

**DALEVIEW CARE CENTER
POLICY AND PROCEDURE
RESUMPTION OF VISITATION – COVID-19
Effective as of 6/28/2021**

POLICY

In accordance with the New York State Department of Health Advisory, dated March 25, 2021 Daleview Care Center will facilitate the resumption of resident visitation in a manner that will afford each resident the ability to visit with family member / partner / close friend of their choice and meet with a representative of the Long-Term Care Ombudsman Program. The facility will ensure safety and adherence to infection prevention strategies during the visitation to minimize any potential spread of COVID-19 infection and avoid a serious impact on the health and wellbeing of all residents and healthcare workers.

PURPOSE

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

To ensure that all residents are afforded an opportunity to safely visit with individuals of their choice under conditions that will assist with the prevention of transmission of COVID-19.

GENERAL INFORMATION:

Daleview Care Center will evaluate and review the specific criteria set forth by the NYSDOH Health Advisory related to Facility Visitation to ensure compliance.

Facility criteria:

- The facility is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the NHSN.
- The facility must retain a copy of the revised visitation plan where it is 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.
- There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing as reported on daily HERDS submissions.
- Visitors should be able to adhere to the core principles and staff must provide monitoring for those who may have difficulty adhering to core principles, such as children.
- Facility will 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). DVCC will consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
- Facility will limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a

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room 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.

- Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of the facility, including visitors. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.
- The numbers of visitors to the nursing home must not exceed twenty percent (20%) of the resident census at any time and the number of visitors and time allocated to visitation should take into consideration that many residents and their loved ones will want avail of such visits.
- Facility has adequate supplies of PPE and essential cleaning and disinfection supplies to care for residents. Supplies will be monitoring to ensure 60 days of supplies consistently on hand.
- 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.
- 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.
- Adequate PPE must be made available to ensure residents wear a face mask, if medically able to utilize a face covering during visitation. Visitors must wear a face mask or face covering at all times when on the premises of the nursing home and maintain social distancing. The facility will have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
- Facility will 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.
- The nursing home will develop a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors.

Community criteria:

- Facilities must use the CMS COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site (link available at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>) as additional information to determine how to facilitate indoor visitation, and must abide by the following:
 - **Low (<5%)**
 - Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).

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- For county COVID-19 positivity rates below 5%, visitor testing is strongly encouraged; facilities may utilize rapid testing.
- **Medium (5% – 10%)**
 - Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).
 - **Visitor testing is required.** Visitors must either: present a negative COVID-19 test result from within the past seventy-two hours (72), or facilities may utilize rapid testing to meet the testing requirement. Additionally, all visitors must adhere to all infection control practices.
- **High (>10%)**
 - Visitation must only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies. Facilities should offer rapid testing whenever possible.

Daleview Care Center will comply with all guidelines put forth by the NYSDOH regarding visitation. The facility will monitor information shared by the NYSDOH related to visitation and will revise this policy as needed to remain in compliance with NYSDOH visitation guidelines.

Daleview Care Center will implement additional visitation guidelines, as indicated, to ensure the safety of visitation and facility operations.

PROCEDURE:

General Guidelines:

1. While not required, visitors are encouraged to present a verified COVID-19 negative test result within the last 72 hours prior to coming to the facility.
2. Appointments to visit are required in advance to allow an equitable opportunity for all residents to have visitors. Residents will receive visitors on a rotational basis.
3. Limited visitation, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP), and resident advocacy organizations, will be permitted. Resident/resident representative preferences for which they want to visit will be honored.
4. Visitation will be limited to designated areas identified by the facility – first floor dining room, Manor dining room and Manor library. Visiting areas will have easily accessible alcohol-based hand rub, for residents, visitors, and staff.
5. The facility may conduct outdoor visitation whenever practicable - Weather (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), resident's health status (e.g., medical condition(s), COVID-19 status), and facility's outbreak status.

