



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: July 10, 2020
TO: Nursing Home Operators and Administrators
FROM: New York State Department of Health

Health Advisory: Skilled Nursing Facility Visitation

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

On March 13, 2020, the Department of Health (“Department”) issued guidance to nursing homes (NHs) limiting visitation to medically necessary or end-of-life services. Such guidance was updated July 10, 2020. The guidance further provided that facilities where one or more residents tested positive for COVID-19 should cancel congregate meals and activities. The Department will now permit outside visitation, and limited indoor visitation and activities, if the NHs meet specific benchmarks and develop a reopening plan via the [NY Forward Safety Plan](#).

This directive details specific criteria NHs must follow for reducing such restrictions, while mitigating the risk of resurgence of COVID-19. Nothing in this directive absolves a 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.

Nursing Homes in **Phase 3** regions may resume limited visitation and activities beginning five (5) days after the release of this health advisory and only under the following conditions:

1. The region in which the NH is located is in Phase 3.
2. The NH is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
3. The NH has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-positive residents and nonpositive residents. In order to effectuate this policy, nursing home facilities should transfer residents within a facility, to another long-term care facility, or to another noncertified location if they are unable to successfully separate out patients in individual facilities.
4. The NH has completed the NY Forward Safety Plan and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov. The facility must retain a copy of the plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. Any changes to the plan must be immediately communicated to the 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). Such plan

shall include attestation of compliance with all State and federal guidelines as described in number 2.

5. The NH has no staffing shortages as evidenced by the NH's individual staffing plan and as reported by the NH through submissions to the National Health Safety Network (NHSN).
6. The absence of any new onset of COVID-19 among staff or residents as reported to the Department on the HERDS and staff testing surveys and as reported to the NHSN for a period of no less than twenty-eight (28) days, consistent with [CMS established thresholds](#).
7. Access to adequate testing. The NH should have a testing plan in place that, at a minimum, ensures all consenting nursing home residents have received a single baseline COVID-19 test. In addition, the NH must have the capability to test or can arrange for testing of all residents upon identification of any individual with symptoms consistent with COVID-19. If a staff member tests positive for the SARS-CoV-2 virus, the NH must have the capacity to continue re-testing all nursing home staff and residents, as applicable.
8. An executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. As recommended by CMS, the test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95 percent sensitivity, greater than 90 percent specificity, with results obtained and rapidly reported to the NH.
9. 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. Resident monitoring must include daily symptom checks, vital signs, and pulse oximetry.
10. A copy of the NH'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 a confirmed positive COVID-19 diagnosis.

When a NH meets all of the above criteria, the nursing home may resume visitation following the guidelines outlined below which must also be included in the NH's NY Forward Safety Plan.

1. Visitation should be limited to outdoor areas, weather permitting. Under certain limited circumstances, as defined by the facility, visitation can be inside, in a well-ventilated space with no more than 10 individuals who are appropriately socially distanced and wearing a facemask or face covering while in the presence of others. This may include residents visiting each other.
2. At this time, visitation is strictly prohibited in resident rooms or care areas with the exception of parents and immediate family members visiting a pediatric resident (up to age 21) on a dedicated pediatric unit/wing when such room is only occupied by the child receiving a visit. In those instances, all other requirements listed in this directive apply.
3. Specialty practitioner, podiatric, and dental services may continue. Strict adherence to infection control guidelines is required.
4. Limited visitation, including, but not limited to, family members, loved ones, representatives from the long-term care ombudsman program (LTCOP), and resident advocacy organizations, will be permitted under the following conditions:

- a. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
 - b. The nursing home maintains signage regarding facemask utilization and hand hygiene and uses applicable floor markings to cue social distancing delineations.
 - c. Visitors are screened for signs and symptoms of COVID-19 prior to resident access and visitation will be refused if the individual(s) exhibits any COVID-19 symptoms or do not pass the screening questions. Screening shall consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. The facility must maintain screening questions asked onsite and make it available upon the Department's request.
 - d. 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 to the nursing home:
 - 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. A notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information.
 - e. There is adequate PPE made available by the nursing home to ensure residents wear a facemask or face covering which covers both the nose and mouth during visitation, if medically tolerated.
 - f. Visitors must wear a face mask or face covering which covers both the nose and mouth at all times when on the premises of the NH. Visitors must maintain social distancing, except when assisting with wheelchair mobility. The nursing home must have adequate supply of masks on hand for visitors and must make them available to visitors who lack an acceptable face covering.
 - g. Facilities provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors, and representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate to appropriate use.
 - h. **No more than 10 percent (10%)** of the residents shall have visitors at any one time and only two visitors will be allowed per resident at any one time. The nursing home should design and communicate visitation policies in order to comply with this requirement and schedule such visits.
 - i. Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
 - j. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period are not eligible for visits.
 - k. The nursing home should develop a short, 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
5. Residents may also be assisted to go outdoors with staff supervision. The appropriate infection control and safety and social distancing requirements must be maintained.

