

 <p>Little Sisters of the Poor JEANNE JUGAN RESIDENCE</p>	<p>POLICIES AND PROCEDURES</p> <p><u>Title:</u> <i>Infection Control Visitation, Communal Dining & Activities</i></p>
<p><u>Department:</u> All Departments</p>	<p><u>Date Initiated:</u> August 2020 <i>Rev 07/28/21</i></p>

POLICY

The facility shall facilitate visitation for residents, families and resident representatives while ensuring safety and adherence to infection prevention strategies to minimize any potential spread of infection. This will be done in accordance with all state and federal guidance for the prevention of COVID-19.

The following information is provided by the Department of Health.

PURPOSE

To promote and enhance resident quality of life by implementing visitation and to combat psychological impacts of isolation from family and representatives while mitigating the risk of COVID-19 resurgence in the community.

DEFINITIONS

A. Fully Vaccinated (against COVID-19): Refers to a person who is ≥ 2 weeks following receipt of 2nd 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 Recommendations for Vaccinated Persons*

B. Outbreak (COVID-19): exists when a NEW nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among resident and/or staff).

C. COVID-19 Exposure: defined as:

1. being within approximately 6 feet (2 meters) of a COVID-19 case or a suspected COVID-19 case; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case;
2. being in close contact for a total of 10 minutes or more over a 24-hr period (cumulative) regardless of PPE

CRITERIA

As per NYSDOH on **July 8, 2021** and in line with CMS and CDC guidelines, facilities may conduct or expand visitation and/or activities if able to continue following the core principles of infection control and prevention, under the following conditions:

Infection Control: VISITATION PROGRAM

- A. 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, daily HERDS, weekly staff testing surveys, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
- B. The facility has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staff teams, to the extent possible, to deal with COVID-positive residents and non-positive residents.
- C. The facility has completed the NY Forward Safety Plan and submitted a copy of the complete plan to covidnursinghomeinfo@health.ny.gov. The facility must retain a copy of the plan at the facility 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. The plan must reference relevant **Infection Control (IC) policies** for visitors.
- D. 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. Visitors may be asked for ID as needed. Visitors are *encouraged* to be tested within 2-3 days of visiting.

Facility may offer Antigen (Rapid) COVID-19 test for visitors who are unable to get tested before visiting if county positivity rate is more than 5%, or per most recent DOH guidelines

1. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.
2. For all who enter the facility, screening will include signs and symptoms of COVID-19, including temperature checks, questions about and observations of signs or symptoms. This includes denial of entry for those with signs/symptoms or close contact with someone with COVID-19 infection in the past 14 days.
3. In addition to screening questions, the visitor will agree that they will **report any positive COVID-19 test or symptoms that occur 48 hours after a visit**. Exposures will follow Contact Tracing guidelines. This will include initiating Contact Tracing upon notification from a visitor that he/she tested positive for SARS-CoV-2 by a diagnostic test, and/or developed symptoms associated with COVID-19 during the forty-eight (48) hours following visitation. The facility will use the following guidelines to determine the potential for exposure:
 - a. the visit was supervised by an appropriate facility staff member; and

Infection Control: VISITATION PROGRAM

- b. the visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
- c. the visitor complied with all COVID-19 precautions including hand hygiene and appropriate use of a face mask or face covering, and
- d. the visitor and the resident maintained at least 6 feet of distance from each other for the entire duration of the visit; and
- e. the visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.

3.1 If all IC principles met as above, the resident they visited will be placed on **Transmission-Based Precautions (TBP) in a single room for 14 days under observation.** The resident will be tested for COVID-19 infection every 3-7 days x 14 days.

3.2 If all IC principles were NOT met in an exposure, the facility will **initiate outbreak response** including **TBPs on affected unit(s) or entire facility as necessary.** Serial testing for all staff and residents every 3-7 days until there are no new positives in 14 days.

***Facility staff or visitors who identified as exposed at the facility should be reported by the facility to the local health department where the individual resides. (from NYSDOH)**

- 4. Documentation of screening will be maintained in an electronic format and available upon request of the NYSDOH. This also includes a log containing the visitors' first and last name, address, day and evening contact number, and e-mail address.
- E. A copy of the facility's formal visitation plan is posted to their public website and broadcasted via email or social media to provide visitors with clear guidelines for visiting and to announce if and when visitation is paused due to an increase in the number of residents and/or staff with confirmed positive COVID-19 diagnosis.

