



COVID-19 CNRC Visitation Policy

Effective Date: January 17, 2022

We recognize that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends and residents have the right to make choices about aspects of their life in the facility that are significant to the resident. We acknowledge there are still risks associated with visitation, however, adherence to the core principles of COVID-19 infection prevention mitigates these concerns.

The resident may deny or withdraw consent for a visit at any time. If a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (such as in the resident's room), the resident must be allowed to receive visitors as he/she chooses.

1. All visitors must have proof of a negative SARS-CoV-2 test result one day prior to visitation for antigen tests (rapid) and two days prior to visitation for NAAT (e.g., PCR) tests. All visitors may use either NAAT testing or antigen testing. This means, for example, that a test for a Sunday visit should be conducted no earlier than Saturday if it's an antigen test or Friday if it's a PCR test. Any PCR or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
 - a. For visitors who visit for multiple days, including a visitor who comes every day, proof of negative testing is required as often as feasible, at a minimum every third day (meaning at a minimum testing is required on day one, day 4, day 7, and so on)
 - b. The facility may provide a visitor with an iHealth OTC COVID-19 Antigen Rapid Test if he/she does not have other valid proof of a negative test conducted in the required timeframe, and the visitor should test him/herself at the facility. The results of self-testing for visitors will not need to be reported either to ECLRS or to HERDS.
 - c. The facility can offer to conduct onsite testing of visitors, as needed. The facility will keep records of SARS-CoV-2 tests and must be made available, upon request to the local health department (LHD) and the New York State Department of Health.

Exemptions:

The following are exempt from the testing requirements;

- a. Representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. If an ombudsman is planning to visit a resident who is on transmission-based precautions or in quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room. Representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above.



- b. Compassionate caregiving visitors, within the meaning of Public Health Law §2801-h, who are visiting in anticipation of the end of a resident's life or in the instance of a significant mental, physical, or social decline or crisis of a resident. In any case where such an exception is made, the visitor must wear any additional personal protective equipment (PPE) that facility personnel deem appropriate to the situation. Emergency medical services (EMS) personnel are not subject to testing requirements
2. Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for Quarantine, should not enter the facility.
3. All visitors will wear a facility issued disposable mask. The facility will provide the visitor with a face mask if needed.
4. Adherence to written screening protocols will be followed by all persons entering the facility or grounds of the nursing home, including staff, visitors, vendors, students and volunteers
5. **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.**
6. Allow for 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.
7. EMS personnel do not need to be screened, so they can attend to an emergency without delay.

In addition, the facility must follow the guidelines outlined below which include ensuring each of the following:

- a. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
- b. Appropriate signage regarding facemask or face covering utilization and hand hygiene.
- c. Screening for signs and symptoms of COVID-19 prior to resident access.
- d. 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:
 - i. First and last name of the visitor;
 - ii. Physical (street) address of the visitor;
 - iii. Daytime and Evening telephone number;
 - iv. Date and time of visit; and
 - v. Email address if available
- e. There is adequate PPE made available by the nursing home to ensure residents wear a face mask, or if unable a face covering, during visitation, if medically able to utilize a face



mask. Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

- f. Visitors must wear a paper face mask at all times when on the premises of the nursing home and maintain social distancing. The nursing home must have adequate supply of facility issued disposable masks on hand for visitors and make available to visitors who lack an acceptable face covering.
- g. Facilities provide alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents.
- h. The nursing home should 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.

VISITATION

8. **Outdoor visitation** is preferred (except in instances of inclement weather, excessively hot or cold temperature, or poor air quality) even when the resident and visitor are fully vaccinated* against COVID-19 and have had COVID-19 booster. Outdoor visitation generally poses a lower risk of transmission due to increased space and airflow.
 - a. *A fully vaccinated person is one who is >2 weeks following receipt of the 2nd dose in a 2-dose series, or >2 weeks following the receipt of one dose single-dose vaccine.
9. **Indoor visitation** should be allowed at all times and for all residents (regardless of vaccination status).
 - a. However, visitors should physically distance from other residents and staff in the facility and wear a paper face mask regardless of vaccination status.
 - b. If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status) visits should not be conducted the resident's room, if possible. If the health status of the resident prevents them from leaving the room, an attempt will be made to enable in-room visit while adhering to the core principles of infection control. (privacy curtain will be pulled, face covering for roommate if able to wear)
 - c. Residents in transmission-based precautions (TBP) or quarantine can still receive visitors. Visits should occur in the resident's room and the resident should wear a well-fitted face mask (if tolerated). Before visiting these residents, who are on TBP or quarantine, visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.
 - i. Adhering to the core principles of infection control
 - ii. Well-fitting face mask and/or appropriate PPE

10. Indoor visitation during an outbreak



An outbreak exists when a new nursing home onset of COVID-19 occurs among residents or staff. With appropriate safeguards, and adherence to the core principles of COVID-19 infection prevention, visitation can still occur when there is an outbreak.

