Health Advisory: Updated Adult Care Facility Visitation, Communal Dining and Activities and Construction Projects

Purpose

The information contained in this guidance supersedes and replaces all previously issued Adult Care Facility (ACF) visitation guidance and recommendations.

General Visitation Guidance for ACFs

For all visitation while COVID-19 is still present in New York State, regardless whether there is a declared public health emergency, ACFs must also follow these general visitation guidelines and core principles.

A. General Visitation Principles for ACFs

• Subject to the resident's right to deny or withdraw consent at any time, and to the rules set forth in this health advisory, all ACFs must provide immediate access to any resident of visitors of their choice, including but not limited to immediate family or other relatives of the resident and any others who are visiting with the consent of the resident.

- Each ACF is required to have appropriate policies and procedures in place that respect residents' rights and address infection control and prevention when residents leave the facility for outings.

- The ACF must document visitation refusals made by the facility in accordance with 18 NYCRR § 485.14(h).

- When there is a confirmed positive case of a communicable disease in an ACF, the ACF must notify the local health department (LHD) if not already involved and follow all recommendations from the LHD.

- While it is safer for visitors not to enter the ACF while the LHD conducts an outbreak investigation, visitors should be allowed in the ACF, be made fully aware of potential risks associated with visitation during an outbreak investigation, and adhere at all times to the core principles of infection prevention. Residents and their visitors should wear face masks during visits regardless of their vaccination status, and such visits should occur in the resident's room. In addition, the ACF should contact its LHD to discuss how to structure visitation to reduce COVID-19 transmission during an outbreak investigation.

- **Core principles of COVID-19 infection prevention must be adhered to at all times.**

  • quarantine Hand hygiene (use of alcohol-based hand rub is preferred)
  • Face covering or mask (covering mouth and nose) and physical distancing at least six feet between people, in accordance with CDC guidance

- Instructional signage throughout the facility and proper visitor education on COVID19 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 at 42 CFR § 483.80(h) (see QSO20- 38-NH)

- Visitors must maintain physical distance from other residents and ACF staff.

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19 irrespective of test result, or currently meet the criteria for quarantine, should not enter the ACF. All who enter, with the exception of emergency personnel responding to an emergency, must be screened for these exclusions.

- ACFs may not limit the number of visitors a resident can have at any one time, nor the frequency or length of visits for residents, or require advance scheduling of visits. However, the ACF must ensure physical distancing can be maintained and, to the extent possible, facilities should avoid large gatherings during which a large congregation of individuals in the same space cannot maintain physical distancing.

- Compassionate care visitors must be allowed at all times.

- All residents and visitors should wear face coverings or masks and physically distance, particularly if either is at increased risk for severe disease or are unvaccinated.

- Visitors should wear face masks when around other residents or healthcare personnel, regardless of vaccination status.

- While not recommended, residents who are on transmission-based precautions or quarantine can receive visitors. Such visits should occur in the resident's room and the resident must wear a well-fitting facemask (if tolerated). Before visiting such residents, visitors must be made aware of the potential risks of visiting and the precautions necessary to visit the resident. Visitors must adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks and other forms of personal protective equipment (PPE) if available, but facilities are not required to provide PPE to visitors.

- Unvaccinated residents may choose to have physical touch based on preferences and needs. In such instances, the facility must advise the resident and their visitor of the risks of such contact prior to the visit.

- ACFs may ask a visitor about their vaccination status however, visitors are not required to be tested or vaccinated or show proof of such as a condition of visitation. If the visitor declines to disclose vaccination status, the visitor should wear a face mask at all times. This applies to representatives of the Office of the State Long-Term Care Ombudsman, peer bridgers, housing contractors, care managers and other similar providers (collectively, "Settlement Providers"), and protection and advocacy representatives.

    - If a provider referenced in the preceding paragraph is planning to visit a resident who is either on transmission-based precautions or quarantine, or an unvaccinated resident, the surveyor or provider must be made aware of the potential risks and the visit should take place within the resident's room.
    - If the resident or provider requests alternative communication in lieu of an in person visit, the facility must facilitate such communication. This may include a phone or technology-based platform.
- All healthcare workers must be permitted to come to the ACF unless they are subject to a work exclusion or are symptomatic for COVID-19.