PROCEDURE

- 1. Beginning July 8, 2021, the facility may expand visitation and/or activities while following the NYSDOH's revised guidance.
- 2. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period will not be eligible for in-person visitation with the exception of compassionate care or end-of life visits (in adherence to TBPs). However, these residents may receive visits that are virtual visits and through their room window.

Infection Control: VISITATION PROGRAM

3. The facility will assign staff to assist with the visitor screening, transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved List N disinfectant.
4. **VISITATION HOURS AND SCHEDULING:**
 - a. The facility will provide times allocated for each visit session to ensure all residents/loved ones can be accommodated with scheduling.
 - b. Visitation hours must be by appointment only, lasting generally for thirty (30) minutes at any one time. Any visitor who comes to the facility without it having been scheduled cannot be allowed visitation. Visitation hours will usually be scheduled as follows: 11am, 1pm and 4pm.
 - c. Visitation must be scheduled with the Activities Director/designee at 347-329-1800 ext. 207 or at bxactivities@littlesistersofthepoor.org.
 - d. The facility will allow the number of visitors based on the ability to adhere to IC principles, including the ability to maintain 6 feet physical distancing between all residents and all visitors, as applicable.
 - e. Accommodations may be made for families who are unable to visit during normal visiting hours. (GNY)
5. **SCREENING AND DOCUMENTATION LOG:**
 - a. The facility shall screen all visitors for signs and symptoms of COVID-19 prior to facility entry. Visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or do not pass the screening questions.
 - i. Screening shall consist of both temperature checks and screening questions to evaluate potential exposure to COVID-19 which shall include questions regarding international or domestic travel. *As of June 25, 2021, the New York State Travel Advisory is no longer in effect. All travelers, domestic and international, should continue to follow all CDC travel requirements.*
 - ii. The facility must maintain the screening log onsite and make it available upon the Department's request.
 - iii. Visitors are *encouraged* to be tested within 2-3 days of visiting, especially if the county positivity is above 5%. The collection date or the test date shall be documented in the Visitor Screening Log.

Infection Control: VISITATION PROGRAM

- b. A Visitor Documentation Log will be kept by the facility onsite in an electronic format for potential contact tracing purposes (*see Contact Tracing Policy*) as per NYSDOH and shall include the following information:
 - 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;
 - v. Email address, if available; and
 - vi. As per NYSDOH, a notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information.
6. **LOCATION:** Facility visitation can be conducted through a variety of means:
- a. **OUTDOOR VISITATION:** Outdoor visitation is **preferred** even when the resident and the visitor(s) are fully vaccinated against COVID-19.
 - i. Visits should be held outdoors whenever practicable, weather permitting.
 - ii. Visits may take place in the facility's outside patio.
 - iii. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.
 - iv. Outdoor visitation can continue during an outbreak for residents who are NOT on transmission-based precautions or quarantine. Facilities will need to determine on a case-by-case basis whether an outbreak would affect outdoor visitation. For example, if the outbreak is larger or responding to the outbreak requires more attention by staff, then outdoor visitation may need to be on hold temporarily.
 - b. **INDOOR VISITATION:** This may include visitation in a *Dedicated Visitation Area* or in a *Resident's Room, in certain circumstances*, in accordance with the following guidelines:
 - i. Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), **except** for a few circumstances when visitation should be **limited due to a high risk of COVID-19 transmission**. An exception for compassionate care visits should be permitted at all times. These scenarios include limiting indoor visitation for:

Infection Control: VISITATION PROGRAM

- **Unvaccinated residents if the nursing home's COVID-19 county positivity rate is >10% AND less than 70% of residents are vaccinated** (*CMS County Positivity Rate: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvq>*)
 - **Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met criteria to discontinue Transmission-Based Precautions**
 - **Residents in quarantine, whether they are vaccinated or unvaccinated until they have met criteria for release from quarantine**
- ii. Indoor visitation can still occur when there is an outbreak, but there is **evidence that transmission is contained to a single area/unit**. The facility will initiate serial testing and resume visiting based on the following:
- **If the first round of outbreak testing reveals no additional COVID-19 cases in other areas** (e.g., units) of the facility, then **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. *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 should **suspend visitation for all residents** (vaccinated and unvaccinated), **until the facility meets the criteria to discontinue outbreak testing** in accordance with CMS guidance 42CFR 483.80(h) of testing all residents and staff every 3-7 days until there are no new positives for 14 days.
- iii. **Facilities should limit visitor movement in the facility.**
- In inclement weather such as high heat, or heavy rains and as facility space allows, visitation will be allowed in the designated monitored indoor area(s), in a well-ventilated space with individuals who are socially distanced and wearing a facemask or face covering while in the presence of others. This may include residents visiting each other.
 - Visitors should NOT walk around different halls of the Home. They shall be escorted directly **to and from the designated area**.

