

## Interim COVID-19 Visitation

<i>Date Implemented:</i>		<i>Date Reviewed/ Revised:</i>		<i>Reviewed/ Revised By:</i>	
--------------------------	--	--------------------------------	--	------------------------------	--

### Policy:

This facility will allow visitation of all visitors and non-essential health care personnel through different means based on facility structure and residents' needs, such as resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. 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:

**"Fully Vaccinated"** refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine.

**"Unvaccinated"** refers to a person who does not fit the definition of "fully vaccinated," including people whose vaccination status is not known.

### 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.
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. 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).
  - b. Visitors will be counseled about their potential to be exposed to COVID-19 in the facility.
  - c. Visitors will be screened and restricted from visiting, regardless of their vaccination status, if they have: a positive viral test for SARS-CoV-2; a current COVID-19 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine.
  - d. Hand hygiene, using an alcohol-based hand rub, will be performed by the resident and the visitors before and after contact.
  - e. A well-fitting cloth mask, facemask, or respirator covering the mouth and nose, will be worn at all times except in certain situations.
  - f. Social distancing at least six feet between persons will be observed.
  - g. 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.

- h. Cleaning and disinfection of highly touched surfaces in the facility and in designated visitation areas after each visit will be performed.
  - i. Staff will adhere to the appropriate use of personal protective equipment (PPE).
  - j. The facility will utilize effective strategies of cohorting residents (e.g., separate areas dedicated to COVID-19 care).
  - k. The facility will conduct resident and staff testing as per current CMS guidance.
  - l. Physical barriers (e.g., clear Plexiglass dividers, curtains) will be used to ensure privacy and reduced risk of transmission during in-person visits.
  - m. 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 even when the resident and visitor are fully vaccinated against COVID-19:
  - a. Visits will be held outdoors whenever practicable and will be facilitated routinely barring weather conditions, a resident's health status or the facility's outbreak status.
  - b. Resident should wear well-fitting source control (if tolerated), maintain physical distancing from others, and not linger in common spaces when moving from their rooms to the outdoors.
  - c. The facility will have an accessible and safe outdoor space (*designate space*) in which to conduct outdoor visitation.
  - d. The facility will have no more than 2 visitors per resident and no more than 3 simultaneous visits occurring at the same time and will limit visits to 20 min.
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 (regardless of vaccination status), except for a few circumstances when visitation should be limited solely to compassionate care situations due to a high risk of COVID-19 transmission. These scenarios include:
    - i. Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met the criteria to discontinue Transmission-Based Precautions; or
    - ii. Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine.
  - b. Whether unvaccinated residents are known to be close contacts or are identified as a part of a broad-based outbreak response but not known to be close contacts, indoor visitation should ideally occur only in the resident's room, the resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible).
  - c. Vaccinated residents should also follow source control and physical distancing recommendations.
  - d. Visitors should still wear source control and physically distance from other residents, staff, and other visitors that are not part of their group in the facility.
  - e. If the resident and all of their visitors are fully vaccinated, while alone in the resident's room or designated visitation room, the resident and their visitor(s) can choose to have close contact (including touch) and to not wear source control.
  - f. If either the resident or any of their visitors are not fully vaccinated, the safest approach is for everyone to maintain physical distancing and to wear source control. However, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.
  - g. Visitation may occur in the resident room if the resident is occupying a single-person room.
  - h. If a resident shares a room and an in-room visit must occur (e.g., resident unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is

- able to leave the room, the facility will attempt to enable in-room visitation maintaining infection prevention and control practices, including physical distancing and source control.
- i. The facility will have no more than 2 (*insert number*) visitors per resident and no more than 3 simultaneous visits occurring at the same time and will limit visits to 20.
  - j. The facility will ensure that visitors are to be maintained at the designated visitation area and if simultaneous visits occur, everyone in the designated area will wear source control and physically distance between the different visitation groups regardless of vaccination status.
7. When a new case of COVID-19 among staff or residents is identified, the facility will immediately begin outbreak testing and follow guidance from state and local health authorities and CMS on when visitation should be paused (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:
    - a. If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g. units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility will suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
    - b. If the first round of outbreak testing reveals **one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
    - c. If subsequent rounds of outbreak testing identify **one or more additional COVID-19 cases in other areas/units of the facility**, then the facility will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
  8. 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.
  9. Compassionate care visits and visits required under the federal disability rights law should be **allowed at all times**, for any resident (vaccinated or unvaccinated) regardless of the resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.
  10. Visitor testing may be offered, if feasible, in facilities in medium- or high-positivity counties and should prioritize visitors that visit regularly, although any visitor can be tested. Visitors will not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.
  11. Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. This restriction will be lifted once transmission-based precautions are no longer required as per CDC guidelines.
  12. Special considerations:
    - a. Health care workers not employed by the facility but provide direct care services: Healthcare workers will be allowed to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened. Screening for fever and respiratory symptoms apply in accordance with surveillance procedures.
    - b. Surveyors: Surveyors must be permitted entry into the facility unless they exhibit signs or symptoms of COVID-19 and should adhere to the core principles of COVID-19 infection and any COVID-19 infection prevention requirements set by state law.
    - c. Ombudsman: In-person access may be limited due to infection control concerns and/or transmission of COVID-19, such as the scenarios stated above for limiting indoor visitation, but may not be limited without reasonable cause. The core principles of infection prevention

will be adhered to by the ombudsman and if in-person access is not advisable, the facility will arrange for alternative communication with the ombudsman.

- d. Representatives of protection and advocacy systems, as designated by the state, will be allowed access to the residents both formally and informally, by telephone, mail and in person.

13. Advise any visitors to monitor for signs and symptoms of respiratory illness and report to the facility if symptoms are evident within 14 days after visiting the facility.

14. Communal activities (including group activities and communal dining):

- a. Vaccinated and unvaccinated **residents with SARS-CoV-2 infection, or in isolation because of suspected COVID-19**, may **not** participate in communal activities until they have met criteria to discontinue Transmission-Based Precautions.
- b. Vaccinated and unvaccinated residents in quarantine may **not** participate in communal activities until they have met criteria for release from quarantine.
- c. If all residents participating in a group activity are fully vaccinated, then they may choose to have close contact and not to wear source control during the activity.
- d. If unvaccinated residents are present, then all participants in the group activity should wear source control and unvaccinated resident should physically distance from others.
- e. Fully vaccinated residents can participate in communal dining without use of source control or physical distancing.
- f. If unvaccinated residents are dining in a communal area (e.g., dining room), all residents should use source control when not eating and unvaccinated residents should continue to remain at least 6 feet from others.
- g. Residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. They should be encouraged and assisted with adherence to infection prevention and control measures such as physical distancing, source control, and hand hygiene.
- h. If the vaccination status cannot be determined, the facility will follow all recommended infection prevention and control practices including maintaining physical distancing and wearing source control.

#### References:

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 September 2021

Centers for Disease Control and Prevention. *Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>. Accessed April 27, 2021.

Centers for Medicare & Medicaid Services. (April 27, 2021) *QSO-20-39-NH: Nursing Home Visitation – COVID-19*.