

Baptist Health Nursing and Rehabilitation Center
Novel Coronavirus/COVID-19
Policy and Procedure

Authority: CDC Guidelines and Current NYSDOH Guidelines

Policy: BHNRC will implement procedures based on the current guidelines/recommendations to contain and prevent the spread of COVID-19.

Purpose: To prevent the transmission of COVID-19 by either direct or in-direct contact.

- I. Clinical Assessment (*Symptoms may appear 2-10 days after exposure to the virus*):
 - a. Abrupt onset of fever $\geq 99.4^{\circ}$ F for residents (Be aware that the elderly may not present w/fever) or fever $\geq 100.0^{\circ}$ F for staff members/visitors
 - b. Shortness of Breath/Difficulty Breathing
 - c. Cough
 - d. Chills
 - e. Muscle/Body Aches
 - f. Headache
 - g. Sore throat
 - h. Cold symptoms (Congestion, runny nose, etc)
 - i. Negative Flu swab and Negative RVP(With worsening signs and symptoms)
 - j. Atypical symptoms include:
 - i. Malaise (new or worsening)
 - ii. Altered Mental Status (AMS)
 - iii. Dizziness
 - iv. Diarrhea
 - v. New loss of taste and/or smell
- II. *Per section 415.33 of 10 NYCRR new subdivision effective 5/14/2020, COVID-19 Confirmatory Testing:*
 - (1) Any resident with symptoms of COVID-19 or who has been exposed to COVID-19 shall be tested for the COVID-19 virus, along with any other clinically appropriate testing.
 - (2) Whenever a person expires while in a nursing home, where in the professional judgment of the nursing home clinician there is a clinical suspicion that COVID-19 was a cause of death, but no such test was performed in the 14 days before death, the nursing home shall administer a COVID-19 test within 48 hours after death, along with any other clinically appropriate testing. Such COVID-19 test shall be performed using rapid testing methodologies to the extent available. The facility shall report the death to the Department immediately after and only upon receipt of such test results through the Health Emergency Response Data System (HERDS). Notwithstanding the foregoing, no test shall be administered if the next of kin objects to such testing. Should the nursing home lack the ability to perform such testing expeditiously, the nursing home should request assistance from the State Department of Health.
- III. Laboratory Confirmed COVID-19 Positive/Presumed Positive/Suspect COVID-19 Cases:
 - a. Quarantine within facility initiated for 10 days
 - i. If resident has received a COVID-19 diagnostic test due to displaying signs or symptoms of COVID-19 they will be placed on Contact/Droplet precautions pending their COVID-19 test result.

