



## Department of Health

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**DATE:** February 22, 2021  
**TO:** Nursing Home Operators and Administrators  
**FROM:** New York State Department of Health (Department)

### **Health Advisory: Revised Skilled Nursing Facility Visitation**

**Please distribute immediately to:  
Operators, Administrators, Directors of Nursing, Medical Director, Activities Professionals**

The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding general nursing home (NH) visitation and aligns with CMS and CDC guidelines on such topic. Nothing in this directive should be construed as limiting or eliminating a nursing home's (NH's) responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor does it change the guidance previously issued relative to visitation for medically necessary or end-of-life services.

Based on the needs of residents and a facility's structure, visitation can be conducted through a variety of means, such as in resident rooms, dedicated visitation spaces and outdoors weather permitting. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission and must be followed.

Beginning **February 26, 2021**, nursing homes may expand visitation and/or activities under this revised guidance if able to continue following the core principles of infection control and prevention, 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. The operator or designee must retain a copy of the revised facility's visitation plan at the facility where it is easily 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(s). The plan must reference relevant infection control policies for visitors.

3. There has been no new onset of COVID-19 cases in the last **14 days** and the facility is not currently conducting outbreak testing as reported on daily HERDS submissions. Please be advised that the Department reserves the right to verify such accuracy of reporting as part of its routine surveillance activities.
4. Visitors must be able to adhere to the core principles, including infection prevention and control policies, and staff are expected to provide monitoring for those who may have difficulty adhering to core principles.
5. Facilities must have policies widely communicated to residents, staff and visitors that limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
6. Facilities should limit movement in the facility, including limiting visitors from walking around different halls of the facility. Instead, visitors should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room unless the roommates are spouses.
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, vendors, students and volunteers.
8. 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 visitors and time allocated to visitation should take into consideration that many residents and their loved ones will want to avail of such visits. Policies and procedures should be revised to afford every opportunity for visits in a safe and thoughtful manner. Policies should also contemplate the need for adequate supervision and strict adherence to the core principles of infection prevention and control.
9. Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.
10. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period remain ineligible for in-person visits. In these instances, every effort should be made to accommodate visits using electronic devices and alternative visitation techniques.
11. Facilities should use the COVID-19 county positivity rates, found on the CMS COVID-19 Nursing Home Data site (link can be found at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>) to determine when visitation should be paused. When the county positivity rate is high (>10%), visitation must only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies.
12. Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:
  - a) There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
  - b) Visitors should be able to adhere to the core principles and staff must provide monitoring for those who may have difficulty adhering to core principles, such as children;
  - c) Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the

building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and

- d) Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room **should not** be conducted in the resident's room. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

13. Facilities must use the CMS COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site (link available at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>) as additional information to determine how to facilitate indoor visitation, and must abide by the following:

Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits). For county COVID-19 positivity rates below 5%, visitor testing is strongly encouraged; facilities may utilize rapid testing.

- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits). Visitor testing is required. 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. Additionally, all visitors must adhere to all infection control practices.

- High (>10%) = Visitation must only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies. Facilities should offer rapid testing whenever possible.

14. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation can be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation should be facilitated routinely. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one resident at the same time.

**In addition, nursing homes must follow the additional guidelines outlined below which include ensuring each of the following:**

- Adequate staff 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.
- Appropriate signage regarding facemask or face covering utilization and hand hygiene, and applicable floor markings to cue social distancing delineations must be in place at all times.
- Screening for signs and symptoms of COVID-19 prior to resident access.
- 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:
  - 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
- a. Adequate PPE must be made available by the nursing home to ensure residents wear a face mask, if medically able to utilize a face covering during visitation. Visitors must wear a face mask or face covering at all times when on the premises of the nursing home and maintain social distancing. The nursing home must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
- b. Facilities provide alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate appropriate use.
- c. The nursing home should develop a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors.
- Small group activities will be permissible when the facility is not experiencing an outbreak and when space allows for appropriate social distancing, however, no more than 10 residents and staff will be permitted to engage in such activities at any one time.
- Weather permitting, residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.
- 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 a mask, performing hand hygiene, maintaining social

distancing.

- 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.

### **Compassionate Care Visits:**

This guidance further clarifies that Compassionate Care Visits are permitted when visitation may not otherwise be permitted in accordance with the Department's current visitation guidance, and facilities may waive requirement of a visitor presenting a negative COVID-19 test prior to commencement of such visit under any of the below circumstances.

Compassionate care visits should include:

- Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support.
- Residents recently grieving the loss of a friend or loved one.
- 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.
- 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.
- Residents who receive religious or spiritual support from clergy or another layperson.

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. Testing should be encouraged, or facilitated wherever possible.

As a reminder, the 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.***

Facilities should establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations. The Department will continue to evaluate and make additional recommendations 30 days after the effective date of this directive.

Information for healthcare providers on topics related to COVID-19 is readily available on the Department of Health public website at <https://coronavirus.health.ny.gov/information-healthcare-providers>.

Thank you for your ongoing support and cooperation in responding to the COVID-19 Public Health Emergency. Questions may be routed to [covidnursinghomeinfo@health.ny.gov](mailto:covidnursinghomeinfo@health.ny.gov).