Infection Control: VISITATION PROGRAM

- Visitors are ONLY to use the designated visitor restrooms in the facility or the bathroom of the resident they visited. The restroom will be disinfected by the housekeeping staff after use.
- Housekeeping should be alerted by the nurse/activities personnel/designee upon departure of visitors for cleaning and disinfecting.
- In instances when the resident cannot leave his/her room due to medical/psychosocial reasons, visitation may take place in the Resident's room.
 - If a visit is scheduled in a Resident's room, upon arrival of visitors, a staff member will escort visitors directly to the Resident's room. When the visit is completed, visitor(s) shall ring the call bell and wait for staff for them to be escorted out of the room.

7. PERSONAL PROTECTIVE EQUIPMENT (PPE) - FACEMASK / FACE COVERING, HAND HYGIENE AND SOCIAL DISTANCING FOR VISITATION

- a. The facility shall have a designated PPE station and shall ensure that there is adequate PPE and alcohol-based hand rub (ABHR), consisting of at least 60 percent (60%) alcohol, located in said area. Surplus PPE will be stored in clean covered storage areas.
- b. The facility shall post signage regarding facemask utilization and proper hand hygiene and shall use applicable floor markings for social distancing.
- c. If a resident is fully vaccinated, they may 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.
- d. If **both** the resident and their visitor(s) are fully vaccinated **AND** the resident and visitor(s) are alone in the resident's room or designated visitation room, the resident and visitor(s) may choose to have close contact (including touch) without a mask or face covering.
- e. Partially vaccinated and unvaccinated residents and visitors shall wear a facemask or face covering (must always cover both the nose and mouth when on the premises of the facility). Masks will be available on hand as needed.
- f. If a facemask or covering is not tolerated, the resident may use a face shield.
- g. Visiting areas will have easily accessible ABHRs for residents, visitors, and staff.
- h. Facemasks or face coverings may not be shared and shall be replaced once soiled or damaged.

Infection Control: VISITATION PROGRAM

- i. The facility shall ensure that trash recipients are available for disposable items. Reusable face coverings shall be placed in designated hampers and cleaned separately by staff.
 - j. Facility staff will ensure residents/visitors shall physically distance themselves with other residents and their visitors.
8. Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.
9. **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.**
10. **PERSONAL CAREGIVING VISITS** (*Refer to Personal & Compassionate Caregiving Visitation During Public Health Emergency Policy & Procedure*)
- a. **Personal Caregiving Visitor (PCV)**: A family member, close friend, or legal guardian of a resident designated by such resident, or such resident's lawful representative, to assist with personal caregiving or compassionate caregiving for the resident.
 - b. **Personal Caregiving**: care and support of a resident to benefit such resident's mental, physical, or social well-being.
11. **COMPASSIONATE CARE VISITS**: are permitted when visitation may not otherwise be permitted in accordance with the NYSDOH's current visitation guidance (*Refer to Personal & Compassionate Caregiving Visitation During Public Health Emergency Policy & Procedure*). Compassionate care situations include:
- a. Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support.
 - b. Residents recently grieving the loss of a friend or loved one.
 - c. 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.
 - d. 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.
 - e. Residents in need of religious or spiritual support from clergy or another layperson.
 - f. Residents who are experiencing declining health condition.
 - g. Residents who are at the end of their lives.

Infection Control: VISITATION PROGRAM

*The situations above are not intended to be an exhaustive list. Additional compassionate care situations may be considered by the facility on a resident-specific basis. Visitor testing to be encouraged / facilitated wherever possible.

