

Procedure:

1. Residents will not be allowed to leave the building with the exception of essential doctor's appointments.
2. All Vendors will be assigned one designated place to make deliveries, either outside the back-delivery doors, weather permitting or inside the back-exit corridor, leading to the delivery area if necessary.
3. All Vendors/HCP/EMS (non-emergent) will be screened prior to entry into building, utilizing the "Covid-19 Screen Forms for Employees /Physicians/Vendors," with temperature taken. Any individual failing screening protocols will not be allowed in facility under any circumstances, including end of life visit.
4. **All non-essential personnel 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 mask, performing hand hygiene, and maintaining social distancing.**
5. EMS responding to an emergency call will be allowed entry into the building without screening.
6. Instructional signage will be posted on education on Covid-19 Signs and Symptoms, infection control precautions, use of face covering or mask, and hand hygiene throughout the facility including the entrance and exits of all buildings, all units, as well as the dedicated visitation area.
7. Visitation is strictly prohibited in resident room or care areas; with few exceptions such as end of life and compassionate care visits. **For residents who are bed bound or when the resident's health status prevents leaving the room continue to use alternative methods of visitation such as through videoconferencing through skype or facetime as much as possible. Limited visitation for such residents may be permitted and the facility will adhere to the same requirements for other visitors as much as possible. Visitors must go to the patient room and not any other area in the facility. The facility will adhere to the core principles of Covid-19 infection prevention.**
8. The facility will make all effort to identify resident's for change of status indicating imminent end of life, understanding that rapid clinical deterioration may not allow for this. For resident's who show progression of illness nearing imminent end of life, the physician and family/designated representative will be notified. The family/designated representative will be encouraged to prepare to visit in the event the physician orders "imminent end of life". Physician must order "imminent end of life" to allow visitation. However, if the physician is not reachable, the RN in charge will attempt to obtain guidance for the DNS or Administrator. If neither are available, the RN in charge may make the determination. The RN in charge should air on the side of allowing the visit if no further instructions are available.
9. If the "imminent end of life" visitation is indicated, the designated visitation will:
 - a. Require visitor to perform hand hygiene prior to visit
 - b. Be screened (Covid-19 Screening Form for Visitors will be used),
 - c. including temperature and screening for any respiratory infection. Even in the event of "imminent end of life", the visitor may not visit if screening is failed as per screening policy.
 - d. Visitor must wear a mask during the entire visit.
 - e. Visitor will be educated on infection control, including social distancing, hand hygiene, ppe use, etc. If visitor is unable to demonstrate understanding, or is non-compliant with instructions, the visitation permission will be immediately revoked.

- f. The facility may determine the limit as to visitors and duration of visit on a case-by-case basis, with most visits limited to 1 hour.
 - g. The visit is limited to the resident's room. If the resident indicated for "imminent end of life" has a roommate, the Administrator or RN in charge will determine an isolated location in the facility.
 - h. Visits should be scheduled in advance if not an emergency end of life event.
10. Requests by residents and loved ones for compassionate care visitation will be reviewed by the interdisciplinary team, and approved or denied by the Administrator. Staff may also identify residents who may display the need for a compassionate care visit, and refer to the IDT team for review and Administrator approval.
 11. Compassionate care visits and visitors will be subject to above protocols a-g above.
 12. Updates to visitation will be communicated to families, loved ones and residents via Website, robocall, letter or social media.

If facility is free from new onset of COVID-19 among staff or residents for the last 14 days and the facility is not currently conducting outbreak testing the procedure below is in effect.

If the Suffolk County Covid-19 positivity rate, as indicated by CMS is less than 5 percent the visitor is not required to present the facility with a negative Covid-19 test; however, it is strongly encouraged. The facility may utilize rapid testing for such visitors.

If the Suffolk County Covid-19 positivity rate, as indicated by CMS, is between 5 percent and 10 percent the visitor is required to present the facility with a negative Covid-19 test result from within the past 72 hours. The facility may utilize rapid testing to meet the testing requirement.

