



Visitation Questions +Answers

1. Is new onset COVID-19 cases in the past 14 days defined as set forth in CMS/CDC guidance? Does it refer to facility onset only and does it include staff and residents or just residents?
""New onset' is defined as a facility-onset COVID-19 case, i.e., a case that originated in the nursing home, as defined by CMS in QSO-20-30 and includes both staff and residents."
2. Do we all have to be off work for 14 days when we are exposed to visitors? **Facilities must follow the existing guidelines set forth for staff exposure quarantine.**
3. Do we have to be open for visitation on the weekends? **Facilities must ensure resident rights guidelines are adhered to.**
4. Must facilities that have been cited for being minutes late with HERDS submissions shut down visitation? **There is no guidance indicating late HERDS submission citations state visitation is to shut down.**
5. Is the 20 percent of visitors at every given time? **The number of visitors to the nursing home must not exceed twenty percent (20%) of the resident census at any time and the number of visitor and time allocated to visitation (page 2, #8 of February 23, 2021 DAL). Facilities should establish policies which ensure safety measures are set in place.**
6. Does the 20% rule include those that are end of life or compassionate care visitors? **The number of visitors to the nursing home must not exceed twenty percent (20%) of the resident census (page 2, #8 of February 23, 2021 DAL). This percentage does not include members of the Long Term Care Ombudsman Program**
7. Since the guidance doesn't require testing for visitors when at the 5% or less positivity rate, are we at any risk of a resident rights issue if we make it a requirement and prohibit visitation without a negative test result from the visitor? **Low (<5%) =Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits), (Page 3 #13, a.). For county with COVID-19 positivity rates below 5% visitor testing is strongly encouraged. Facilities should establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations.**

8. If a facility chooses to use the rapid tests, are limited services labs operated by nursing homes required to report to ECLRS the results of testing conducted of visitors to the facility? **Yes, in accordance with EO 202.72 results for all rapid tests must be reported into ECLRS**
9. Must visitor positives be reported to the local health department? **In addition to ensuring results of rapid tests being reported to ECLRS under EO 202.72, nursing homes must follow the additional guidelines outlined in the issued guidance which include ensuring each of the following: Documentation of screening must be maintained on site in an electronic format and available upon the Department's request for purposed of inspection and potential contact tracing. Documentation must include the following for each visitor: First and last name, Physical (street) address, Daytime and Evening telephone number, Date and time of visit, and Email address if available (Page 4). Facilities should establish additional policies and guidelines and follow facilities reporting to ensure resident and staff safety and continuity of facility operations.**
10. Nursing home operating certificates are generally limited to delivering services to their residents. Could the Department issue something in writing that authorizes them to collect and analyze specimens of visitors? **Visitors are expected to present a negative COVID-19 test prior to commencement of such visit in the nursing home. 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. Nursing homes should have policies in place that clearly articulate who is responsible for performing specimen collection from visitors and a process for specimen collection should they choose to do the test in the facility. These processes include notifying the appropriate health departments in circumstances in which a positive test result is obtained.**
11. Do we have to offer the rapid test if we are making it a requirement? **Again, visitors are expected to present a negative COVID-19 test prior to commencement of such visit in the nursing home. 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. Nursing homes should have polices in place that clearly articulate who is responsible for performing specimen collection from visitors and a process for specimen collection should they choose to do the test in the facility. Reporting requirements thereof remain unchanged.**
12. How do we ensure families are compliant with social distancing, mask wearing and "core principles" of infection control when visiting in a resident's room? Also, are we supposed to place floor markings to cue social distancing in each resident's room (as noted in the guidance)? Can we choose to keep visitation in a common space that is more easily monitored, cleaned and prepared to manage IC procedures? **Visitation can be conducted through a variety of means, such as in resident rooms, dedicated visitation spaces and outdoors. Staff are expected to provide monitoring for visitors ensuring core principles, including infection preventions and control policies are being followed. Adequate staff should be 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 and EPA-approved disinfectant. Applicable floor markings to cue social distancing delineations must be in place at all times. Nursing homes should have policies in**

place to establish these goals and objectives. Lastly, the Department expects all nursing homes to have the appropriate staff in place to ensure the health and safety of their residents AT ALL TIMES and consistent with their license to operate the nursing home.

13. Regarding Rapid Antigen testing. I know that a non-licensed person can assist/monitor with collection of the nasal specimen with proper training. However, in terms of actually processing the test (includes running the control tests), does this have to be performed by a licensed individual? **EO 202 as modified by EO 202.82, Modifying:** *"sections 6521 and 6902 of the Education Law insofar as it limits the execution of medical regimens prescribed by a licensed physicians or other licensed and legally authorized health care providers to registered nurses licensed pursuant to Article 139 of the Education Law, to the extent necessary to permit non-nursing staff, as permitted by law or Executive Order and upon completion of training deemed adequate by the Commissioner of Health, to: (1) collect throat, nasal, or nasopharyngeal swab specimens, as applicable and appropriate, from individuals suspected of being infected by COVID-19 or influenza, for purposes of testing; (2) collect blood specimens for the diagnosis of acute or past COVID-19 disease; (3) administer vaccinations against influenza or COVID-19 pursuant to the most recent recommendations by the Advisory Committee for Immunization Practices (ACIP) and/or an applicable United States Food and Drug Administration approval or Emergency Use Authorization (EUA), subject to any other conditions set forth in this Order, including but not limited to conditions related to training and supervision, where applicable; and (4) where applicable and to the extent necessary, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse to provide care for individuals diagnosed or suspected of suffering from a COVID-19 or influenza infection;"* **Please be mindful that rapid testing is the only test that can be performed on visitors who may otherwise be unable to secure testing or results of such testing in a timely manner.**
14. How does the new guidance impact the use of volunteers? Are they counted in the 20% visitation cap? Can they be utilized if under a 14-day pause, only when open for in-person visitation, not at all? **Volunteers are to adhere to the same guidance as nursing home staff. This has not changed.**
15. Personal companions/aides – are they allowed under compassionate care?
16. **Compassionate care situations may be considered by the facility on a resident specific basis. While CMS acknowledges and DOH guidance recently clarified that compassionate care situations may extend past end-of-life situations, we still believe these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation. Facilities should establish comprehensive guidance for staff and visitors.**