- a. *While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility.*
- b. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and must adhere to the core principles of infection prevention.
 - i. When visiting during an outbreak investigation facility issued disposable mask must be worn, regardless of vaccination status.
 - ii. Visits should ideally occur in the resident's room.
- c. In all cases visitors should be notified about the potential for COVID-19 exposure in the facility.
- d. Visitor movement will be limited to the resident room or the designated visitation area.

EXPOSURES

11. Potential visit related exposures

- a. If a visitor tests positive for COVID-19 and the visit to the nursing home occurred 2 days before the visitor's symptom onset (or in the 2 days before the date of collection of the positive sample for visitors when remained asymptomatic) to the end of the visitor's isolation period, there is a potential of exposure.
- b. Exposures among visitors and residents should be evaluated using community contact tracing guidelines (contact within 6 feet and duration >10 minutes) regardless of PPE or face covering used by the visitor or the resident.
- c. 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
 - i. The visit was supervised by an appropriate facility staff member; and
 - ii. The visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
 - iii. The visitor complied with all COVID-19 precautions including and hygiene and appropriate use of a facility issued disposable mask, and
 - iv. The visitor and the resident maintained at least 6 feet of distance from each other for the entire duration of the visit; and
 - v. The visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.
- d. If all the above are met, then the resident who received the visit should
 - i. Be placed on a 14-day quarantine in a single room in the designated observation area using contact and droplet precautions and eye protection
 - ii. Be monitored for symptoms and have temperature checked each shift
 - iii. testing every 3 to 7 days for at least 14 days.



- e. if all of the above cannot be confirmed then;
 - i. proceed as you would after identification of a COVID-19 positive staff member
- 12. facility staff who are exposed according to CDC HCP exposure guidance should be furloughed See *Policy-Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19*

TESTING AND VACCINATION

13. Visitor testing and vaccination:

- a. **All visitors must have a proof of a negative COVID-19 test taken within 24-48 hours of their visit. (Rapid-24 hours, PCR-48 hours)**
- b. **Visitors are not required to show proof of COVID-19 vaccination as a condition of visitation**
- c. Ombudsman and protection and advocacy systems are not required to be tested prior to entering the facility and do not need to show proof of COVID-19 vaccination or booster.
- d. If the visitor chooses to have the facility provide a COVID-19 rapid antigen test:
 - i. Visitor will be given a COVID-19 fact sheet
 - ii. Visitor will sign COVID-19 vaccination consent form
 - iii. If assistance is needed a Rapid antigen COVID-19 test will be performed by the nursing staff personnel
 - iv. Testing will be performed in the beauty salon
 - v. Visitors will wait the designated length of time in the beauty shop while waiting for results
 - vi. Visitor will be given a copy of the COVID-19 test results
 - vii. A COVID-19 test log will be completed and made available to the local health department or the state department of health when requested. Results of the COVID-19 test will be reported to ECLARS, HERDS and any other required federal or state reporting regulation.
 - viii. Visitors with positive COVID-19 test results will not be permitted in the facility and will be advised to contact their health care provider.

- 14. **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
 - a. Surveyors should also adhere to the core principles of COVID-19 prevention, and adhere to any COVID-19 infection prevention requirements set by state law
 - b. CMS states that facilities shall not restrict visitation without a reasonable or safety cause outline 42CFR 483.10(f)(4)

- 15. **Entry or Health care Workers and Other Provider of Services.** Health care workers who are not employees or the facility but provide direct care to the facility residents, such as hospice workers, EMS personnel, laboratory technicians, 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.

COMMUNAL DINING AND ACTIVITIES

Recommended approaches:

1. Consistent with CMS and CDC guidance, communal dining and activities may occur while adhering to the core principles of COVID-19 infection prevention. The safest approach is for everyone, regardless of vaccination status, to wear a facility issued disposable mask while in communal areas of the facility.