6. An interdisciplinary team must be created by the facility to review visitation program compliance with this Health Advisory.
7. 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.

Facilities should establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations. Hours of visitation must be clearly delineated in policy and within the visitation fact sheet. Nursing homes must continue to refrain from sending residents to non-medically necessary trips outside the nursing home until further notice. Please be reminded that communal dining and hairdresser services remain suspended at this time. Violations of this directive will result in the imposition of fines and additional enforcement remedies.

If the facility falls out of compliance with requirements listed in this advisory, the NH should immediately halt visitation and inform the Department. In addition, the Department can halt visitation at the nursing home at any time due to community or facility spread of infection, or when the Department identifies that the NH has failed to comply with requirements of this advisory.

In summary, while these guidelines are intended to restart limited visitation, the Department reserves the right to restrict visitation at any point. Failure to follow these guidelines may result in restriction or revocation of visitation.

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 COVID-19 concerns. Questions may be routed to covidnursinghomeinfo@health.ny.gov.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: July 10, 2020
TO: Nursing Home Operators and Administrators
FROM: New York State Department of Health

Health Advisory: Pediatric Skilled Nursing Facility Visitation

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

On March 13, 2020, the Department of Health (“Department”) issued guidance to nursing homes indicating that visitation should be limited to medically necessary or end-of-life services, and in those facilities where one or more resident tested positive for COVID-19, the facility should cancel congregate meals and activities. Such guidance was updated July 10, 2020. The Department will now begin to permit limited visitation in pediatric nursing homes in addition to limited activities for those facilities which meet specific benchmarks and develop a reopening plan via the [NY Forward Safety Plan](#).

This directive includes specific criteria for reducing such restrictions and mitigating the risk of resurgence of COVID-19. Nothing in this directive absolves a nursing home’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

Pediatric Nursing Homes may resume limited visitation and activities beginning **five (5) days from the date of this advisory** and under the following conditions:

1. The Pediatric NH is in full compliance with all state and federal requirements, state Executive Orders and guidance, state reporting requirements including COVID-19 focus surveys, HERDS and staff testing surveys, and federally required submission of COVID-19 data to the National Healthcare Safety Network (NHSN).
2. The Pediatric NH has protocols to separate residents into cohorts of positive, negative, and unknown as well as separate staffing teams to deal with COVID-positive residents and nonpositive residents. In order to effectuate this policy, nursing home facilities should transfer residents within a facility, to another long-term care facility, or to another noncertified location if they are unable to successfully separate out patients in individual facilities.
3. The Pediatric NH has completed the NY Forward Safety Plan and submitted a copy of the completed plan to covidnursinghomeinfo@health.ny.gov. The facility must retain a copy of the plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. Any changes to the plan must immediately be communicated to the 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). Such

plan shall include attestation of compliance with all State and federal guidelines as described in number 1.

4. The Pediatric NH has no staffing shortages as evidenced by the NH's individual staffing plan and as reported by the NH through required submissions to the NHSN.
5. The absence of any new onset of COVID-19 among staff or residents as reported to the Department on the HERDS and staff testing surveys and as reported to the NHSN for a period of no less than twenty-eight (28) days, consistent with [CMS established thresholds](#).
6. Access to adequate testing. The NH should have a testing plan in place that, at a minimum, ensures that to the extent possible, all pediatric nursing home residents, upon consent by the parent or legal guardian have received a single baseline COVID-19 test. In addition, the NH must have the capability to test or can arrange for testing of all residents upon identification of any individual with symptoms consistent with COVID-19. If a staff member tests positive for the SARS-CoV-2 virus, the NH must have the capacity to continue re-testing all nursing home staff and residents as applicable.
7. An executed and operationalized arrangement with laboratories to process SARS-CoV-2 virus tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95 percent sensitivity, greater than 90 percent specificity, with results obtained and rapidly reported to the nursing home.
8. 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 parents, guardians and essential service providers. At a minimum resident monitoring must include daily symptom checks, vital signs and pulse oximetry.
9. A copy of the pediatric NH'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 a confirmed positive COVID-19 diagnosis.

When a pediatric nursing home meets all of the above criteria, the home may resume visitation following the guidelines outlined below which must also be included in the pediatric nursing home's NY Forward Safety Plan.