- ii. If resident becomes symptomatic their quarantine date will begin on the date of symptom onset
 - iii. Per CDC, *Residents who are not up to date with all recommended COVID-19 vaccine doses and who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).*
 - iv. Per CDC, *Residents can be removed from Transmission-Based Precautions after day 10 following the exposure (day 0) if they do not develop symptoms. Although the residual risk of infection is low, healthcare providers could consider testing for SARS-CoV-2 within 48 hours before the time of planned discontinuation of Transmission-Based Precautions.*
 - v. Please see link regarding TBP per CDC: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html&%3A%7E%3Atext=Top%20of%20Page-%2C2.%20Recommended%20infection%20prevention%20and%20control%20\(IPC\)%20practices%20when%20caring%20for%20a%20patient%20with%20suspected%20or%20confirmed%20SARS%2DCoV%2D2%20infection%2C-The%20IPC%20recommendations](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-after-vaccination.html&%3A%7E%3Atext=Top%20of%20Page-%2C2.%20Recommended%20infection%20prevention%20and%20control%20(IPC)%20practices%20when%20caring%20for%20a%20patient%20with%20suspected%20or%20confirmed%20SARS%2DCoV%2D2%20infection%2C-The%20IPC%20recommendations)
- b. Place resident on droplet and contact precautions with proper PPE and signage outside of room.
 - c. Place signage on the door “Please keep door closed” and close the door.
 - d. To the extent possible, residents must wear a face mask when staff enter their room, unless face mask is not tolerated. A piece of clothing or tissue may be used in place of a facemask
 - e. If shower is unavailable in resident room, to the extent possible, resident is to wear a facemask and full PPE when transported to other shower area, as tolerated
 - f. To the extent possible, a private room is indicated with the door closed
 - i. If private room is unavailable, may cohort residents as necessary
 - g. To the extent possible, residents must stay in their assigned room for the duration of quarantine
 - h. **If a resident is confirmed positive or presumed positive COVID-19 and is non-adherent with being quarantined in their room:**
 - i. **Re-educate and re-direct resident to their room**
 - ii. **To the extent possible, if resident continues to leave their room, place them on a 1:1 restriction in their room and notify Medical Director, DON, and local Public Health Department and/or NYSDOH**
 - iii. **These residents must stay in their room, and it will be enforced unless otherwise directed by NYSDOH or other Government agency.**
 - i. The assigned room for resident on quarantine will be at the discretion of administration and evaluated on a case-by-case basis
 - j. If indicated per the direction of local Public Health Department or NYSDOH for resident to transfer to an alternate level of care inform the receiving facility/hospital of COVID-19 status.
 - i. Resident should be transferred wearing a facemask and full PPE, if tolerated
 - k. All allowed group activities will be cancelled immediately for these residents and unit.
 - l. Aerosol Generating Procedures will be limited to the extent possible for residents who are suspected or confirmed COVID-19.
 - m. If an Aerosol Generating Procedure must occur:
 - i. The staff member performing the procedure should wear a N95 mask or equivalent (i.e. facemask), eye protection, gloves, and an isolation gown.

- ii. The number of staff member present during the procedure should be limited to only those who are essential for the resident care. NO visitors should be allowed during procedure.
- iii. When procedure is completed, the room surfaces should be cleaned and disinfected promptly by housekeeping.

IV. Cohorting Residents related to COVID-19(Positive/Negative/Unknown)-*To the extent possible, the facility will provide cohorting to all residents as necessary per the NYS guidance.*

- a. If the facility has only one or a few residents with confirmed COVID-19 they may be Cohorted on part of unit (i.e. end of a hallway)
- b. Other residents should be prevented from entering the confirmed COVID-19 cohorted area and residents with confirmed COVID-19 should not share a bathroom with residents outside of their cohort.
- c. To the extent possible, separate staff should be devoted exclusively to residents in different cohorts. ***NOTE*** *For staff caring for residents in different cohorts, they should bundle care and plan the order of care to minimize the need to go back and forth between cohorts. PPE should ALWAYS be changed before leaving a positive cohort.*
- d. **Positive Cohort:** Should only house residents with a confirmed COVID-19 infection who have tested positive for COVID-19 by a diagnostic test.
- e. Residents who have a confirmed COVID-19 infection should be placed in the positive cohort regardless of their vaccination status
 - i. Positive Cohort should be inclusive of:
 - 1. Symptomatic and asymptomatic residents who have tested positive for COVID-19 for the first time.
 - 2. Symptomatic and asymptomatic residents who test positive for COVID-19 more than 3 months after onset of previous COVID-19 infection
 - 3. Symptomatic residents who are within 3 months of a previous COVID-19 infection
- f. Residents should remain on the positive cohort until meeting the criteria to discontinue transmission-based precautions. Once this is determined they may be moved to a negative cohort.
- g. Transmission based precautions should be used in this cohort
- h. **Negative Cohort:** Should house residents who have tested negative for COVID-19 by a diagnostic test, excluding residents who test negative before meeting the criteria to discontinue COVID-19 transmission-based precautions.
- i. Residents should remain on the negative cohort until testing identifies a need to move them, or until the resident refuses indicated testing (i.e., outbreak testing, testing for symptoms, etc)
- j. **Unknown Cohort:** Should only house residents who have not been tested (i.e. the resident refused testing)
- k. If during outbreak testing and the resident has refused testing, then they are to be moved to the unknown cohort.
- l. Transmission based precautions should be used in this cohort.
 - i. Residents who remain asymptomatic should stay in the unknown cohort for a minimum of 10 days from the date of their last potential exposure
 - ii. Residents who are symptomatic should remain in the unknown cohort until they meet the symptom-based criteria to discontinue the transmission-based precautions and for 10 days from the date of last exposure or longer.