- Please be advised that nothing in this directive absolves the ACF of responsibility to perform regulatory-required supervision services and to ensure that resident and family communication is ongoing. Based on residents' needs and consistent with the ACF staffing and physical plant, visitation can be conducted through a variety of means including in resident rooms, dedicated visitation spaces, and outdoors (weather permitting); and should always be person-centered with consideration of the individual residents' physical, mental, and psychosocial well-being, and support their individual quality of life.

At a minimum, policies and procedures must include:

• The process to ask residents, or their designated representatives in the event the resident lacks capacity, which individual/s the resident elects to serve as their personal caregiving visitor (may designate at least two) during declared public health emergencies.

• Maintaining a record in the resident's case management record on who the designated personal caregiving visitors are, the fact that such designation must be updated at least every 6 months and with any change in condition, and that documentation of the date residents are asked if they wish to change their designation must appear in the case management record, along with any change in the designation.

• Respect for resident privacy, including privacy of a roommate, if applicable.

<u>Permissible restrictions relating to facility operations and resident safety.</u>

In any of the following three situations, the ACF is required to notify residents, all designated personal caregiving visitors, and the applicable Department regional office, within 24 hours of implementing the visitation suspension or limitation and the cause for the suspension or limitation. In addition, the specific reason for the suspension or limitation should also be documented in the facility's administrative records:

• The Department has determined that local infection rates are at a level that presents a serious risk of transmission of such communicable disease within local facilities.

• The ACF is experiencing temporary inadequate staffing and has reported such staffing shortage to the Department of Health and any other State agencies as required by law, regulation, or other directive.

• An acute emergency situation exists at the ACF (e.g., loss of heat, loss of elevator or other essential service).

C. Core Principles and Transmission Prevention

Regardless of how visits are conducted, (e.g. compassionate care or general visitation) there are certain core principles and best practices that reduce the risk of disease transmission and as such must be followed. ACFs must develop their own policies and procedures relating to visitation with consideration of how to safely permit visitation in accordance with the standard infection control precautions as related by the Centers for Disease Control and Prevention (CDC). Facilities are obligated to protect the health and safety of residents in concert with meeting regulatory, supervisory, and infection control requirements. Generally in New York State (NYS), unvaccinated individuals are responsible for wearing face coverings or masks and vaccinated individuals are not required to wear masks. However, healthcare facilities, including nursing homes, enhanced assisted living residences (EALRs), and assisted living programs (ALPs), must continue to follow NYS and CDC COVID-19 guidance as they are considered healthcare settings.

Please note, visitors, including representatives of the Office of the State Long-Term Care Ombudsman and Settlement Providers (as defined under "Required Visitation") should neither be required to be tested nor vaccinated (or show proof of such) as a condition of visitation.

D. Visitation by State Representatives and Settlement Providers

Facilities must ensure that representatives of the Office of the State Long-Term Care Ombudsman, peer bridgers, housing contractors, care managers and other similar providers (collectively, "Settlement Providers") are able to access residents absent reasonable cause such visitation would directly endanger the safety of residents. Such representatives are required to subject themselves to the facility's standard health screening and adhere to core principles.

Please be reminded that the Department has the authority to investigate any reports of a violation of supervision, resident rights, or other regulatory requirements under Title 18 of the NYCRR and may cite facilities accordingly. Consistent with 18 NYCRR §§ 485.14 and 485.18, an ACF shall not restrict visitation absent reasonable cause such would directly endanger the safety of residents. Accordingly, an ACF must facilitate in-person visitation consistent with the applicable regulations and within the parameters of this guidance. Failure to facilitate visitation without adequate cause will result in an investigation and possible enforcement action.

E. Survey Considerations

The Department is responsible for ensuring surveyors are compliant with the applicable expectations. Therefore, ACFs are not permitted to restrict access to surveyors based on vaccination

status. Questions about the process used to ensure surveyors can safely enter a facility should be addressed to the Department of Health via email to covidadultcareinfo@health.ny.gov.

For awareness, State surveyors will not enter a facility if they have a positive viral test for COVID-19, show signs or symptoms of COVID-19, or currently meet the criteria for quarantine. Surveyors will adhere to the core principles of COVID-19 infection prevention and adhere to any federal or State-established COVID-19 infection prevention requirements.

ACFs remain responsible for ensuring compliance with existing regulations, guidance, and requirements. Questions may be directed to covidadultcareinfo@health.ny.gov. Thank you in advance for your attention and compliance with this guidance.

