COVID-19 Visitation Policy

POLICY

Based on CMS guidance, during the COVID-19 public health emergency, it is the policy of this facility to enable residents to engage in virtual, outdoor, and indoor visits to the extent possible. If there has been no COVID-19 cases in staff or residents (excluding those admitted with COVID) in the last 14 days and if our county positivity rate is low or medium, we will facilitate in-person visitation consistent with the regulations. Visits should be scheduled in advance by appointment, during designated visiting hours (no unplanned or unannounced visits). The Administrator and/or designees shall accommodate visits using the County Positivity Rate and COVID-19 Outbreak surveillance data.

POLICY INTERPRETATION AND IMPLEMENTATION

Administrator
Director of Nursing Services
Manager on Duty
Activities Department
Social Service

PROCEDURE

Core Principles to Facilitate Visitation

- Establish a screening process of all who enter the facility for signs and symptoms of illness and possible exposure to COVID-19 including but not limited to:
  a. Temperature checks
  b. Questions for screening of signs and symptoms of COVID-19
  c. Questions related to recent exposure to others with signs and symptoms or confirmed COVID-19.
  d. Any person with signs or symptoms of infection will be denied entry to the facility.
- Hand hygiene will be performed with the use of alcohol-based hand rub (ABHR) prior to and following visit.
- Mask will always be worn to cover both mouth and nose.
- Social distancing will be maintained during visit of at least (6) six feet per person.
- Instructional signage will be placed throughout the facility to include proper visitation education on the pandemic and infection control practices.
Visitation areas should be sanitized prior to and after any scheduled visit utilizing the facility’s policy for cleaning and sanitization [link] including seats, table tops and any other surfaces which may be contacted during the visit.

Appropriate use of PPE (Personal Protective Equipment) must be strictly adhered to during visit.

Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care) to protect residents and visitors for possible exposure.

The facility will complete resident and staff testing as required by CMS (Centers for Medicare and Medicaid Services) the state and local health department. 42 CFR 483.80 (h) (see QSO-20-38-NH)

Additional Considerations for Visitation

Monitor COVID-19 county positivity rate found on the COVID-19 Nursing Home Data site to determine ability to indoor visitation:

- Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).
- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).
- High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and policies.

Persons with legal authority to enter the center (ombudsman, adult protection, etc.) when performing their official duties, may enter unless they do not pass the screening.

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There has been no new onset of COVID-19 cases in the last 14 days
- The facility is not currently conducting outbreak testing

PPE and cleaning supplies should be readily available.

Continued access to surveillance testing for COVID-19

Social distancing and infection control protocols should be maintained during visits.

Visiting Process

- Limit the number of visitors per resident visit to two (2).
- Visits should take place in resident’s room or designated visiting areas (designated outdoor and indoor spaces. See additional guidance below).
- Residents and visitors shall remain in the resident room or designated visiting room for the duration of the visit.
- Provide oversight of visits, while allowing reasonable privacy.
• Staff should limit movement of visitors in the facility to designated areas. Visitors should not walk around different halls of the facility; they should go directly to the designated visitation area or resident’s room. Visits for residents who share a room should not be conducted in the resident’s room.

• Use assistive technology, such as an electronic hearing device or cell phone to assist in communication during a visit as needed.

• Follow a visitor/resident visit check-in and screening process:
  o A visitor arriving earlier than the scheduled visit will be instructed to remain in their vehicle until the scheduled time.
  o Visitors and residents should have their temperature checked and symptoms screened pursuant to the facility’s screening process prior to the visit.
  o The visit may not occur if the visitor or resident do not pass the facility screening process as defined by:
    ▪ Fever, defined as a temperature of 100.4 Fahrenheit and above.
    ▪ Signs or symptoms of COVID-19, including chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.
    ▪ Any other signs and symptoms as outlined by CDC in Symptoms of Coronavirus at cdc.gov.
    ▪ Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, in under investigation for COVID-19, or is ill with a respiratory illness, unless the visitor is seeking entry to provide critical assistance.
    ▪ Has a positive COVID-19 test result from a test performed in the last 10 days.
  o The following visitors are not screened: emergency service personnel, visitors participating in a vehicle parade or a closed window visit.
  o Document the screening results including the visitors name, date, time of screening, and results of screening.

• Scheduled visits should not exceed thirty (30) minutes, unless previously arranged.

