



455 Cayuga Road, Suite 200 | Buffalo, NY 14225 | (716) 826-2010 | Fax: (716) 826-2257  
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## GUIDANCE FOR FACILITY VISITATION:

1. 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.
2. These core principles are consistent with CDC guidelines for nursing homes and will be **adhered to at all times**. Additionally, visitation will be person-centered and will consider the residents' physical, mental, and psychosocial well-being, and support their quality of life.
3. The risk of transmission will be further reduced through the use of physical barriers (e.g., clear Plexiglass dividers, curtains). Visits will be conducted with an adequate degree of privacy. **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.** By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.



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## Outdoor Visitation

1. 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. Visits will be held outdoors whenever practicable.
2. Weather considerations or an individual resident's health status (e.g., medical condition(s), *COVID-19* status) may hinder outdoor visits. For outdoor visits, the facility 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  $\geq 2$  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.***

## Indoor Visitation

1. Facilities will allow indoor visitation at all times and for all residents (regardless of vaccination status), **except** for a few circumstances when visitation is limited due to a high risk of *COVID-19* transmission (exception- compassionate care visits are 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>***

2. Facilities 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, the facility 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.
  - 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 will attempt to enable in-room visitation while adhering to the core principles of *COVID-19* infection prevention.



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- 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

1. 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.
2. The facility will adhere to regulations and guidance for *COVID-19* testing including routine staff testing, testing of individuals with symptoms, and outbreak testing.
3. When a new case of *COVID-19* among residents or staff is identified, the facility will immediately begin outbreak testing every 3-7 days 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 will resume for residents in areas/units with no *COVID-19* cases. However, the facility will 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 will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
4. While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities will continue all necessary rounds of outbreak testing.
5. If subsequent rounds of outbreak testing identify **one or more additional *COVID-19* cases in other areas/units of the facility**, then facilities will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

**NOTE:** In all cases, visitors will 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

1. Testing will be offered to visitors.
2. The facility will prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities will also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days).



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3. Visitors will be encouraged 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. 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

1. If a visitor tests positive for SARS-CoV-2 by a diagnostic test and the visit to the facility 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.
2. Exposures among visitors and residents will 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.
3. The following will 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:
  - the visit was supervised by an appropriate facility staff member; and
  - the visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
  - the visitor complied with all *COVID-19* precautions including hand hygiene and appropriate use of a face mask or face covering, and
  - the visitor and the resident maintained at least 6 feet of distance from each other for the entire duration of the visit; and
  - the visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.
4. Appropriate action will be taken with respect to residents only, if all of the above are confirmed, the resident who received the visit will 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 will be monitored for symptoms and have temperature checks every shift. Testing for SARS-CoV-2 will be considered for greater assurance of the resident's *COVID-19* status, every 3 to 7 days for at least 14 days.
5. If all of the above cannot be confirmed by the facility, the facility will 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), the facility will 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).
6. Facility staff who are exposed according to CDC HCP exposure guidance will be furloughed. See: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. If contacts include other visitors, those visitors will be considered exposed if contact was within 6



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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 will be reported by the facility to the local health department where the individual resides.

### **Compassionate Care Visits**

1. 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, **are 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, the facility will work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.
2. 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**

1. The facility will not restrict visitation without a reasonable clinical or safety cause. The facility will facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above.
2. Residents who are on transmission-based precautions for *COVID-19* will receive visits that are virtual, through windows, or in-person for 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 and other visits may be conducted as described above.

### **Access to the Long-Term Care Ombudsman and any other Government Agency**

1. The facility will provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. During this PHE, in-person access may be limited due to infection control concerns and/or transmission of *COVID-19*, such as the scenarios stated above for limiting indoor visitation; however, in-person access will not be limited without reasonable cause.



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2. CMS requires representatives of the Office of the Ombudsman to adhere to the core principles of *COVID-19* infection prevention as described above. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of *COVID-19*), facilities will, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology.
3. The facility will allow the Ombudsman access to examine the resident's medical, social, and administrative records as otherwise authorized by State law.
4. The facility will allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000).
5. Federal and state surveyors **are not required** to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of *COVID-19*. Surveyors are required to adhere to the core principles of *COVID-19* infection prevention and adhere to any *COVID-19* infection prevention requirements set by state law.

### **Entry of Healthcare Workers and Other Providers of Services**

1. 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., are 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.
2. 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, must adhere to the core principles of *COVID-19* infection prevention and must comply with *COVID-19* testing requirements.

### **Communal Dining and Activities**

1. 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**).
2. The facility 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.)
3. 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).



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4. The facility may 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.