If the Suffolk County Covid-19 positivity rate, as indicated by CMS, is greater than 10 percent visitation must only occur for compassionate care situations. Visitor is not required to present the facility with a negative Covid-19 test; however, it is strongly encouraged. The facility may utilize rapid testing for compassionate care visits.

13. A copy of the visitation plan will be maintained in an easily accessible location within the facility, and will be available upon request to DOH or county officials. Any changes to the plan will be communicated to DOH.
14. A copy of the visitation plan will be posted on the Website and (Facebook or Instagram).
15. As restrictions change, families will be informed in writing or robocall and/or via website and Facebook page if available.
16. Visitation will be allowed outside. Visitation will be at a pre-scheduled time, with the number of visitors to the facility to be no more than 20% of the census at any time. (The facility may allow visits at alternate times and longer durations than pre-scheduled times in limited circumstance.) No more than 2 visitors per resident will be permitted (under limited circumstance the facility may approve more than two visitors at any one time). **Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.**
17. A designated staff member will be present during the visitation session to monitor compliance. The visitation area will be disinfected after each visitation session.
18. Current Covid-19 positive residents, residents with Covid-19 signs and symptoms, and residents in a 14-day quarantine or observation period remain ineligible for in-person visits as covered above.

19. Under limited circumstances, the facility will allow visitation indoors, with no more than 3 residents allowed in the designated visitation area. This area will be well ventilated and not in a resident care area.
20. Visitation is strictly prohibited in resident room or care areas; with few exceptions such as end of life and compassionate care visits. **For residents who are bed bound or when the resident's health status prevents leaving the room continue to use alternative methods of visitation such as through videoconferencing through skype or facetime as much as possible. Limited visitation for such residents may be permitted and the facility will adhere to the same requirements for other visitors as much as possible. Visitors must go to the patient room and not any other area in the facility. The facility will adhere to the core principles of Covid-19 infection prevention.**
21. Therapeutic Recreation department will maintain the schedule, and attention will be made to allow all residents equal opportunity to have visitation.
22. Staff will provide monitoring for those who may have difficulty adhering to core principles of infection control.
23. Staff will 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 an EPA-approved disinfectant.
24. Floor markings are placed to cue social delineations.
25. The facility maintains signage about face mask utilization, hand hygiene, and utilizes floor markings to cue social distancing delineations.
26. The facility will provide face masks for visitors who do not bring their own. Hand sanitizer will be present in the visiting area.
27. Visitors should limit movement in the facility and go directly to the resident's room or designated visitation area.
28. Visitation for residents who share a room should not be conducted in the resident's room unless the roommates are spouses. For situations where there is a roommate and the health status of the resident prevents leaving the room the facility will attempt to enable in-room visitation while adhering to the core principles of Covid-19 infection prevention.
29. Any visitor not complying with proper wearing of mask or other protocols will be restricted from visitation for the duration of the COVID – 19 public health emergencies.
30. The facility will screen all visitors prior to the visit, and will not allow any individual who exhibit signs of COVID – 19 or does not pass screening questions to visit. Visitors will receive a fact sheet at the time of screening.

Visitors, including long-term care ombudsmen, will be screened for signs and symptoms of COVID-19 prior to resident access using the "Covid-19 Screening Form of Visitors.

****Note: Test results for visitors will be required as of 2/26/2021 in accordance with NYSDOH guidance. End of life and compassionate care visits are not subject to a verified negative test result but are subject to all other COVID-screening requirements.***

31. All non-essential personnel 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 mask, performing hand hygiene, and maintaining social distancing.

32. The screening forms will be maintained in an electronic form for DOH review. The form will include visitor name, address, phone number, date and time of visit, and email address if applicable, as well as indicate if they passed the screening process.

33. The facility has initiated an interdisciplinary team to review visitation program compliance.