

Interim COVID-19 Visitation					
<i>Date Implemented:</i>	3/29/11	<i>Date Reviewed/ Revised:</i>	4/21, 11/21, 1/22, 2/2/22, 3/14/22, 3/22/22	<i>Reviewed/ Revised By:</i>	E. Cupat, RN, DNS, IP R. Velasco, NHA

**Policy:**

This facility will allow visitation of all visitors and non-essential health care personnel and can be conducted through different means based on the facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. The visitation will be person-centered, consider the resident's physical, mental, and psychosocial well-being, and support their quality of life. Exceptions will be in accordance with current CMS directives and CDC recommendations, or as directed by state government (whichever is more stringent).

**Definitions:**

**"Up to Date"** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

**Policy Explanation and Compliance Guidelines:**

1. The Infection Preventionist will monitor the status of the COVID-19 situation through the CDC website and local/state health department, and will keep facility leadership informed of current directives/recommendations and the need for restricting visitation if indicated.
2. The facility will communicate this visitation policy through multiple channels. Examples include signage, calls, letters, social media posts, emails, and recorded messages for receiving calls.
3. Non-essential staff, as designated in emergency preparedness plans, will be notified through routine and emergency communication procedures for staff.
4. The core principles of COVID-19 infection prevention will be adhered to and as follows:
  - a. 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 until they meet the criteria used for residents to discontinue transmission-based precautions (quarantine). The facility will screen all who enter for these visitation exclusions.
  - b. Visitors will be counseled about their potential to be exposed to COVID-19 in the facility.
  - c. Hand hygiene, using an alcohol-based hand rub, will be performed by the resident and the visitors before and after contact.
  - d. A face covering or mask (covering the mouth and nose) and physical distancing at least six feet between people will be observed in accordance with current CDC guidance.
  - e. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices will be conducted.
  - f. Cleaning and disinfection of highly touched surfaces in the facility and in designated visitation areas after each visit will be performed.
  - g. Staff will adhere to the appropriate use of personal protective equipment (PPE).
  - h. The facility will utilize effective strategies of cohorting residents (e.g., separate areas dedicated to COVID-19 care).
  - i. The facility will conduct resident and staff testing as per current CMS guidance.
  - j. Physical barriers (e.g., clear Plexiglass dividers, curtains) may be used to ensure privacy and reduced risk of transmission during in-person visits.

- k. Visitors who are unable to adhere to these principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave.
5. Outdoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission as follows and is the preferred method when the resident and/or visitor are not up to date with all recommended COVID-19 vaccination doses:
  - a. Visits will be held outdoors whenever practicable and will be facilitated routinely barring weather conditions or a resident's health status.
  - b. The facility will have an accessible and safe outdoor space (*designate space*) in which to conduct outdoor visitation.
  - c. All appropriate infection control and prevention practices will be followed when conducting outdoor visitations.
6. Indoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission based on the following guidelines:
  - a. The facility will allow indoor visitation at all times and for all residents and will not limit the frequency and length of visits, the number of visitors, or require advance scheduling of visits.
  - b. Visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
  - c. Physical distancing will be maintained during peak times of visitation.
  - d. Visitors will go directly to the resident's room or designated visitation area.
  - e. If a resident's roommate is not up to date with all recommended COVID-19 vaccine doses 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.
  - f. Visitors should wear face coverings or masks and physically distance when around other residents or healthcare personnel, regardless of vaccination status.
  - g. If the facility'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.
  - h. If the facility's county COVID-19 community level of transmission is **low to moderate**, 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 not up to date with all recommended COVID-19 vaccine doses.
  - i. Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor. Residents (or their representative) and their visitors, who are not up to date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.
  - j. For residents who are on transmission-based precautions or quarantine, visits may occur in the resident's room and the resident should wear a well-fitted facemask (if tolerated). Visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit and should adhere to the core principles of infection prevention.
7. When a new case of COVID-19 among staff or residents is identified, the facility will immediately begin an outbreak investigation and adhere to CMS regulations and guidance for COVID-19 testing, including expanded screening testing, testing of individuals with symptoms and outbreak testing. See *Coronavirus Testing Policy*.
8. Visits will be allowed during outbreak investigations, but visitors will be made aware of the potential risk of visiting during the outbreak investigation and adhere to the core principles of infection

prevention. If visiting, during this time, residents and their visitors should wear face coverings or masks during the visits, regardless of vaccination status, and visits should ideally occur in the resident's room. The facility may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