F. Communal Activities , Outings, and Dining

Effective July 8, 2021, ACFs may have restarted communal activities including, but not limited to a program of activities under 18 NYCRR §§487.7(h) or 488.7(f), dining and resident council meetings; provided, however, that before resuming such activities, the facility must first develop comprehensive policies and procedures for monitoring such communal activities to ensure adherence to the Core Principles of infection control as well as regulatory supervision requirements. These policies must be consistent with then-current CDC recommendations for assisted living or, where no such guidance exists, with guidance for similar congregate settings.

- ACFs must permit residents to leave the facility as they choose. The ACF staff must remind the resident and anyone accompanying the resident to follow all recommended infection prevention practices including wearing a face mask, maintaining physical distance, and practicing hand hygiene.

- Each ACF is required to have appropriate policies and procedures in place that respect each residents' rights and address infection control and prevention when residents leave the facility for outings.

    - If the resident (or family member or other individual associated with the resident) reports a possible close contact to an individual with COVID-19 while outside the ACF, and the resident is unvaccinated or not fully vaccinated, the resident should be placed in quarantine and the LHD contacted. If the resident becomes symptomatic for COVID-19, the resident should be placed on transmission-based precautions regardless of vaccination status.

    - Residents who leave the ACF for 24 hours or more should be managed as a new admission or readmission and follow applicable recommendations in the Centers for Disease Control's **Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes: Create a Plan for Managing New Admissions and Readmissions.**
        - **https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html**

Testing

- FDA external icon evaluates test characteristics and facilities should be aware of how tests perform for circulating variants.

- Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible.
- Newly-admitted residents and residents who have left the facility for >24 hours, regardless of vaccination status, should have a series of two viral tests for SARS-COV-2 infection; immediately and, if negative, again 5-7 days after their admission.
- Asymptomatic residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but generally not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.
- In general, testing is not necessary for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.
- Guidance for HCP with higher-risk exposures, including exposures in the community is available in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC

New Admissions and Residents who Leave the Facility

- Residents with **confirmed SARS-CoV-2 infection** who have **not met criteria to discontinue Transmission-Based Precautions** should be placed in the designated COVID-19 care unit, regardless of vaccination status.
- In general, all residents who are not up to date with all recommended COVID-19 vaccine doses and are new admissions and readmissions should be placed in quarantine, even if they have a negative test upon admission, and should be tested as described in the testing section above; COVID-19 vaccination should also be offered.
    - Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which of these residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.
- In general, residents who are up to date with all recommended COVID-19 vaccine doses and residents who have recovered from SARS-CoV-2 infection in the prior 90 days do not need to be placed in quarantine but should be tested as described in the testing section above. Quarantine might be considered if the resident is moderately to severely immunocompromised.

- Residents who leave the facility should be reminded to follow recommended IPC practices (e.g., source control, physical distancing, and hand hygiene) and to encourage those around them to do the same.
    - Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.
- For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify

residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.

- In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.
    - Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.

- Residents who leave the facility for 24 hours or longer should generally be managed as described in Section: Create a Plan for Managing New Admissions and Readmissions, including performance of recommended testing.

Guidance addressing duration and recommended PPE when caring for residents in quarantine is described in Section: Manage Residents who have had Close Contact with Someone with SARS-CoV-2 Infection.

G. Staff Mask Requirements

Staff in healthcare facilities, including nursing homes, enhanced assisted living residences (EALRs), and assisted living programs (ALPs), must continue to follow NYS and CDC COVID-19 guidance and wear masks as they are considered healthcare settings.

H. Construction Projects

ACFs may resume interior and exterior construction projects based on approval of a Resident Safety Plan (RSP) by the applicable regional office of the Department. ACFs considering submission of a RSP must outreach the applicable regional office of the Department. ACFs are responsible for ensuring compliance with existing regulations, guidance, and requirements.

Questions may be directed to covidadultcareinfo@health.ny.gov

Reference:
DATE: July 8, 2021 **TO:** Adult Care Facility Operators and Administrators **FROM:** New York State Department of Health
Revised: March 5, 2022
March 3, 2022 DAL: DAL #22-26 Subject: Revised Visitation Guidelines. **TO:** Adult Care Facility Operators and Administrators
https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html