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6. No more than two (2) visitors will be allowed per resident and must be at least 16 years of age. Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.
7. Visitation will take place daily between the hours of 9 am to 11:00 am and 3 pm to 5 pm.
8. 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 facility. Masks will be available for visitors as needed.
9. Visitors must perform hand hygiene using the ABHR upon arrival and 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.
10. Screening shall consist of both temperature checks and completing the 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. Screening documentation will also include important information that includes the visitors physical address, telephone numbers, and emails, if available, for the purpose of inspection and contact tracing.
11. Visitor/s will be escorted to and from visitation location.
12. Social distancing requirement of 6 feet to other residents– no physical contact if resident is unvaccinated
13. Visitation guidelines and fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings will be posted in the designated area and at the screening area. Visitors will be provided with the guideline and fact sheet upon initial screening.
14. Residents who are participating in a scheduled visitation will wear a facemask or face covering if tolerated.
15. Current COVID-19 positive residents and residents with COVID-19 signs or symptoms remain ineligible for in-person visits. In these instances, every effort should be made to accommodate visits using electronic devices and alternative visitation techniques (phone calls, window visits, Face time, Skype, Zoom meetings, etc.).
16. Long-Term Care Ombudsman Program representative has a responsibility to provide COVID test results obtained in last 72 hours unless able to provide proof of vaccination, at least two weeks after receiving the second vaccine or J&J vaccine, only negative results will be acceptable for visitation. The facility may utilize the rapid testing to meet the testing requirement.

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- a. The LTC Ombudsman Program representative will be screened using the standard procedure for screening a staff and will be prevented from visiting if screening criteria are not met
 - b. The LTC Ombudsman Program representative will utilize appropriate PPE during the duration of their visit
17. If visitation is suspended per NYSDOH directives, visitation will continue by utilizing other visitation means (phone calls, window visits, Face time, Skype, Zoom meetings, etc.).
18. Visitor will be responsible to self-monitor for signs/symptoms of COVID-19 for at least 14 days after exiting facility. Visitor will be reminded of responsibility to self-isolate at home if symptomatic, contact their health care provider and immediately notify the facility of the date that the individual last visited
19. Visitors are expected to comply with the facility's COVID-19 infection prevention and control practices i.e. frequent hand hygiene using the ABHR, use of facemask/covering; and restrict their visit to the location designated by the facility.
20. 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.
21. The QA Committee will be responsible in reviewing the visitation program to ensure compliance with the current NYSDOH Health Advisory, and CDC and federal guidelines.

Note:

Compassionate Care Visitation will continue during Resumption of Resident Visitation

- End-of-Life condition identified, and individualized plan of visitation implemented.
- Compassionate care visits should include:
 - Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support.
 - Residents recently grieving the loss of a friend or loved one.
 - Residents who previously received in-person support and/or cueing from family for eating and drinking and are now experiencing dehydration and/or weight loss.
 - 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.
 - Residents who receive religious or spiritual support from clergy or another layperson.

Responsibilities:

Administration is responsible for:

- Monitoring that all aspects of the Resumption of Resident Visitation are

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implemented per policy.

- Ensuring that the NY Forward Safety Plan is accurately completed and submitted to covidnursinghomeinfo@health.ny.gov. The Administrator will maintain a copy of the plan in an accessible location so that it is immediately available upon request of the NYSDOH or local health department.
 - Any changes to the plan will be communicated to the NYSDOH
- Ensuring a copy of the facility's formal visitation plan is posted to the public and broadcasted via email or letter to provide visitors with clear guidelines for visiting.
 - If there is a pause in visitation due to an increase in the number of residents and/or staff with a confirmed positive COVID-19 diagnosis, this information will also be communicated.
- Arranging for maintaining a format of screening documentation that will be available upon NYSDOH request for purposes of inspection and potential contact tracing. The document will include the following information:
 - First and last name of visitor
 - Physical (street) address of visitor
 - Daytime and evening telephone number
 - Date and time of visit
 - Email address, if available, and
 - A notation indicating the individual cleared screening
- Assigning responsibility for the development of an easy-to-read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings.
- Denying visitation if they believe visitation circumstances pose a risk of transmitting COVID to the facility.
- Ensuring a sufficient supply of PPE is available for visitor and LTC Ombudsman Program representative use if the individual arrives at facility without PPE or face covering.

