

# PLATTSBURGH REHABILITATION AND NURSING CENTER

## ADMINISTRATIVE MANUAL OF POLICIES AND PROCEDURES

### DEPARTMENT: INTERDISCIPLINARY

EFFECTIVE DATE: 3/26/2021

PREPARED BY: REBECKA CHRISTIANA, DNS

APPROVED BY: ELENA VEGA-CASTRO, LNHA

NEW:      REVISED: X

POLICY: X    PROCEDURE: X

SUBJECT: VISITATION, COMMUNAL DINING & ACTIVITIES

**PURPOSE and APPLICATION:** On March 25, 2021, the Department of Health (“Department”) issued revised guidance and recommendations regarding general nursing home (NH) visitation. The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding general nursing home 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 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, 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.

**POLICY:** It is the policy of PRNC, pursuant to the most recent New York State Department of Health directives issued on March 25, 2021, to permit visitation/activities if/when PRNC meets specific conditions.

**PROCEDURE:** 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 at 42 CFR § 483.80(h) (see [QSO-20-38-NH](#)).

These core principles are consistent with CDC guidelines for nursing homes and should be **adhered to at all times**.

- 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); physical barriers should be used when possible.
- Visitation should be conducted with an adequate degree of privacy while ensuring resident safety

\*Residents individualized needs and goals must be taken into consideration when planning for visitation.

- **Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.**

### **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.

Weather considerations or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, PRNC 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  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.**

### **Outdoor Visitation Courtyard (Weather Permitting)**

#### **STAFF:**

1. Staff is to be present throughout the entire visit to monitor compliance with procedures and assist the resident if needed, while allowing for an adequate degree of privacy.
2. Staff is to wear a face mask at all times.
3. Staff is to avoid close contact with the visitors.
4. Staff is to sanitize the resident's hands before and after each visit.
5. Once the resident has left the area, staff is to sanitize the resident and visitor touch points prior to the next visit.

#### **RESIDENT:**

1. The resident has the right to refuse the visit.
2. The resident will be transported by staff along a predetermined route that avoids contact with any outside individuals.
3. The resident will wear a face mask during transport to and from the visitation booth.
4. The resident will sanitize their hands before and after the visit.
5. The resident will enter and exit the visitation area through the dining room door.
6. If the resident has difficulty hearing, a 2-way speaker may be utilized.
7. The resident will be transported back to their room immediately after the 20-minute visit.

#### **VISITOR(S):**

1. Visitors are limited to two (2) individuals from the same household.
2. Visitors are to sanitize their hands before and after the visit.
3. Visitors are to wear a face mask at all times, except during the actual visit with the resident.
4. Visitors are to park in the main parking lot and limit their foot travel to a direct path from their car to the courtyard.
5. Visitors are not to bring gifts or food during this visit.
6. Visitors are to leave the campus immediately at the end of their 20-minute visit.

## Indoor Visitation

PRNC 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-xpvg](https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg)**

County Positivity Rate will be logged for validation and reference (**Attachment 1**)

PRNC 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, PRNC will 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.
- PRNC will also comply with NYS executive orders, regulations, and applicable Department guidance governing testing.

### New Case of COVID-19 among Resident and/or Staff:

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.**

**Special Considerations:** 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.

**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.

#### **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:**

- 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**, PRNC 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), PRNC 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 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.

**Required Visitation:**

Consistent with 42 CFR § 483.10(f) (4) (v) PRNC shall not restrict visitation without a reasonable clinical or safety cause. PRNC **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.

### 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."

### In addition, PRNC will 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.

It is the assigned supervisor's responsibility to ensure safe distance and appropriate masking is in place throughout the visit. With that said, the supervisor should do so in the least intrusive way possible so as to ensure maximum privacy in a safe fashion. Supervision should be explained beforehand – to all parties – by the Activities Director so that all understand the goal of the supervision is to help avoid possible accidental COVID-19 transmission.

- 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:
  - 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
- 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 facemask 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.
- PRNC to 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.
- PRNC will develop a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The factsheet must be provided upon initial screening to all visitors.
- Small group activities will be permissible when the facility is not experiencing an outbreak and 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.
- Weather permitting, residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.

