



ADIRONDACK HEALTH

DEPARTMENT: Administration	POLICY TITLE: Visitation Policy (Temporary for COVID)
PAGE 1 of 5	REPLACES POLICY DATED: 12/28/12, 8/01/17, 4/25/18, 3/2020, 7/20/20
EFFECTIVE DATE: 9/17/20	POLICY NUMBER:
APPROVED Dave Mader, CNO	PREPARED BY: Madaline Toliver, Administrator
SIGNED:	DATED:

DISTRIBUTION: All Departments

PURPOSE:

Our residents have the right to spend time with visitors of their choosing. To have private time with them and have them visit for as long as desired as long as the visit does not intrude on the care or infringe upon the privacy rights of others. Visits may be from family, a physician, a representative from the health department, or a Long-Term Care Ombudsman, among others.

The COVID-19 virus presents an imminent risk to older adults, particularly those living in congregate care. COVID-19 came into nursing homes mainly through asymptomatic staff and visitors (unknowingly). Visitors introduce COVID-19 infection into the nursing home if they are ill as a result of community transmission, internationally or in the US, or have had close contact (within 6 feet) to person(s) known to have or reasonably suspected of having COVID-19.

Recent guidance provides protocols allowing for visitation and on-site long-term care Ombudsman services. Other modes of communication between our residents and the community will continue.

POLICY:

Limited visitation may resume under the following conditions:

1. Full compliance with both state and federal reporting requirements including COVID-19 focus surveys, daily HERDS, weekly staff testing surveys, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
2. Completion of the NY Forward Safety Plan, and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov . The facility must retain a copy of the plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. Any changes to the plan must immediately be communicated to the 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).

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3. No staffing shortages as evidenced by the Mercy staffing plan and as reported through weekly submissions to the NHSN.
4. Absence of any new nursing home onset of COVID-19 in the nursing home as reported to the Department on the daily HERDS survey and as reported weekly to the NHSN for a period of no less than **fourteen (14) days**.
5. Access to adequate testing. A testing plan must be in place that, at a minimum, ensures that all consenting nursing home residents have received a single baseline COVID-19 test. In addition, the facility must have the capability to test, or can arrange for testing of, all residents upon identification of any individual with symptoms consistent with COVID-19. If a staff member tests positive for the SARS-CoV-2 virus, the facility must have the capacity to continue weekly re-testing of all nursing home residents until all residents test negative.
6. An executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained and rapidly reported to the nursing home.
7. Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors.
8. The number of visitors **must not exceed ten percent (10%)** of the resident census at any time and only two visitors will be allowed per resident at any one time.
9. Visitors under the age of 18 years old are prohibited from visiting residents at this time.

PROTOCOLS:

When all of the aforementioned criteria have been satisfied, and when activated, Mercy will follow the guidelines outlined below (as included in the Mercy Living Center NY Forward Safety Plan). All staff must uphold visitation rights for all residents.

1. Visitation should be limited to outdoor areas, weather permitting and under certain circumstances in an inside, well ventilated space with no more than ten individuals who are appropriately socially distanced and wear a facemask or face covering while in the presence of others.

In-person/face to face visits:

Visitation is limited to primarily outdoors under the pergola at the front of the building. In case of inclement weather, including heat and humidity, indoor visits will take place in the Happy Days Café area.

Limited visitation hours are subject to change. When permitted, limited visitation will be scheduled for 30 minutes slots, Monday through Friday, 2pm-4:30pm, by appointment only. Visits will be 30 minutes in length. There will be no weekend or holiday visits.

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Window visiting:

Window visitation is available in Happy Days Café on the Main level and 2 areas on Warde unit on the Ground floor. Appointments are scheduled via the Unit Secretaries.

- Visitors must come to the window wearing a mask.
- Cellphones or an amplification device may be available upon request.

Bedside visitation:

Compassionate Care – A visitor providing support in an imminent end-of-life situation or for a family member of the resident in an imminent end-of-life situation, and those providing Hospice care will be made on a case-by-case basis.

- Visitor movement will be limited to the resident room and where instructed by the supervisor on duty.
- Visitors will adhere to Health Check screening protocols and temperature check, continue good hand hygiene practices and use personal protective equipment (PPE), such as facemasks while in the building.

2. At this time, visitation is strictly prohibited in resident rooms or care areas with few exceptions such as situations referenced in #6 below, end of life visits. In those instances, all other requirements listed in this directive apply.

3. Limited visitation, including representatives from the long-term care ombudsman program, will be permitted, under the following conditions:

- 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. Signage maintained regarding facemask utilization and hand hygiene, and applicable floor markings to cue social distancing delineations.
- c. Visitors, including long-term care ombudsman, are screened for signs and symptoms of COVID-19 prior to resident access. Additionally, the visitor must present a verified negative test result within the last week (7 days) and visitation must be refused if the individual(s) fails to present such negative test result, exhibits any COVID-19 symptoms, or does not pass screening questions.
- 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 for each visitor or representative of the long-term care ombudsman program (LTCOP):
 - 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

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- e. There is adequate PPE made available to ensure residents wear a face mask, or if unable a face covering, during visitation.
- f. Visitors must wear a face mask or face covering at all times when on premises and maintain social distancing. An adequate supply of masks must be on hand for visitors and made available to visitors who lack an acceptable face covering.
- g. Alcohol-based hand rub will be available to visitors or representatives of the long-term care ombudsman visiting residents and those individuals are able to demonstrate appropriate use.
- h. Provide a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided to residents and families/representative prior to and upon initial screening to all visitors.

4. All non-essential personnel as outlined below are subject to the same infection control requirements as staff, including but not limited to testing for COVID-19 with the same frequency as for staff; screening, wearing a mask, performing hand hygiene, maintaining social distancing.

- Allow for students enrolled in programs to become licensed, registered or certified health care professional provided the nursing home environment is appropriate to the student’s education, training and experience.
- 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 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.***

Vendors

Will be directed to drop-off deliveries in the loading dock and as directed without direct contact with staff. Vendors are expected to follow appropriate CDC guidelines for Transmission-Based Precautions.

Other:

Mail couriers will drop-off mail at the main entrance of the building without entering the building.

Adirondack Health personnel entering the building will abide by the current guidance for surveillance.

Failure to adhere to the above protocols will result in prohibition from visiting for the duration of the COVID-19 state declared public health emergency.

End of Procedure

<p>REFERENCES: <i>Reference to all applicable laws, rules, regulations and standards.</i></p> <p>FEDERAL LAW, NEW YORK STATE LAW, JCAHO STANDARD NYS DOH Nursing Home Advisory</p>
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