



COVID-19 Visitation Policy

Purpose: United Hebrew will follow all New York State Department of Health guidelines with regards to reopening for visitation, however, the facility reserves the right to establish additional guidelines as needed to ensure the safety of visitations and daily operations.

Policy:

Communication

1. Upon receiving notification allowing visitation from the NYS Department of Health, the administrator or designee will send an email to all persons listed on the family contact list. The facilities policy for visitation, screening & visitor fact sheet will be posted on our website www.uhgc.org
2. The first round of visitation will be scheduled in advance by a staff member to ensure all residents have a visit.
3. After the first round of visits, families will be directed to contact Carrie Deppong cdeppong@uhgc.org or x1234 to schedule their visit. A calendar titled Courtyard/Cafe has been created and will be shared with all internal staff users and maintained by Recreation.
4. All families will receive an email confirmation stating the date and time of their visit.
5. Families are encouraged to call the hotline [914-355-3800], which is updated daily, for any changes in visitation.

Visitor Requirements

1. All visitors will be required to bring a copy and submit to the facility, a negative COVID test. The test must be conducted within 72 hours of the visit.
2. Since proof of vaccination is not a guarantee that a visitor is not transmitting COVID, those who are vaccinated will still be required to comply with the 72-hour testing mandate.
3. United Hebrew will not test any visitor.
4. The accepted test is Reverse Transcription Polymerase Chain Reaction (RT-PCR) COVID test, or Rapid Test. COVID antibody testing is not approved for visitation.
5. Visitors will be required to submit a new negative COVID test each time they visit.
6. To locate a testing center near you, call the New York State COVID-19 Hotline at 1-888-364-3065 or visit the NYSDOH website <https://coronavirus.health.ny.gov/find-test-site-near-you>
7. Upon entry to facility, all visitors will perform hand hygiene with antibacterial hand sanitizer, will be screened for temperature and symptoms of COVID-19 and will answer the visitor questionnaire. Visitors will be required to wear a Visitor ID Badge.

8. Visitation will be denied if the individual fails to present a negative result, exhibits any COVID symptoms, does not pass screening questions, or does not adhere to the facility policy during visitation.
9. Visitors under the age of 16 must be accompanied by an adult.
10. Visitors and residents must always wear a mask. We encourage visitors to bring their own mask to help conserve our supply. However, if a visitor does not have a mask, one will be provided to them.
11. No pets allowed, food and drinks are prohibited during the visit.
12. Visitors are required to strictly adhere to the core principles of infection control and prevention.

Visit Schedule & Capacity

1. Visits will occur Monday through Friday, in 30-minute sessions.
2. The scheduled times for visits are: 10:00am-10:30am, 10:45am-11:15am, 11:30am-12:00pm, 1:30pm-2:00pm, 2:15pm-2:45pm, 3:30pm-4:00pm, 4:15pm-4:45pm.
3. There shall be no more than 2 visitors per resident.
4. Visitation shall not exceed 20% of the daily census.
5. Saturday visits will be scheduled on a case-by-case basis.

Cancellation of Visits

1. If any resident or staff member tests positive for COVID-19, visitation will be suspended for a period of 14 days.
2. Visitation will be suspended if our county positivity rate exceeds 10%, only Compassionate Care visits will be allowed at that time.
3. Residents will not be permitted to have a visit if they have a confirmed or suspected diagnosis of COVID-19, are on isolation or are newly admitted in quarantine for 14 days.

Location of Visits

1. Outdoor visitation will occur in the Courtyard, indoor visitation will occur in the café or other 1st floor location designated by Administration. All locations will be setup to follow appropriate social distancing and infection control guidelines.
2. A designated staff member will monitor the visitation for compliance.
3. Tables and chairs will be cleaned after each visit. Garbage disposals and sanitizer will be readily available.
4. Visitors are prohibited from the units unless for approved Compassionate Care visits.

Residents

1. Residents will be escorted down from their unit by the unit staff and will be wearing a mask.
2. Once in the Visitation Area, residents will be provided sanitizer and at the end of the visit, will be transferred upstairs by the unit staff.



Visitor Expectation Fact Sheet

- All visitors will be required to bring a copy and submit to the facility, a negative COVID test. The test must be conducted within 72 hours of the visit.
- Visitors who are vaccinated will still be required to present a negative COVID test within 72 hours of the visit.
- United Hebrew will not test any visitor.
- Each visitor will be 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, does not answer the screening questions, or does not present a valid negative COVID test.
- Visits are by scheduled appointment only.
- Visits will occur Monday through Friday, in 30-minute intervals. Saturday visits will be limited on a case-by-case basis.
- The scheduled times for visits are: 10:00am-10:30am, 10:45am-11:15am, 11:30am-12:00pm, 1:30pm-2:00pm, 2:15pm-2:45pm, 3:30pm-4:00pm and 4:15pm-4:45pm.
- There shall be no more than 2 visitors per resident.
- Visitors under the age of 18 must be accompanied by an adult 18 years of age or older.
- United Hebrew will provide alcohol-based hand rub, consisting of at least 60 percent (60%) alcohol, to residents, visitors, and representatives of the long-term care ombudsman prior to visiting the residents. To use, rub hands together using friction for 20 seconds.
- Visitors must maintain social distance when in the facility and follow infection control protocol.
- Visitors must wear a face mask or face covering which always covers both the nose and mouth. We encourage visitors to wear their own mask, however, if a visitor does not have a mask, one will be provided to them.
- Visit locations will be in the courtyard [weather permitting] and on the 1st floor in designated areas.
- Visitors are required to wear a Visitor ID badge.
- A copy of the visitation policy is posted on our website www.uhgc.org
- Staff are required to monitor the visitation process.
- **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. United Hebrew reserves the right to refuse any visitor who is under the influence, disruptive or presents a danger to any resident or staff.**



COVID-19 Visitor Screening Form

This form is required to be completed by the visitor and will be kept by United Hebrew.

Name of Resident You Are Visiting: _____ **Room #:** _____

| | | | |
|---|-------------------|------------------------|-------------|
| Date: | Time: | Daytime Number: | |
| First Name: | Last Name: | Evening Number: | |
| Address: | City: | State: | Zip: |
| Email: | | | |
| 1. Did you wash your hands or used alcohol-based hand rub? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 2. Do you have signs or symptoms of respiratory infection such as cough or shortness of breath or any 2 of the following – fever, chills, new loss of taste, diarrhea, muscle pain, sore throat, vomiting. <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 3. Have you had contact with someone with or under investigation for Covid-19? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4. Temperature above 99.5? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 5. Have you traveled in the past 14 days to any states/countries outside of New York State? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list state/country traveled to: | | | |
| 6. Negative COVID Test result within the past 3 days? <input type="checkbox"/> Yes [if no test is provided, visitation is not permitted]. A copy of the test result will be kept by United Hebrew. | | | |

The above-named individual has been cleared for visitation.

Screener Signature: _____

Date: _____