RESIDENT OUTINGS

Facilities must permit residents to leave the facility as they choose. When a resident leaves the facility for an outing, the facility will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same.

Upon the resident return to the facility the following actions will be taken

- Screen resident upon return for signs or symptoms of COVID-19
 - If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19 regardless of the vaccination status. Place the resident in quarantine if the resident has not been fully vaccinated.
 - If the resident develops signs or symptoms of COVID-19 after an outing, test the resident for COVID-19 and place the resident of Transmission-Based Precautions regardless of vaccination status.
- Unvaccinated resident who leave the nursing home frequently or over a prolonged length of time, such as over 24 hours may be tested for COVID-19 upon return.
- Unvaccinated residents who leave the facility may be subject to quarantining upon return if based on as assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measure.
- Monitor residents for signs and symptoms of COVID-19 daily.
- Residents who leave the facility for 24 hours or longer should be managed as a new admission/readmission if not vaccinated and unknow COVID status.

Compassionate Care Visits

Compassionate care visits are allowed at all times, for any resident regardless of a resident's vaccination status, the county's COVID-19 positivity rate or an outbreak. The facility will work with families, caregivers, resident representative, and the Ombudsman program to facilitate compassionate care visits.



Visits required under federal disability right law require the facility to allow immediate access to a resident by any representative of the protection and advocacy systems and any agency responsible for the protection and advocacy system for individuals with a mental disorder. This does not preclude nursing homes from imposing legitimate safety measure that are necessary for safe operation, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

When communicating with individuals who are deaf or hear of hearing, it is recommended to use a clear mask or mask with a clear panel.

OMBUDSMAN PROGRAM

The facility must provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. If an ombudsman is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room and adhere to the core principles of COVID- 19 infection prevention. If the resident or the Ombudsman program requests alternative communication in lieu of an in-person visit, facilities must, at a minimum, facilitate alternative resident communication with the Ombudsman program, such as by phone or through use of other technology. Nursing homes are also required under 42 CFR § 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

SURVEY CONSIDERATIONS

The facility will not restrict access to surveyors based of vaccination status, nor ask a surveyor for proof of his/her vaccination status as a condition of entry. Surveyors will be screened upon entry and every 12 hours and expected to wear a facility issued disposable mask and appropriate PPE when needed. The facility will provide the PPE to the surveyors if needed.

CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility.
- All visitors will be screened before entering the facility.
- Hand hygiene (use of alcohol-based hand rub is preferred).
- Facility issued disposable mask (covering the mouth and nose) and physical distancing at least six feet between people
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, wearing of face covering or mask, specified entries, exits and hand hygiene.
- Cleaning and disinfecting high-frequency touch surfaces in the facility often, and designate visitation areas after each visit.



- Appropriate use of PPE
- Effective cohorting of resident
- Resident and staff testing conducted as required

RENOVATION AND CONSTRUCTION

Resumption of existing construction projects, and specifically, those projects directly impacting the lives of nursing home residents that were previously approved by the Department with submission of and approval by the Department may move forward with submission of and approval by the Department of a revised mitigation/prevention plan outlining at a minimum, testing, screening, PPE use, distance from residents, etc.

Note: Under no circumstance, will the Department allow for such resumption of a renovation or construction project(s) in or adjacent to a functioning and occupied dedicated COVID unit.

Information for healthcare providers on topics related to COVID-19 is readily available on the Department of Health public website at <https://coronavirus.health.ny.gov/informationhealthcare-providers>

Questions may be routed to covidnursinghomeinfo@health.ny.gov.

References:

[Notification_107871_nursing_home_staff_and_visitation_requirements_NYSDOH_1_12_22.pdf](#)

DAL-NH 21-27. November 16, 2021. Revised Nursing Home Visitation Guidelines. [NYSDOH - DAL NH 21-27 Visitation 11-16-2021.pdf](#)

QSO-20-39-NH. Revised 11/12/21. CMS Nursing Home Visitation-COVID-19 (revised). [QSO-20-39-NH REVISED \(cms.gov\)](#)

Health Advisory: Revised Skilled Nursing Facility Visitation. QSO-20-39-NH. April 27, 2021. [QSO-20-39-NH REVISED \(cms.gov\)](#)

CDC. Preparing for COVID-19 in nursing homes. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

QSO-20-38-NH. CMS. August 26,2020. Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Too. [QSO-20-38-NH \(mo.gov\)](#)