1. Visitation is limited to parents or legal guardian of the pediatric resident and immediate family. Those under 18 years of age must be accompanied by an adult 18 years of age or older. No more than two (2) visitors per resident will be permitted at any one time.
2. **No more than 10 percent (10%)** of the residents shall have visitors at any one time. This may be adjusted by the Department on a facility specific basis.
3. Specialty service providers will be provided access and must adhere to all guidelines related to infection prevention and control as documented in the nursing home's NY Forward Safety Plan. These providers will not be considered visitors for the purpose of maintaining visitors in numbers not to exceed 10 percent of the resident census.
4. Parental/legal guardian and immediate family visitation and specialty service providers will be permitted under the following conditions:
 - a. Adequate staff are present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting areas used for visitation after each visit using an EPA-approved disinfectant.
 - b. The nursing home maintains signage regarding facemask utilization and hand hygiene, and applicable floor markings to cue social distancing delineations.

- c. Parents, guardians, immediate family and specialty service providers are screened for signs and symptoms of COVID-19 prior to resident access and visitation will be refused if the individual(s) exhibit any COVID-19 symptoms or do not pass screening questions. Screening must consist of both temperature checks and asking screening questions to assess potential exposure to COVID-19 which shall include questions regarding international travel or travel to other states designated under the Commissioner's travel advisory. The facility must maintain documentation of the screening questions asked onsite and make it available upon the Department's request.
 - d. Documentation of screening for parents, guardians, immediate family and specialty service providers 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:
 - i. First and last name of the parent, guardian, family member or service provider;
 - ii. Physical (street) address of the parent, guardian, family member, or service provider;
 - iii. Daytime and evening telephone number;
 - iv. Date and time of visit;
 - v. Email address if available; and
 - vi. A notation indicating the individual cleared the screening (both temperature and questions) that does not include any individual temperatures or other individual specific information.
 - e. There is adequate PPE made available by the nursing home to ensure residents wear a face mask or a face covering which covers both the nose and mouth during visitation, if medically tolerated.
 - f. Parents, guardians, immediate family, and specialty service providers must wear a face mask or face covering at all times when on the premises of the nursing home and maintain social distancing to the extent possible, with the exception of a parent, immediate family or guardian having close contact with their child. The nursing home must have adequate supply of masks on hand and make available to the visitor who may lack the appropriate face covering.
 - g. Facilities must provide alcohol-based hand sanitizer to parents, guardians, immediate family and specialty service providers visiting and providing services to pediatric residents. Those individuals must be able to demonstrate appropriate use.
 - h. The nursing home should develop a short, easy-to-read fact sheet outlining expectations during visitation including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening of the parent(s), guardian, family member or specialty service provider.
5. Pediatric residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety, and social distancing requirements maintained. Outdoor visitation should be encouraged whenever feasible.
6. An interdisciplinary team must be created by the facility to review visitation program compliance with this Health Advisory. If any visitor fails to adhere to the protocol, he/she will be prohibited from visiting during the duration of the COVID public health emergency.

The facility should establish additional guidelines as needed to ensure resident and staff safety and continuity of facility operations. Hours of visitation must be clearly delineated in

policy and within the visitation fact sheet. Violations of this directive will result in the imposition of fines and additional enforcement remedies.

If the facility falls out of compliance with requirements listed in this advisory, the pediatric nursing home should immediately halt visitation and inform the Department. In addition, the New York State Department of Health can halt visitation at the pediatric nursing home at any time due to community or facility spread of infection, or when the Department identifies that the pediatric NH has failed to comply with requirements of this advisory.

In summary, while these guidelines are intended to restart limited visitation, the Department reserves the right to restrict visitation at any point. Failure to follow these guidelines may result in restriction or revocation of visitation.

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 COVID-19 concerns. Questions may be routed to covidnursinghomeinfo@health.ny.gov.



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

DATE: March 13, 2020

REVISED: July 10, 2020

TO: Nursing Homes (NHs) and Adult Care Facilities (ACFs)

FROM: NYSDOH Bureau of Healthcare Associated Infections (BHAi)

Health Advisory: COVID-19 Cases in Nursing Homes and Adult Care Facilities

Please distribute immediately to:

Administrators, Infection Preventionists, Medical Directors, Physicians, Physician Assistants, Nurse Practitioners, Nursing Staff, Risk Managers, and Public Affairs

COVID-19 has been detected in multiple communities around New York State. Residents of NHs and ACFs are at especially high risk of severe morbidity and mortality. Healthcare personnel (HCP), other direct care providers and visitors who enter NHs and ACFs while symptomatic or asymptomatic with COVID-19 present a high risk for outbreaks. At this time NHs and ACFs statewide are required to take the following actions. This guidance supersedes previous NYSDOH guidance.