- All non-essential personnel 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.
- PRNC will allow 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.
- 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.
- Applicable floor markings to cue social distancing delineations **must be in place at all times** in areas where visitation is being conducted
- PRNC will communicate to resident families/resident representative of the procedure for scheduling indoor visitations with residents. PRNC requires ALL visits be prescheduled through the Activity department.
- Visitation days and times are subject to change based on current health conditions, community threat level, staffing and weather conditions.
- PRNC will schedule visits for a specified length of time to help ensure all residents are able to receive visitors.
- Residents will be permitted one visit per day, unless there is an available time slot for an additional visit. Visits will not exceed 2 in a 24-hour period.
- PRNC will limit movement in the facility, including limiting visitors from walking around different halls of the facility. Instead, visitors will be assigned a visitation area to utilize and will be escorted directly to the assigned designated visitation area. All visitors are required to stay in the designated area throughout his/her visit. Visits for residents who share a room will not be conducted in the resident's room unless the roommates are spouses.
- Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.
- 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 will be made to accommodate visits using electronic devices and alternative visitation techniques.

### **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.

Compassionate care visits should include, but not be limited to the following:

- Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support;
- 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,

- 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.
- Visits by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.

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, using rapid antigen testing provided for such purpose.

### **Window Visits**

1. Window visits will take place in the A wing dining room
2. Windows must remain closed for the duration of the visit.
3. Visits will be limited to 15-20 minutes.
4. To allow for proper cleaning techniques in between window visits, we are limited on how many visits we can allow per day. Please be patient with us – we understand your excitement to see your loved one, but we must be extremely careful and cautious during the pandemic.
5. Please always remain outside and do not attempt to enter the building at any time during scheduled window visits. Your loved one will be just inside the window and we understand the desire to hug and kiss them, but it simply is not safe at this time.
6. Please do not leave your home and come visit if you are experiencing ANY symptoms of illness.
7. Please do not bring any items to give to your loved one. We are still being cautious of outside items and deliveries due to reports that COVID-19 may last on certain surfaces for long periods of time.

### **VISITS:**

1. Staff will make every effort to accommodate weekly visits, as well as special visits from out of town visitors, special occasions, etc.
2. All visits are by appointment only to ensure appropriate staff availability and taking into account the resident's routine and weather conditions.
3. Visits are scheduled on the half hour and are limited to 20 minutes. This gives staff 10 minutes to sanitize the area before the next visit.
4. Visits are scheduled through the Life Engagement (Activities) Department ONLY.

### **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**). PRNC will 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).

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 COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). PRNC may be able to offer a variety of activities while also taking necessary precautions. i.e. book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.





## **Visitors Expectations Fact Sheet**

- Visitors are encouraged to take a COVID test prior to your visit. This is provided at no charge to you. Please plan to be at the facility 20 minutes before your scheduled visit to allow time for the results to be read.

### **Special Considerations:**

- End of life and compassionate care visits are not subject to a verified negative test result but are subject to all other COVID-19 screening requirements
- Visitors are screened for signs and symptoms of COVID-19 prior to resident access and visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or do not pass the screening questions.
- Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory.
- Documentation must include the following for each visitor to the nursing home: 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.
- Limited visitation, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP).
- No more than 20 percent (10%) of the residents shall have visitors at any one time and only two visitors will be allowed per resident at any one time. Residents currently under isolation/quarantine may not have visitation.
- At this time, visitation is strictly prohibited in resident rooms or care areas with the exception of compassionate care visits and a bed bound resident or end of life.
- Visitation should be limited to outdoor areas, weather permitting. Under certain limited circumstances, visitation can be inside, in a well-ventilated space with no more than 10 individuals who are appropriately socially distanced and wearing a facemask or face covering while in the presence of others.
- Visitors under the age of 18 are allowed but must be accompanied by an adult 18 years of age or older.
- Visitors must wear a face mask or face covering which covers both the nose and mouth at all times when on the premises of the NH/ACF's.
- Visitors must maintain social distancing.
- Facilities will provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors and representatives of the long-term care ombudsman prior to visiting the residents. Rub hands together using friction.
- Visitation hours are by appointment only. Mon-Sat 10am-12pm and 2pm-4pm . A copy of the NH's/ACF's formal visitation plan is posted on the website and broadcasted via email.
- The staff is required to monitor the visitation process. 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.