NOTE *Residents who continue to refuse testing, if transmission is ongoing then the facility needs to consider keeping them in the unknown cohort beyond the duration of 10 days from the date the facility completes their outbreak testing.*

**If limited single rooms are available, or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain in their current location pending return of test results.*

**Residents who have not tested positive and who develop symptoms that are concerning for COVID-19 should remain on their current cohort and be cared for using the appropriate transmission-based precautions and be prioritized for testing.*

**Residents who have not tested positive and are exposed to COVID-19 should be placed in quarantine and cared for using appropriate transmission-based precautions.*

V. Daily Resident Monitoring:

- a. On any units with residents with confirmed positive COVID-19 laboratory results, full vital signs (BP, pulse, temperature, respirations, O2 sat) will be initiated for every resident every shift for those specific units in addition to regular daily resident monitoring as noted below.
 - i. Any abnormal findings require a RN assessment and MD/NP notification per policy
- b. Residents are monitored for respiratory symptoms (i.e., cough, SOB, fever, sore throat, altered mental status, and lethargy) and documented twice daily.
 - i. Any abnormal findings require a RN assessment and MD/NP notification per policy
- c. Residents have lung auscultation evaluations performed and documented twice daily.
 - i. Any abnormal findings require a RN assessment and MD/NP notification per policy
- d. Residents have O2 saturations obtained and documented twice daily.
 - i. Any abnormal findings require a RN assessment and MD/NP notification per policy
- e. Residents have temperatures obtained and documented twice daily.
 - i. Any abnormal findings require a RN assessment and MD/NP notification per policy
- f. Admissions/Re-admissions-prior to admission from the hospital, a COVID-19 test is not required, but preferred for all residents **not** up-to date with all recommended COVID-19 vaccine doses within 24 hours of admission/re-admission and all residents who are up-to date with all recommended COVID-19 vaccines doses within 72 hours of admission/re-admission.
- g. For any residents not up-to-date with all recommended COVID-19 vaccine doses will need a COVID-19 test upon admission and again on one of the days between 5-7 of admission.
- h. To the extent possible, admit/re-admit resident to a designated unit when available.
 - i. The assigned room for resident on quarantine will be at the discretion of administration and evaluated on a case-by-case basis
- i. Place all resident who are **not** up-to date with all recommended COVID-19 vaccines doses on Contact/Droplet precautions and initiate 10-day quarantine starting on the date of arrival to facility unless resident is symptomatic with symptoms consistent with COVID, COVID-19 is suspected, or resident is a confirmed COVID-19 positive. If resident is symptomatic with symptoms consistent of COVID-19 or suspected, 10-day quarantine is initiated from the date of symptom onset. If positive, 10-day quarantine is initiated from date of specimen collection or symptom onset date *

NOTE*Residents who are up-to date with all recommended COVID-19 vaccines doses and/or Residents who were positive for COVID-19 within the last 3 months (90 days), the 10-day quarantine will not be necessary.