9. 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 and prevention, including effective hand hygiene and use of face coverings.
10. Compassionate care visits will be allowed at all times.
11. Visits required under the federal disability rights laws and protection and advocacy (P & A) programs will be allowed at all times. If the resident is in transmission-based precautions or quarantine, or a resident who is not up to date with all recommended COVID-19 vaccine doses is 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.
12. Ombudsmen who plan to visit a resident in transmission-based precautions or quarantine, or a resident who is not up to date with all recommended COVID-19 vaccine doses, in the facility in a county where the level of community transmission is substantial or high in the past 7 days, the ombudsman and resident, will be made aware of the potential risk of visiting and the visit should take place in the resident's room.
13. Alternative communication methods (phone or other technology) may be used if the resident or Ombudsman program requests it in lieu of an in-person visit.
14. Visitor testing may be offered, if feasible, in facilities in counties with substantial or high levels of community transmission. If the facility does not offer testing, the facility should encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).
15. The facility may ask about a visitor's vaccination status, however, visitors will not be 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. (*Refer to state or local guidance if more stringent.*)
16. All healthcare workers will 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. This includes personnel educating and assisting in resident transitions to the community.
17. Communal activities (including group activities, communal dining, and resident outings):
  - a. Communal activities and dining may occur, but regardless of vaccination status, the safest approach is everyone should wear a face covering or mask while in the communal areas of the facility.
  - b. Residents are permitted to leave the facility as they choose. The facility 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.
  - c. If the facility is using a contact tracing approach for an outbreak investigation, those residents who are identified as potentially being a close contact of the individual who tested positive for COVID-19, are considered to have had close contact and should not participate in communal dining or activities. Residents who are not up to date with all recommended COVID-19 vaccine doses and have had close contact with someone with COVID-19 infection should be placed in quarantine, even if viral testing is negative. In general, residents who are up to date

- with all recommended COVID-19 vaccine doses and residents who had COVID-19 in the last 90 days do not need to be quarantined or restricted to their room and should wear masks when leaving their room.
- d. When using a broad-based approach for an outbreak investigation, residents who are not up to date with all recommended COVID-19 vaccine doses should generally be restricted to their rooms, even if testing is negative, and should not participate in communal dining or group activities until they have met the criteria for discontinuing transmission-based precautions (quarantine). In general, residents who are up to date with all recommended COVID-19 vaccine doses and residents who had COVID-19 in the last 90 days do not need to be restricted to their rooms unless they develop symptoms of COVID-19, are diagnosed with COVID-19 infection, or the facility is directed to do so by the jurisdiction's public health authority.
  - e. Upon the resident's return, the facility should take the following actions:
    - i. Screen residents upon return for signs or symptoms of COVID-19.
      - a) If the resident or family member reports possible close contact to an individual with COVID-19 while outside 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 vaccine doses.
      - b) 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.
    - ii. The facility may also opt to test residents, who are not up to date with all recommended COVID-19 vaccine doses, without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
    - iii. The facility may consider quarantining residents, who are not up to date with all recommended COVID-19 vaccine doses, and 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.
  - f. The facility will monitor residents for signs and symptoms of COVID-19 daily.
  - g. Residents who leave the facility for 24 hours or longer should be managed as a new admission or readmission and follow current CDC guidance. See *Novel Coronavirus Prevention and Response Policy*.

**References:**

- Centers for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Accessed February 2, 2022.
- Centers for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#new-admissions>. Accessed February 2, 2022.
- Centers for Medicare and Medicaid Services. *Nursing Home Visitation Frequently Asked Questions (FAQs)*. March 10, 2022.
- Centers for Medicare & Medicaid Services. (March 10, 2022) *QSO-20-39-NH: Nursing Home Visitation – COVID-19 (REVISED)*.