Infection Preventionist/designee will be responsible for:

- Maintaining statistical information regarding COVID-19 cases in the facility and communicating with IC Committee when a new COVID-19 case is identified via testing.
- Providing Administration with COVID-19 data upon request.
- Conducting periodic rounds of the designated visitation area during visitation hours to assess infection control practices being utilized by visitors, residents and staff.
 - Rounds will include an assessment of a sufficient supply of ABHR, cleaning supplies, etc. being available for use.

Directors of Social Work and Recreational Therapy will be responsible for:

- Developing an education plan for residents prior to the residents receiving visitors.
- Will have SW and RT staff visit each resident or have a discussion with resident or resident representative to identify who they would like to visit and document this information in the medical record in the CCP.
 - If resident indicates preference for multiple individuals to be allowed to visit, plan needs to be developed to afford all identified individuals an opportunity to visit (consider requesting family to develop their own

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visitation schedule between family and friends requested to visit)

- Assign staff responsibility for escorting visitors to and from visitation.

Directors of Nursing, Social Work and Recreational Therapy will be responsible for:

- Developing visitation guidelines for distribution to each visitor when the individual arrives at the facility.
- Working together to develop schedule for which residents will receive visitors on scheduled visitation days.
 - Schedule will take into consideration NYSDOH directive that no more than 20% of the residents can be allowed to have visitors at any time.
 - This will vary based on size of facility and current population.
 - Reminder: No more than 2 visitors per resident are allowed

Director of Nursing/designee will be responsible for:

- Ensuring Nursing Units have visitation schedule for the following day so that unit staff can plan care and preparation for visit
- Assigning CNAs to escort resident to visitation area and returning resident to their unit following visit.
- Educating assigned CNAs regarding responsibility for monitoring visitation to ensure visitation protocols are followed.
 - Social distancing of visitor and resident – at least 6 feet between visitor and residents if resident is not vaccinated

Screener will be responsible for:

- Screening/PPE Use for entry to the facility/visitation:
 - All individuals entering the facility or visiting the facility to participate in a visit will be screened. This includes:
 - Temperature checks for all individuals seeking entry or scheduled for an outside visit with a resident
 - All visitors must wear a cloth face covering or facemask; facemasks/ coverings are required for all visits
 - Facility procedure for questioning individuals seeking entry to the facility regarding symptoms and potential exposure will be followed
 - Screener will also observe individual for signs/symptoms of COVID
- Following established procedure when there is identification of temperature elevation or information obtained during questioning indicates the need for additional screening.
- Directing all visitors to complete the information form that contains visitor information
- Providing the facility's fact sheet to each visitor upon initial screening.
- Maintaining a current copy of all screening questions at the screening site, including questions regarding international travel or travel to other states designated under the Commissioner's travel advisory.
 - This information must be available if requested by NYSDOH.

Plant Operations will be responsible for:

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- Prior to initiation of visitation, creating safe spaces through various means available to them, such as
 - Installing social distance markers or signs to denote 6 feet of spacing and readily available ABHS.
 - Ensuring that the visitation space is well ventilated and can safely accommodate individuals with proper social distancing.
- All areas of visitation will be assessed on a daily basis to ensure that the area remains safe and if repairs are needed to maintain a safe environment these will be done during non-visitation hours.

Environmental Services Director will be responsible for:

- Developing cleaning plan of visitation areas and designated rest room for visitor use
- Assigning staff to clean visitation area
 - Prior to use of the visitation area
 - After each scheduled visitation session ends
 - End of day cleaning
- Implement a schedule for checking and refilling all ABHR dispensers at screening area and in visitation area
- Monitoring that cleaning and disinfection supplies are adequate to meet the needs of the facility, including supporting the visitation program
 - An EPA-approved disinfectant will be used to clean all furniture and separation barriers

Staff Educator will be responsible for:

- Full staff education on the Resumption of Resident Visitation P&P

QAPI Committee will be responsible for:

- Reviewing and finalizing the Resumption of Visitation Policy and Procedure
- Conducting periodic review and update of the Visitation Policy and Procedure when new directives are issued by the NYSDOH
- Monitoring that no more than 20 percent (20%) of the residents receive visitors at the same time

Visitation & Cleaning Schedule

- 9:00AM – 11:00AM - visit
- 1:00PM – 2:00PM – clean and prepare areas for PM visits
- 3:00PM – 5:00PM – visit
- 7:00PM – end of day cleaning/preparation for next day visits