12. **END-OF-LIFE (EOL) VISITS:** For any resident assessed to potentially be at the end-of-life, family/resident representative will be contacted by nursing staff to allow visitation. Testing for EOL visits may be waived if screening has not generated infection control concerns. Family will be screened, provided with PPE and escorted to resident's room.
13. **COMMUNAL DINING:** The facility will facilitate communal dining while adhering to the core principles of COVID-19 infection prevention including hand hygiene, masks when not eating and physical distancing as applicable.
 - a. Residents on each unit will be reviewed to identify any special care needs during Meal Service.
 - b. Communal dining may occur without the use of face coverings (for both residents and staff) or physical distancing if everyone is fully vaccinated.
 - If partially or unvaccinated persons are present in the communal dining area, all individuals will wear a face mask (for residents - face mask as tolerated) and maintain physical distancing when not eating or drinking.
 - c. Residents may eat in the same room with physical distancing, as necessary
 - i. Residents who are fully vaccinated may dine at the same table.
 - ii. Residents who are partially or unvaccinated will be socially distanced at least 6 ft. apart.
 - d. Residents who are capable of feeding themselves and are not at risk for choking will have their meals served in their room if it is their preference.
 - Residents who are served meals in their room will be provided with education on the importance of:
 - Performing hand hygiene prior to consuming meal
 - Utilizing the call bell to alert staff of any difficulties while consuming meal (i.e. coughing, difficulty swallowing etc.)
 - e. Caregivers will be educated to assist/provide hand hygiene for all residents prior to (and after) meal service and to ensure that the resident's call bell is within reach.

Infection Control: VISITATION PROGRAM

- f. Suction machine will be available and ready for use.
 - g. Residents who require spoon-feeding shall be served meals last and caregivers will remain with resident to assist with meal consumption. Caregivers will only feed one resident at a time.
 - h. Unit assignments will reflect staff members specific responsibilities during meal time:
 - i. Tray distribution
 - ii. Specific residents to feed
 - iii. Corridors/Hallways to monitor during meal
 - i. Trays will be delivered to units in room order rather than by table number, except for those residents eating in dining room.
 - j. Dining room tables will be sanitized after each meal is completed.
 - k. Representatives will be notified of changes in meal service during as necessary.
 - l. Every effort will be made to redirect residents living with Dementia to ensure protocols are maintained.
14. **ACTIVITIES** The facility will facilitate group activities such as Bingo, Clubs, Music, and craft groups, etc.:
- a. 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 as needed, appropriate hand hygiene, and use of a face covering (except while eating).
 - i. Group activities may occur without the use of face coverings or social distancing if all residents (and staff) participating are fully vaccinated.
 - ii. If there are partially or unvaccinated residents (or staff) in the same room, all persons will wear a face mask (for residents – face mask as tolerated) and partially and unvaccinated residents will be physically distanced from others.
 - b. For residents on **TBPs**, designated Activities staff will provide **1:1 activities based on individual resident needs**.
 - c. Staff in the recreation department will be responsible for safe cleaning, disinfection and storage of recreational materials that were used by residents.

Infection Control: VISITATION PROGRAM

- i. Recreational materials that have come into contact with resident's mucous membranes (e.g., mouth and nose) and/or are soiled will be removed from circulation and cleaned/disinfected prior to return to use.
 - ii. Recreational materials used by multiple residents should be cleaned and disinfected between residents, especially when visibly soiled, or if used by resident on isolation precautions (contact and/or droplet).
 - iii. Bingo Cards & Rosaries: are labeled for individual use and shall not be shared between residents.
 - iv. Recreational materials used in rooms under transmission-based precautions will remain with resident and will be cleaned and disinfected with EPA-approved disinfectant as determined effective for the condition and/or organism that required isolation. Alternatively, consider discarding items.
- d. All healthcare personnel will perform hand hygiene with soap and water or alcohol-based hand rub (ABHR) before and after contact with each resident.
 - e. All healthcare personnel will utilize personal protective equipment (PPE) as necessary while interacting with residents who are on transmission-based precautions during recreational activities.
15. **COMMUNICATION TO FAMILY/REPRESENTATIVES:** The facility shall provide and post a fact sheet outlining Visitor Expectations including appropriate hand hygiene and face coverings. The fact sheet will be provided upon initial screening to all visitors.
- Visitors shall be notified about the potential for COVID-9 exposure in the facility (e.g., email notification, appropriate signage regarding current outbreaks).
16. **ENVIRONMENTAL SERVICES:** The visitation area will be properly cleaned and disinfected before each scheduled visitation. *(See Policy and Procedure for COVID-19 Disinfection and Standard Cleaning Protocols for further information)*
17. The facility may 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.
18. The IDT Team will review the Visitation Program and monitor for any needed adjustments and report to QA Committee as needed.

Infection Control: VISITATION PROGRAM

19. If the facility falls out of compliance with requirements listed in this policy, the nursing home shall immediately halt visitation and inform the NYSDOH. In addition, the Department can halt visitation at the nursing home at any time due to community or facility spread of infection.

*****THE VISITATION PROGRAM POLICY MAY CHANGE IN ACCORDANCE TO FEDERAL, STATE AND CMS GUIDELINES.*****

REFERENCES

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