

# Visitor Policy During COVID-19 Pandemic

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**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**

- 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.
- Face covering or mask that covers mouth and nose. Staff must wear medical grade masks; cloth is acceptable for residents and visitors. Staff must also wear eye protection if county positivity rate is greater than 5%.
- 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).

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- 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.
- 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. 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**

Visitation cannot be restricted without a reasonable clinical or safety cause. The facility will facilitate in-person visitation consistent with applicable CMS regulations. Residents who are on Transmission-Based Precautions for COVID-19 should receive visits that are:

- Virtual
- Through a window
- In-person for compassionate-care situations (this restriction should be lifted once precautions are no longer required per CDC guidelines)

### **Outdoor Visitation**

While taking a resident-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated\* against COVID-19.

- Outdoor visits generally pose a lower risk of transmission due to increased space and air flow. Visits should be held outdoors whenever practicable.
- Weather considerations (e.g., inclement weather, excessively hot/cold temperatures, poor air quality) or an individual resident's health status may hinder outdoor visits.
- For outdoor visits, an accessible and safe outdoor space will be provided. All appropriate infection control and prevention practices should be adhered to.

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- COVID-19 outbreak status is not considered a reason to suspend outdoor visitation.
- Visits are preferred to be scheduled although not required. Hours for visitation will be Monday – Friday 8am-7pm and Saturday – Sunday 9am-6pm. If the hours of visitation are not conducive to a visitor’s schedule, attempts will be made to offer an alternative visitation time. Residents may have access to visitors at any time they wish outside the set visitation hours.
  - After hours visits, visitor may enter/leave and complete screening through Blueberry Hall door.

*\*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**

Indoor visits will be allowed at all times and for all residents, regardless of vaccination status, except for a few circumstances when visitation should be limited due to high risk of COVID-19 transmission (compassionate care visits will be permitted at all times). Scenarios limiting indoor visitation:

- Due to high risk of COVID-19 transmission: Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is >10% AND <70% of resident in the facility are unvaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions;
- Residents in quarantine, whether vaccinated or unvaccinated, until they have criteria for release from quarantine unless they meet the criteria for compassionate visits.

The number of visitors per resident at one time and the total number of visitors in the facility at one time, based on the size of the building and physical space, may affect the ability to maintain the core principles of infection prevention.

- Semi-private room-More than one visitor/per resident must be allowed if desired but must be able to ensure social distancing (at least 2 visitors per resident at any given time). The privacy curtain should be pulled.
- Private room-vaccinated resident may have any number of vaccinated visitors as space allows.
- No limit to the length of time nor the number of visits per day/week, including visitors daily.

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  - After hours visits, visitor may enter/leave and complete screening through Blueberry Hall door.
- If both resident and visitor(s) are vaccinated, masks may be removed and socially distancing not requires. Although, if in common areas, around other residents, or staff, masks must be worn. Facility asks for no eating or drinking in common areas.
- Visitor movement in the facility will be limited (e.g., visitors should not walk around different halls in the facility). Visitors should go directly to the resident’s room or designated visitation area.
- While visits in designated areas are encouraged, in-room visits may occur. Visits for residents with a roommate should not be conducted in the resident’s room, if possible, unless the roommate is moved to another area during the in-room visit. For situations where there is a roommate and the health status of the resident prevents them from leaving the room, the facility will attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention (e.g., pulling the divider curtain).

CMS and CDC continue to recommend that residents and visitors adhere to the core principles of COVID-19 infection prevention. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been vaccinated. However, it is recognized the toll separation and isolation has taken. There is no substitute for physical contact between a resident and their loved one. Therefore, if a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor:

- While wearing a well-fitting face mask.
- Performing hand hygiene before and after the visit.

Visitors should physically distance from other residents and staff in the facility.

### **Indoor Visitation during an Outbreak**

An outbreak exists when a new nursing home onset of COVID-19 occurs (among residents or staff). This guidance is intended to describe how visitation can occur when there is an outbreak, but there is evidence that the transmission is contained to a single area/unit of the facility. The facility will adhere to CMS regulations and guidance on COVID-19 testing, including routine staff testing, testing individuals with symptoms, and outbreak testing.

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When a new case of COVID-19 among staff or residents is identified, the facility will immediately begin outbreak testing and suspend all visitation (except that required under Federal Disability Rights Law), until at least one round of facility-wide testing is completed.

Visitation can resume based on the following criteria:

- If testing reveals no additional COVID-19 cases in other areas of the facility, visitation can resume for residents in the area/unit with no COVID-19 cases. The facility should suspend visitation in the affected area/unit until the facility meets the criteria to discontinue outbreak testing;
  - Example: if the first round of outbreak testing reveals one or more COVID-19 cases in the same unit as the original case, but not on the other unit, visitation can resume for residents on the unit with no cases.
- If testing reveals one or more additional COVID-19 cases in the other areas/units of the facility (e.g., new cases in two or more areas), the facility will suspend visitation for all residents (vaccinated or unvaccinated), until the facility meets criteria to discontinue outbreak testing.

Visitors will be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention.

Compassionate care visits and visits required under Federal Disability Rights Law should be allowed at all times. The facility will continue to consult with state or local health departments when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of COVID-19 transmission.

### **Visitor Testing and Vaccination**

We encourage visitors to become vaccinated when they have the opportunity. While testing and vaccination can help prevent the spread of COVID-19, visitors will not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. Staff will ask visitors their status for screening purposes and to indicate the type of visitation they may have.

### **Compassionate Care Visits**

Visitation should be allowed in compassionate care circumstances regardless of the resident's vaccination status, during outbreak testing, and when the positivity rate is more than 10%, even if the resident is in Transmission-Based Precautions (yellow or red zone). Such circumstances include but are not limited to:

- End of life situations.

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- A resident, who was living with his/her family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently died.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who is used to talk and interact with others, is experiencing emotional distress, seldom speaking or crying more frequently (when the resident rarely cried in the past).
- A resident's relative or other loved one is an essential caregiver for the resident.

Visitors of any vaccinate status should physically distance from other residents and staff in the facility.

### **Excursions (leaving the facility e.g., family home, church, wedding, funeral etc.)**

Independently mobile residents:

- May leave the facility provided they take proper precautions with social distancing, hand hygiene, and wearing mask.

Residents who are not independently mobile:

- May be escorted on outdoor excursions if all precautions are taken (e.g., social distancing of at least 6 feet, masks, and hand hygiene).
- The resident will not require TBP upon return but should be monitored for symptoms.

Assisting with transfers:

- Should be kept to a limit of <15 minutes cumulative over the course of the 24-hour period for the excursion.
- Social distancing of at least 6 feet, frequent hand hygiene, and wearing a mask to cover both nose and mouth in the community is vital.
- Outdoor activities are encouraged as much as possible.

Transporting to Medical Appointments:

- Loved ones may transport a resident to an appointment if the resident's loved one has proof of vaccination.
- Both parties should wear appropriate facial covering and perform frequent hand hygiene during excursion.

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Excursions should not occur during outbreak testing.

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