- j. For residents who are assigned to a semi-private room:
 - i. Pull privacy curtain to separation

- ii. Beds placed as far apart as possible
- iii. Movement of residents in room should be limited (Movements should occur behind privacy curtain as much as possible)
- iv. PPE must be changed between residents, unless extended PPE use is initiated per NYSDOH, CMS, and CDC guidelines (See sections VI & VII)

VI. Emergency Department Visits and Out of Facility Appointments and Resident Outings:

- a. BHNRC must permit residents to leave the facility as they choose, including scheduled appointments.
 - i. BHNRC should still utilize facility Practitioners as needed
 - ii. BHNRC should still utilize telehealth when possible and as needed
- b. All residents are to wear a face mask when going on an outside appointment, as tolerated
- c. Per CMS QSO-20-39 revised on 3/10/22, when a resident leaves the facility for an outing of their choosing:
 - i. *BHNRC will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same*
 - ii. **Upon resident return to the facility:**
 - 1. *Screen residents upon return for signs or symptoms of COVID-19.*
 - 2. *If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident is not up-to date with all recommended COVID-19 vaccines doses*
 - 3. *If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on Transmission-Based Precautions, regardless of vaccination status.*
 - 4. *BHNRC may also opt to test residents who are up-to date with all recommended COVID-19 vaccines doses without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.*
 - 5. *BHNRC may consider quarantining residents who are not up-to date with all recommended COVID-19 vaccines doses who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.*
 - 6. *Monitor residents for signs and symptoms of COVID-19 daily*

**Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC's "Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes." Please note that there are exceptions to quarantine, including for residents who are up-to date with all recommended COVID-19 vaccines doses*

VII. Personal Protective Equipment (PPE) use:

- a. To the extent possible, staff members will be provided with a facemask upon entering the facility after screening process is completed at designated building entrance to be worn for the duration of their shift. (*Facemask is to be changed if it becomes soiled, worn, or damaged or if leaving an isolation room) Staff will enter and exit through the facility designated areas.
- b. Follow facility procedure for PPE use based on type of isolation precautions initiated
- c. To the extent possible, quarantine/precautionary quarantine isolation requires contact and droplet precautions. Required and acceptable PPE per CDC guidelines:

- i. Isolation Gown (disposable or re-usable)
- ii. Gloves (clean, non-sterile) *Double gloving is not recommended
- iii. Shield mate mask/Face shield/Goggles
- iv. Surgical mask/N95 facemask. *When respirators (N95 masks) are not available, use the best available alternative, such as a facemask)
- d. Always change PPE if it becomes soiled, worn, or damaged
- e. When in facility PPE crisis, Gowns (cloth/paper) may be saved for the duration of 1 shift for each resident only designated with staff name. (May use tape to place name on gown). *Gowns are not interchangeable between residents.
 - i. Place gowns for duration of shift on hook located just inside resident room. **DO NOT OVERLAP GOWNS**
 - ii. Contact Maintenance department if no hooks in room
- f. When facility is not in PPE crisis, conventional PPE use will be used (i.e. discarding disposable gowns after each resident encounter or laundering reusable gowns after each resident encounter)
- g. When indicated initiate and follow extended PPE use guidelines per the NYSDOH and CDC guidelines.
- h. Shield mate masks, face shields, goggles, or N95 facemasks that are designated as extended wear are to be placed in a paper bag with staff member name on outside of bag after being cleaned and disinfected and completely air dried
 - i. When not in use shield mate masks, face shields, goggles, or N95 facemasks must be cleaned and disinfected
 - ii. During assigned shift and at the end of assigned shift the cleaned and disinfected shield mate masks, face shields, goggles, or N95 masks must be placed in designated area (i.e. storage area)
 - iii. Top of paper bag must be folded over to seal when not in use
 - iv. ALL PPE, should not leave the facility after use
- i. Hand hygiene **must** be performed before and after all resident contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
- j. Any resident on Contact/Droplet precautions related to COVID-19 are considered to be infectious, therefore the Contact/Droplet precautions **must** follow the resident in all environments within the facility.
- k. If staff members are not making direct contact with a resident or their environment (i.e. passing medications or dropping off a meal tray into resident room, etc.) a gown is not necessary to be worn. Gloves, face mask and/or N95 mask, and face shield/eye protection are still required.
- l. Notify Nursing Supervisor when PPE supply becomes depleted and request more