To prevent the introduction of COVID-19 into NHs and ACFs

1. Effective immediately, suspend all visitation except when medically necessary (i.e. visitor is essential to the care of the patient or is providing support in imminent end-of-life situations) or for family members of residents in imminent end-of-life situations, and those providing Hospice care¹, or if otherwise authorized. (Except on and after July 15, 2020 as provided in 4, below.) The duration and number of visits should be minimized. Visitors should wear a facemask while in the facility and should be allowed only in the resident's room. Facilities must provide other methods to meet the social and emotional needs of residents, such as video calls. Facilities shall post signage notifying the public of the suspension of visitation and proactively notify resident family members.
2. Immediately implement health checks for all HCP and other facility staff at the beginning of each shift. This includes all personnel entering the facility regardless of whether they are providing direct patient care. Facility staff performing health checks must wear facemasks. HCP and other facility staff with symptoms or with $T \geq 100.0$ F should be sent home, and HCP and other facility staff who develop symptoms or fever while in the facility should immediately go home.
3. All HCP and other facility staff shall wear a facemask while within 6 feet of residents. Extended wear of facemasks is allowed; facemasks should be changed when soiled or wet and when HCP go on breaks. Facilities should bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring

¹ Any such visitors shall be checked as if they are staff.

facemasks.

4. Effective July 15, 2020: To ensure that patients and their families have access to the services of the Long-Term Care Ombudsman program, such Ombudsman may be permitted to visit a nursing home or its residents subject to requirements for weekly testing for COVID-19, and any such ombudsman must utilize appropriate PPE for the duration of the visit, and must be screened as if they were a staff person of such nursing home, including having to present a verified negative test result to the nursing home within the past week.

If there are confirmed cases of COVID-19 in a NH or ACF

1. Notify the local health department and NYSDOH if not already involved.
2. In NHs, actively monitor all residents on affected units once per shift. This monitoring must include a symptom check, vitals, lung auscultation, and pulse oximetry.
3. Assure that all residents in affected units remain in their rooms. Cancel group activities and communal dining. Offer other activities for residents in their rooms to the extent possible, such as video calls.
4. Residents must wear facemasks when HCP or other direct care providers enter their rooms, unless such is not tolerable.
5. Do not float staff between units. Cohort residents with COVID-19 with dedicated HCP and other direct care providers. Minimize the number of HCP and other direct care providers entering rooms.
6. In NHs, all residents on affected units should be placed on droplet and contact precautions, regardless of the presence of symptoms and regardless of COVID-19 status. HCP and other direct care providers should wear gown, gloves, eye protection (goggles or a face shield), and N95 respirators (or equivalent) if the facility has a respiratory program with fit tested staff and N95s. Otherwise, HCP and other direct care providers should wear gown, gloves, eye protection, and facemasks. Facilities may implement extended use of eye protection and facemasks/N95s when moving from resident to resident (i.e. do not change between residents) unless other medical conditions which necessitate droplet precautions are present. However, gloves and gowns must be changed and hand hygiene must be performed.
7. For residents who initially test negative, re-testing should be performed immediately if they develop symptoms consistent with COVID-19.

If there are suspected cases of COVID-19 in a NH or ACF

Residents suspected of infection with COVID-19 should be given a facemask to wear, and the facility must immediately contact the NYSDOH. The resident must be isolated in a separate room with the door closed. Staff attending the resident if and until they are transferred should wear gowns, gloves, eye protection (goggles or a face shield), and facemasks and should maintain social distancing of at least six (6) feet from the resident except for brief, necessary interactions. Facilities should bundle care and minimize the number of HCP and other staff who enter rooms to reduce the number of personnel requiring facemasks.

For ACF Resident Access to the Community

In areas of high concentrations of positive coronavirus cases, residents should be encouraged to remain at home. If residents access the community and community transmission is recognized in the area where the ACF is located, the ACF must have staff available to screen residents for symptoms or potential exposure to someone with COVID-19.

Facilities should also refer to the following documents for more information:

- From CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- From CMS: <https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- From NYSDOH (on Health Commerce):
[https://apps.health.ny.gov/pub/ctrldocs/alertview/postings/Nursing Home Guidance 3 1 583593822992 0.6.20 with signage.pdf](https://apps.health.ny.gov/pub/ctrldocs/alertview/postings/Nursing_Home_Guidance_3_1_583593822992_0.6.20_with_signage.pdf)

General questions or comments about this advisory can be sent to icp@health.ny.gov, covidadultcareinfo@health.ny.gov, and/or covidnursinghomeinfo@health.ny.gov.