

CLINTON COUNTY NURSING HOME

ADMINISTRATIVE MANUAL OF POLICES AND PROCEDURES
DEPARTMENT: INTERDISCIPLINARY

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EFFECTIVE DATE: 3/26/2021

NEW: REVISED: 07/08/2021

POLICY: X PROCEDURE: X

SUBJECT: VISTITION, COMMUNAL DINING & ACTIVITIES

PURPOSE and APPLICATION: On March 25, 2021, the Department of Health (DOH) issued revised guidance and recommendations regarding general nursing home (NH) visitation. On July 8, 2021 the DOH issued revised guidance and recommendations regarding 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.

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 Clinton County Nursing Home (CCNH), pursuant to the most recent New York State Department of Health directives issued on July 8, 2021, to permit visitation/activities if/when CCNH 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 anyone who enters 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) in accordance with CDC guidance;
- Social distancing at least six feet between persons, in accordance with CDC guidance;

- 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 area, 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); and,
- Resident and staff testing conducted as required at 42 CFR §483.80(h).

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.
- Visitation should be conducted with an adequate degree of privacy while ensuring resident safety.
- Residents' individual 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 will not be permitted to visit or will 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 will 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, CCNH will 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 will 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 single-dose vaccine, per the CDC's Public Health Recommendation for Vaccinated Persons.

Outdoor Visitation (Weather Permitting)

STAFF:

1. Staff is to wear a face mask at all times.
2. Staff is to avoid close contact with the visitors.
3. Staff is to sanitize the resident's hands before and after each visit.
4. Once the resident has left the area, staff is to sanitize the resident and visitor touch points prior to the next visit.

VISITORS:

1. Visitors are to sanitize their hands before and after the visit.
2. Visitors are to wear a face mask unless they are alone in the designated visitation area and both the resident and visitor are fully vaccinated.
3. Visitors are to leave the campus immediately at the end of their visit.

Indoor Visitation

In accordance with CDC and CMS guidelines, CCNH may allow indoor visitation for all residents (regardless of vaccination status), **except** for a few circumstances when visitation should be limited to compassionate care situations due to high risk of COVID-19 transmission.

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>

CCNH will 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, CCNH will:

- Schedule visits for a specified length of time to help ensure all residents are able to receive visitors.
- Limit visitor movement in the facility; provided the Long-Term Care Ombudsman shall be permitted to move within the facility and is not subject to scheduling visits.
- 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, CCNH may attempt to enable in-room visitation while adhering to the core principles of COVID-29 infection prevention.
- Consider if the resident is fully vaccinated, they can choose to have close contact (including touch) with an unvaccinated visitor while both are wearing a well-fitting face mask and performing hand-hygiene before and after.
- If both the resident and their visitor(s) 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.
- 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, CCNH 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.
- CCNH will also comply with NYS executive orders, regulations, and applicable NYS Department of Health guidance governing testing.

New Case of COVID-29 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 indoor visitation (except required visitation), 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 indoor 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 the other areas/units of the facility** (e.g., new cases in two or more units), **then suspend visitation will be suspended for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.**

Special Consideration: While the above scenarios describe how visitation can continue after one round of outbreak testing, CCNH will continue all necessary rounds of outbreak testing as required by CMS. If subsequent rounds of outbreak testing identify **one or more additional COVID-19 cases in other areas/units of the facility**, then CCNH will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

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. CCNH will prioritize visitors

that visit regularly (e.g. weekly), although any visitor can be tested. CCNH will 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 will not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.**

Representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems will not be required to be tested or vaccinated.

Limit Restrictions for General Visitation:

- Consistent with DOH policy, CCNH will not restrict visitation without a reasonable clinical or safety cause.
- Residents who are on transmission-based precautions for confirmed or suspected COVID-19 or an exposure to COVID-19 as defined by the CDC will only be eligible to receive virtual, window or in-person compassionate care situations with adherence to transmission-based precautions. This restriction will be lifted once transmission-based precautions are no longer required per CDC guidelines.

Personal Caregiving Visits:

- The Essential Caregiver Act implemented the personal caregiving visitation regulations that are effective when there is a declared State or local public health emergency. At this time there is no Statewide public health emergency.

Compassionate Caregiving Visits:

- Consistent with State and federal requirements, CCNH will permit compassionate care visits at all times, regardless of any general visitation restriction or personal caregiving restriction. CCNH will ensure the following safeguards are in place:
 - Screening for signs and symptoms of COVID-19 and exposure to COVID-19 prior to entering CCNH;
 - Consideration for appropriate infection control and prevention measures if physical contact is necessary (i.e. contact would be beneficial for the resident's mental or psychosocial wellbeing), including appropriate use of personal protective equipment and adherence to hand hygiene protocols; and
 - Method(s) to determine the compassionate caregiver's appropriate donning of PPE and compliance with acceptable infection control and prevention measures.
 - Compassionate care visits will be considered by CCNH on a resident-specific, individualized basis.

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. 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.

In addition, CCNH will follow the additional guidelines outlined:

- Staff will ensure safe distance and appropriate masking is in place throughout the visit.
- Appropriate signage regarding facemask or face covering utilization and hand hygiene.
- 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 of purposes of inspection and potential contact tracing. Documentation must include the following for each visitor:
 1. First and last name of visitor;
 2. Physical street address of the visitor;
 3. Daytime and evening telephone number;
 4. Date and time of visit; and,
 5. Email address if available.
- The nursing home must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
- CCNH will provide alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents.
- CCNH will provide a fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet 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.
- CCNH 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.
- CCNH will 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.
- CCNH requires visits be prescheduled through the activities department but will attempt to make special accommodations as long as the facility is able to maintaining core principles of infection prevention and control.
- Visitation days and times are subject to change based on current health conditions, community threat level, staffing and weather conditions.
- CCNH 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. All visitors are required to stay in the designated area throughout his/her visit.

- 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.

Communal Dining and Activities:

Communal dining and activities may occur while adhering to the core principles of COVID-19 infection prevention. 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 dining in the communal area, all residents must wear face coverings when not eating and unvaccinated residents should physically distance from others.

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). Group activities may occur without the use of face coverings or social distancing if all residents that are participating are fully vaccinated. If any residents that are not fully vaccinated are participating, all residents must wear a face covering and unvaccinated residents should physically distance from others. CCNH may be able to offer a variety of activities while also taking necessary precautions i.e. book clubs, crafts, movies, exercise and bingo can be facilitated with alterations to adhere to the guidelines for preventing transmission.