VIII. PPE use for Closed Units due Suspected/Confirmed/Exposure to COVID-19:

- a. Face shields **MUST** be worn at all times while on unit.
- b. Surgical masks and/or N95 masks **MUST** be worn at all times while on unit.
- c. Gowns and gloves are to be worn in each resident room that is on isolation/quarantine, along with face shields and surgical and/or N95 masks upon entering room for any reason.
- d. Gowns and gloves are to be changed between every resident, this includes residents who are in semi-private and/or 4 bed ward rooms.
- e. Hand sanitizer **MUST** be used before donning & after doffing all PPE
- f. Face shields and surgical and/or N95 masks stay on between residents unless they become wet, soiled, or damaged.
- g. Face shields should be discarded when going between units
- h. Any wet, soiled, or damaged PPE **MUST** be changed immediately.

IX. Notification:

- a. **Contact Schenectady County Department of Health (518-386-2810) or NYSDOH 518-473-4439 during routine business hours or the NYSDOH Public Health Duty Officer @ 1-866-881-2809 evenings, weekends and holidays IMMEDIATELY with all positive cases (per laboratory diagnostic test results or presumed positive determined by a physician) and for any residents with symptoms consistent with the PUI. (See section I)**
 - i. *It is no longer necessary as of 4/29/2020 to notify local Public Health Department of suspect cases, ONLY if resident shows signs and symptoms consistent with COVID-19
- b. Contact Infection Prevention Nurse, Nursing supervisor, and/or ADON/DON if any confirmed positive, presumed positive, or suspect cases of COVID-19 arise
- c. Consult with Medical Director prior to ordering any COVID-19 testing
- d. NYSDOH must be notified of any confirmed positive, presumed positive, or suspect COVID-19 cases. This includes any new admissions/re-admissions with COVID-19 diagnostic test results that were negative

X. Staffing and Education:

- a. To the extent possible, designated staff members will be assigned to care for these residents who are confirmed positive, presumed positive, or suspect cases of COVID-19
- b. Designated staff members will be determined by nursing administration
- c. All staff members are educated and re-educated on:
 - i. Proper hand hygiene
 - ii. Isolation precautions
 - iii. Types of PPE used for COVID-19 related cases
 - iv. Proper PPE donning and doffing techniques
 - v. Respiratory etiquette (i.e., sneezing or coughing into their elbow)
 - vi. General infection control practices, policies, and procedures

XI. Testing Staff Members for COVID-19:

- a. Refer to current executive order and/or NYSDOH and CMS guidance pertaining to staff COVID-19 testing in nursing homes.
- b. Refer to BHNRC *COVID-19 Resident/Patient/Staff Testing Process Policy/Procedure*
- c. Testing process is consistent with recommendations from NYSDOH and CMS guidance and recommendations
- d. Any staff member who has a positive test result for COVID-19 is either sent home if working or called to be notified of the positive test result and will be furloughed from the facility based on current NYDOH and CMS guidance (whichever is stricter)
- e. Per CMS, staff and residents who have recovered from COVID-19 and are *asymptomatic* do not need to be retested for COVID-19 within 3 months after symptom onset or positive COVID-19 test result. If staff or resident have to be tested within the 3 month time frame then an antigen test is recommended versus a PCR test.
- f. Any staff member who re-tests positive for COVID-19 within a 12-week timeframe (90 days) is not subject to a furlough, unless symptomatic.
- g. Upon receipt of positive result, public health for the staff member's county and DOH are notified.
- h. In addition to public health and DOH notifications, all residents and/or responsible parties are notified within 24 hours of a new positive case.
- i. Any staff member who refuses to be tested for COVID-19, when necessary, will be unable to work in the facility.

