

MANUAL TITLE:	Administrative Policies and Procedures	Revision Date: ___/___/___ Original Date: ___/___/___ Supersedes: _____ Approved: _____
POLICY TITLE:	Visitation Guidelines	
APPLICATION:		
EFFECTIVE DATE:	3/31/20	
REVISION DATE:	7/15/20, 2/24/21, 3/25/21, 7/8/21, 11/16/2021, 1/12/2022, 3/25/2022	

POLICY

It is the policy of this facility to promote and support visitation for all residents, 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 all State and Federal guidance for the prevention of COVID-19.

PURPOSE

To enhance resident quality of life by implementing visitation and activities to combat psychological impacts of isolation from family and others.

PROCEDURE

The following must be followed for all the following methods of visitation and must be adhered to at all times. 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 per NYSDOH 3.25.21 guidance.

CORE PRINCIPLES

- The facility will screen all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observation for signs and symptoms of COVID-19), and denial of entry of those with signs and symptoms or those who had close contact with someone with COVID-19 infection in the prior 14 days (regardless of vaccination status).
- All visitors will perform hand hygiene as required (alcohol based hand sanitizer is preferred).
- **All visitors are required to use a mask which covers the mouth and nose.** Cloth masks are not permitted without the use of a surgical mask underneath the cloth mask.
- All visitors will be required to maintain social distancing of at least (6) six feet between persons.
- Instructional signage will be placed throughout the facility and proper education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices. (e.g., use of face covering or mask, specified entries, exits and routes to designated areas and hand hygiene).
- The facility will continue to ensure cleaning and disinfecting in high frequency touched surfaces in the facility often, and designated visiting areas after each visit.

- The facility will continue to ensure the appropriate use of Personal Protective Equipment (PPEs).
 - The facility will continue to maintain effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care).
 - Residents and staff will continue to be tested as required at 42 CFR § 483.80(h) (see QSO-20-38-NH).
1. Outdoor visitation is preferred even when the resident and visitor are fully vaccinated* against COVID 19.
 - a. Inclement weather will be considered for this type of visitation.
 2. Indoor visitation is allowed at all times 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 potentially limiting indoor visitation for:
 - a. Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; OR
 - b. Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
 3. Visitation will be open.
 4. 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, the visitor should physically distance from other residents and staff.
 - a. If both the resident and their visitor are fully vaccinated, and the resident and visitor (s) are alone in the resident room or designated visitation room, the resident and visitor may choose to have close contact (including touch) without a mask or face covering.
 5. Visitors can request a rapid swab at the time of their visit.
 6. If a resident's roommate is not up-to-date with all recommended COVID-19 vaccine doses, or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. 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 infection prevention
 7. While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.
 8. Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor.
 - a. Residents (or their representative) and their visitors, who are not up-to-date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit

9. The Ombudsman (while following the core principles of infection control) may enter the facility and visit with residents. Alternate visitation may be facilitated should in-person access be deemed inadvisable (phone or use of other technology).
10. Healthcare workers and other providers of service (hospice, clergy, technicians etc.) may enter 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.
11. EMS is not subject to the screening process.

SUSPENSION OF VISITATION

Will be under the advisement of the local or state health department.

COMPASSIONATE CARE VISITS

1. Compassionate care visits are allowed at all times regardless of outbreak, positivity rate or vaccination status.

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.

NOTE: If a visitor reports testing positive for COVID 19 within two days from the symptom onset/before the collection date if the visitor remained asymptomatic there is potential for exposure. Contact tracing will be performed using community contact tracing exposure guidelines (contact within 6 feet **and** duration of 15 minutes or more) regardless of PPE worn. See guidance dated 3/25/2021 for complete guidelines (attached).

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 single dose vaccine, including any booster dose

(s) when eligible per the CDC's Public Health Recommendations for Vaccinated

DEFINITIONS

“Close contact ” refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.

“Level of community transmission” refers to the facility's county level of COVID-19 transmission. This metric uses two indicators for categorization (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days), which can be found on the Centers for Disease Control and Prevention (CDC) COVID-19 Integrated County View site at [tps://covid.cdc.gov/covid-datatracker/#county-view](https://covid.cdc.gov/covid-datatracker/#county-view)

“Higher-risk exposure” refers to exposure of an individual's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating

procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual. For more information, see CDC's "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2."