

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

REQUIRED VISITATION

Limited Restrictions Permitted for General Visitation

Facility should not restrict visitation without a reasonable clinical or safety cause. Facility should facilitate in-person visitation consistent with the applicable CMS regulations.

Residents who are on transmission-based precautions for confirmed or suspected COVID-19 or an exposure to COVID-19 as defined by the CDC should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. This restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines

Visitor Testing and Vaccination

DOH strongly recommends that all facilities offer testing to visitors. CMS encourages facilities in medium- or high-positivity counties to offer testing if feasible. Nursing homes should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). In addition, the DOH encourages visitors to become vaccinated when eligible. While visitor testing and vaccination can help prevent the spread of COVID-19, **visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described below.**

Potential Visit Related Exposures

In addition and consistent with DOH policy, if a visitor to a nursing home tests positive for SARS-CoV-2 by a diagnostic test and the visit to the NH occurred from two 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, meaning exposure is defined by the proximity of the individuals and duration of the visit (contact within 6 feet and duration 10 minutes or more)

regardless of personal protective equipment (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:

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.

Personal and Compassionate Caregiving Visitors

Resident Designating Personal

Definition: A "personal caregiving visitor" means a family member, close friend, or legal guardian of a resident designated by such resident, or such resident's lawful representative, to assist with personal caregiving or compassionate caregiving for the resident. Personal caregiving is defined as care and support of a resident to benefit such resident's mental, physical, or social well-being.

Existing residents will have the opportunity to designate individuals to serve as their personal and/or compassionate caregiver during a declared local or state health emergency

Residents will be entitled to designate two personal or compassionate caregivers at one time.

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, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- Visits by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.

Required Visitation

Consistent with 42 CFR § 483.10(f) (4) (v) a nursing home shall not restrict visitation without a reasonable clinical or safety cause. A nursing home **must** facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance

stated above. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR § 483.10(f) (4), and the facility would be subject to citation and enforcement actions.

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 transmission-based precautions as referenced throughout this guidance document. This restriction should be lifted once transmission- based precautions are no longer required per CDC guidelines and other visits may be conducted as described above.

Communal Dining and Activities

Communal dining and activities may occur while adhering to the core principles of COVID-19 infection prevention. Residents may eat in the same room with social distancing **(e.g., limited number of people at each table and with at least six feet between each person)**. Nursing homes should consider additional limitations based on status of COVID-19 infections in the facility and the size of the room being used and the ability to socially distance residents (e.g. limit to 10 residents and staff in smaller spaces. Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating).

Communal dining may occur without the use of face coverings or physical distancing, if all residents are fully vaccinated. If there are unvaccinated residents also dinning in the communal dining area, all residents must wear face coverings when not eating and unvaccinated residents should physically distance from others.

Nursing homes may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

Facilities should 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.

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. Visitors must remain in the designated area for the visit (Patients Room, Common Area, outdoor

area, etc.) during the entire visit and may not wander the facility for any reason. There will be a designated restroom for you to use should you require to do so during your visit)

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 and etc

Facilities should use the COVID-19 county positivity rates, found on the CMS COVID-19 Nursing Home Data site (link can be found at: https://data.cms.gov/stories/s/COVID-19Nursing-Home-Data/bkwz-xpvg)

Visitors and residents **MUST** both wear a **face covering or mask** and/or other personal protective equipment deemed necessary by the facility (gown, gloves, and eye protection) for the duration of the visit. The face covering must cover the nose and mouth at all times during the visit and until the visitor exits the building. If you are required to wear additional PPE, the facility will instruct you prior to your visit and at the time of your visit on putting on the PPE and removing the PPE.

You will be instructed on good hand hygiene prior to your visit and after, when you are being screened you will be asked to utilize hand sanitizer.

If you feel you will not be able to adhere to any of the above, your visit will be cancelled or terminated. Please remember this is not viewed as punitive in anyway, we are required to ensure maximum safety during this time.

Social distancing of 6 feet or more from the resident and staff member must be observed at all times during the visit.

Please understand that a designated staff member may remain with the resident at all times during your visit. Staff will help with transition of resident and monitoring of visitation. Staff member will also ensure cleaning and disinfecting of areas of visitation after each visit using an EPA-approved disinfectant is completed in an effort to maintain infection control

Visitors who arrive early must wait in their vehicle until their visitation time. If you are using public or ride share transportation, you will need to wait in an outdoor space while maintaining social distancing from all other visitors and/or staff at all times. Face Masks and Coverings will be required from the onset to the end of your visit.

Visitors and Residents may sign an informed consent form for each visit. This consent form is an acknowledgement that they are both aware of the possible dangers of exposure to COVID-19 for both the resident and the visitor and they will follow the rules set by the facility in regard to outdoor visitation. The facility is required to receive this signed statement from each visitor and resident (if the

resident is unable to consent then the consent needs to be signed by the authorized representative). The visitor(s) and the resident will be provided with a copy of your signed consent.

Facility Postings of the visiting procedures and activity procedures will be easily assessable, facility website will have information of visiting procedures and activity procedures for Residents, families, and staff to review. Weekly Robo calls will be available for updated information for Residents, families, and staff.