- j. **Staff who have signs or symptoms of COVID-19, regardless of vaccination status, must be tested immediately.*
**Outbreak testing is to be completed regardless of vaccination status on both residents and staff*

XII. Return to Work and Furlough for COVID-19:

Refer to the most update NYS Guidance and/or government guidance (whichever is stricter) regarding *Health Care Personnel (HCP) in Clinical and Direct Care Settings to Return to Work (RTW) Following COVID-19 Exposure or Infection or Travel*

XIII. Staffing Shortage Mitigation for COVID-19:

Please reference NYS, CMS, and/or CDC guidance for strategies to mitigate Health Care Personnel Staffing Shortages. BHNRC has the ability to contact NYSDOH at any time in regards to staffing shortages.

XIV. Testing Residents for COVID-19:

- a. Obtain census of residents being tested from unit
- b. Obtain necessary PPE for testing (N95 mask/facemask, gown, gloves, and eye protection)
- c. Obtain swabbing kits and organize supplies prior to testing residents
- d. Don PPE upon entering resident care area where residents are being swabbed
- e. Doff PPE when leaving the resident care area where residents were swabbed.

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.	Residents, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, <i>regardless of vaccination status</i> , that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, <i>regardless of vaccination status</i> , that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, <i>regardless of vaccination status</i> , facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, <i>regardless of vaccination status</i> , facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2 below	Not generally recommended

**Ref: QSO-20-38-NH Revised 3/10/2021*

** Outbreak testing is to be completed on residents and staff regardless of vaccination status*

**Upon identification of a single new case of COVID-19 infection in any staff or residents, testing should begin immediately. Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based (e.g. facility-wide) testing.*

- f. Documentation requirements for testing for COVID-19:

- i. For symptomatic residents and staff, document the date(s) and time(s) of the identification of signs and symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results.

****Any residents who refuse testing and are symptomatic will be placed on isolation precautions per policy.***

****Procedures should ensure that residents who have signs or symptoms of COVID-19 and refuse testing are placed on TBP until the criteria for discontinuing TBP have been met. If outbreak testing has been triggered and an asymptomatic resident refuses testing, the facility should be extremely vigilant, such as through additional monitoring, to ensure the resident maintains appropriate distance from other residents, wears a face covering, and practices effective hand hygiene until the procedures for outbreak testing have been completed.***

- g. Per NYSDOH and CDC, When to Change PPE:
 - i. **Change gloves and perform hand hygiene between each person swabbed, unless otherwise indicated**
 - ii. Change PPE after swabbing a symptomatic resident
 - iii. Change if PPE becomes contaminated
 - iv. Change PPE after swabbing a resident who is on contact precautions for other reasons than COVID-19 (i.e. C-diff, MDROs)
 - v. Change when PPE is damaged, wet, or soiled
 - vi. Change if extensive bodily contact with resident
 - vii. Change N95 facemask if it becomes hard to breathe through

XV. Group Activities and Dining:

Per CMS QSO-20-39 revised on 3/10/22,

- a. *While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility. For more information, see the Implement Source Control section of the CDC guidance “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.”*

XVI. Staff Travel restrictions during the COVID-19 pandemic:

Refer to the most updated NYS, CMS, and/or CDC travel guidance for Domestic and International travel restrictions. *See links below:*

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html>

****NOTE**** *During the time that the staff member has to furlough after traveling, the staff member will **NOT BE ELIGIBLE** to use any of their benefit time to be paid, as this is a voluntary decision by the staff member to travel while not being fully vaccinated.*

****Please see NY Paid Family Leave COVID-19***

XVII. Visitor Process

- a. All visitors will enter through the N1 lobby area. All visitors will follow all recommended COVID-19 guidance and screening will be performed by receptionist and/or designee. If visitor

passes screening, they may enter the building for their visit. If visit does not follow core principles of infection control recommended or they do not pass the screening process, they will be asked to leave the facility.

- b. Refer to *NY Forward Safety Plan*