Visitor Policy During COVID-19 Pandemic

Purpose: COVID-19 has taken a physical and emotional toll on residents in long-term care facilities and their loved ones. This increases the feeling of social isolation, increased risk of depression and anxiety etc. Millions of vaccinations have since been administered to nursing home residents and staff, and these vaccines have been shown to help prevent symptomatic SARS-CoV-2 (i.e., COVID-19). This policy reflects recommendations issued by CMS, in conjunction with the Centers for Disease Control and Prevention (CDC) while continuing to emphasize the importance of maintaining infection control practices.

Procedure:

Guidance

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in a resident's room, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visitation occurs, there are core principles and best practices that reduce the risk of COVID-19 transmission.

Core Principles of COVID-19 Infection Prevention

- Visitors who have a positive viral test for Covid-19, symptoms of Covid-19, or currently meet the criteria for quarantine, should not enter the facility. Facilities should screen all who enter for this visitation exclusion. Please note that the Community Criteria to discontinue isolation and quarantine do not apply for visitor and vendors to the nursing homes. They must complete the 10 days before they can visit.
- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
- Strict hand hygiene. Use of alcohol-based hand rub is preferred.

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- Face covering or mask that covers mouth and nose. Staff must wear medical grade masks; cloth is acceptable for residents and visitors. Facility will encourage medical grade masks for visitors.
- Social distancing at least 6 feet between persons. Consider less than 15 minutes of close contact over a 24-hour period.
- Instructional signage throughout facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries/exits, routes to designated areas, and hand hygiene).
- Cleaning and disinfecting high frequency touched surfaces in the facility often and designated visitation areas after each visit with approved EPA disinfectants. Assure use of manufacture guidance for disinfection.
- Appropriate staff use of Personal Protective Equipment (PPE) for all staff and visitors if entering a room in Transmission Based Precautions (TBP)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care) that are clearly marked with signage and allow for dedicated staff.
- Resident and staff testing conducted as required at 42 CFR 483.30(h) (see QSO-20-38-NH).

These core principles are consistent with the CDC guidance for nursing homes and should be adhered to at all times. Visitation should be resident-centered taking into consideration the resident's physical, mental, psychosocial well-being, and support their quality of life. Transmission can be further reduced through use of physical barriers (e.g., Plexiglass dividers, curtains). Visits should be conducted with a degree of privacy. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a resident-centered approach and adhering to these core principals, visitation can occur safely based on the below guidance.

Required Visitation

Indoor visitation will always be allowed and for all residents as permitted under the regulation QSO-20-39-NH.

- While previously acceptable during the PHE, Saint Anthony will no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.
- Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Facilities should

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ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.). Also, facility should avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.

- During indoor visitation, facility should limit visitor 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.
- If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. 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 infection prevention.
- If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times. In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated. If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.
- While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room. Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

Saint Anthony continues to recommend residents and families adhere to the core principles of COVID-19 infection. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor in accordance with the CDC's "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19)

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Pandemic." Unvaccinated residents may also choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, unvaccinated residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. Visitors should also physically distance from other residents and staff in the facility.

**Fully vaccinated = a person who is 2 weeks or greater following receipt of the second dose in a 2-dose series, OR 2 weeks or greater following receipt of one dose of a single-dose vaccine, per CDC's Public Health Recommendation for Vaccinated Persons.*

Indoor Visitation during an Outbreak

An outbreak investigation is initiated when a new nursing home onset of COVID-19 occurs (among residents or staff). The facility will adhere to CMS regulations and guidance on COVID-19 testing, including routine unvaccinated staff testing, testing individuals with symptoms, and outbreak testing.

When a new case of COVID-19 among staff or residents is identified, the facility will immediately begin outbreak testing in accordance with CMS QSO 20-38-NH REVISED and CDC Guidelines.

While it is safer for visitors not to enter the facility during outbreak investigation, visitors must still be allowed in the facility. Visitor should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.

- If resident or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in resident's room.
- Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risks of Covid-19 transmission during an outbreak investigation.
- outdoor visitation, all appropriate infection control and prevention practices should be followed.

Visitor Testing and Vaccination

While not required, we encourage visitor to be tested on their own before coming to the facility (e.g., within 2-3 days) Saint Anthony encourages all visitor to become vaccinated. Visitor testing

and vaccination can help prevent the spread of Covid-19 and facilities may ask about a visitor's vaccination status; however, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation. If the visitor declines to disclose their vaccination status, the visitor should wear a face covering or mask at all times.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred when the resident and/or visitor are not fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. For outdoor visits, facility has created an accessible and safe outdoor space for visitation, such as the courtyards. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. When conducting

Compassionate Care Visits

Compassionate care visits are allowed at all times. Previously during the PHE, there were some scenarios where residents should only have compassionate care visits. However, visitation is now allowed at all times for all residents, in accordance with CMS regulations. Therefore, we believe there are few scenarios when visitation should be limited only to compassionate care visits. In the event a scenario arises that would limit visitation for a resident (e.g., a resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept to a minimum), compassionate care visits would still be allowed at all times. CMS expects these scenarios to be rare events.

Access to the Long-Term Care Ombudsman

If an ombudsman is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room. If the resident or the Ombudsman program requests alternative communication in lieu of an in-person visit, facilities must, at a minimum, facilitate alternative resident communication with the Ombudsman program, such as by phone or through use of other technology. Facility will allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law. Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs 42 CFR § 483.10(f)(4)(i)(E) and (F) requires the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act

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of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). P&A programs authorized under the DD Act protect the rights of individuals with developmental and other disabilities and are authorized to "investigate incidents of abuse and neglect of individuals with developmental disabilities if the incidents are reported to the system or if there is probable cause to believe the incidents occurred." 42 U.S.C. § 15043(a)(2)(B). Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes "the opportunity to meet and communicate privately with such individuals regularly, both formally and informally, by telephone, mail and in person." 42 CFR § 51.42(c); 45 CFR § 1326.27. If the P&A is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a county where the level of community transmission is substantial or high in the past 7 days, the resident and P&A representative should be made aware of the potential risk of visiting and the visit should take place in the resident's room. Additionally, facility must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 (Section 504) and the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 et seq. (ADA). For example, if communicating with individuals who are deaf or hard of hearing, it is recommended to use a clear mask or mask with a clear panel. Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. In addition, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Entry of Healthcare Workers and Other Providers of Services

All healthcare workers must be permitted to come into the facility as long as they are not subject to a work exclusion or showing signs or symptoms of COVID-19. In addition to health care workers, personnel educating and assisting in resident transitions to the community should be permitted entry consistent with this guidance. We note that EMS personnel do not need to be screened, so they can attend to an emergency without delay. We ask that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities, Dining and Resident Outings:

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility. Facility must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should 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. Upon the resident's return, nursing homes should take the following actions:

- Screen residents upon return for signs or symptoms of COVID-19.
  - 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 has not been fully vaccinated.
  - 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.
- Facility may also opt to test unvaccinated residents without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
- Facilities might consider quarantining unvaccinated residents 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.
- 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.

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