• Children may attend if they are able to maintain social distancing with resident and use a face mask for the duration of the visit (CDC recommends against the placement of face coverings on children under two years of age).

• Hand sanitizer readily available.

• 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. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above. This includes new admissions/readmissions who are on transmission-based precautions for 14- days
• Establish visiting hours and the duration of visits (not to exceed 30 minutes) then complete the following:

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<th>Visiting Hours:</th>
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<tr>
<td>Outdoor Visiting Location:</td>
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<td>Indoor Visiting Location:</td>
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• The Administrator (ED) or designee should establish a communication process with visitors prior to visits by assigning associates to be responsible for the following:
  o Facilitate scheduling with resident and visitors.
  o Visitor protocols should be communicated in advance.
  o Prior to arrival for the scheduled visit, provide the visitor the Visiting Packet for Skilled Nursing facilities through email, web, etc.; the packet includes:
    ▪ Visitor Protocol Agreement (maintain one signed copy of letter in resident’s file)
    ▪ CDC - Share Facts-COVID-19
    ▪ Mask Etiquette / Hand Hygiene

• During visits, residents and visitors should:
  o Wear a surgical or cloth mask unless medically contraindicated, they will be encouraged to cover their mouth and nose with a handkerchief or tissue.
  o Provide facemask for each visitor if they do not already have one available; facemask should always be worn during the visit.
  o Observe social distancing and infection control protocols.
  o Refrain from smoking, vaping, or using tobacco products during visits.

• An associate should assist each visitor with the following:
  o Screen and document visitor(s) utilizing the Visitors Screening Log [link]
  o The visitor screening log may contain protected health information, therefore, it is covered and protected at all time.
  o If visitors were previously diagnosed with COVID-19, they must provide documentation from a Health Care Provider that they no longer meet CDC criteria for transmission based precautions.
  o Sign visitor in using the Visitor Sign In- Out Log [link]
  o Collect and verify name and contact information of the visitor for the purposes of contact tracing.
  o Provide the Visiting Guidelines Packet and collect the signed acknowledgment form letter.
o Visitor to apply hand sanitizer with return demonstration after screening.
  o Escort the visitor to the designated visiting area.

• An associate should assist resident with the following:
  o Locomotion to the visit location.
  o Assist with hand hygiene before and after the visit.

• Upon the conclusion of the visit an associate should do the following:
  o Escort the visitor out of the designated visiting area through the same path they arrived, at the conclusion of the visit.
  o Sign visitor out using the Visitor Sign In-Out Log [link]
  o Ask visitor to monitor themselves for signs and symptoms of respiratory infection for 14 days.
  o If symptoms of COVID-19 develop within two days of visiting:
    ▪ Please self-isolate at home.
    ▪ Contact your healthcare provider.
    ▪ Contact local Health Department.
    ▪ Notify the Administrator of:
      • Date of visit.
      • Individual visited during the visit.
      • Individual visited during the visit.

Considerations for Outdoor Visitation

• Follow guidance in Visitor Guidance outlined above.

• Outdoor visits are the preferred type of visitation because they pose a lower risk of transmission due to increased space and airflow.

• Conduct outdoors routinely and whenever practicable taking into consideration weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident’s health status (e.g., medical condition(s), COVID-19 status), or a facility’s outbreak status

• Create a safe outdoor-accessible space for visits (walking through the facility to get to an inner courtyard or area is not permitted), such as in a courtyard, patio, or parking lot, or tent. The space should be separate for staff break and smoking areas

• Provide adequate protection from the weather elements; outdoor visits should only occur on days when there are no weather warnings that would put the resident or visitor at risk (as determined by the facility Administrator).

• Utilize physical barrier(s) for safe separating visitors and resident (i.e. table or “ropes”)
• Provide drinks for hydration as needed for outdoor visits based on weather conditions.

Considerations for Indoor Visitation
• Follow guidance in Visitor Guidance outlined above.
• Establish a designated room that is near an entrance and does not require visitors to traverse through a residential area. This may include the resident’s room.
• Visits for residents who share a room should not be conducted in the resident’s room.
• Visits for residents who share a room should not be conducted in the resident’s room unless the health status of the resident prevents leaving the room, in which case in room visitation will be permitted as long as the visitor adheres to the core principles of COVID-19 infection prevention.

Considerations for Compassionate Care Visits
• Follow all guidance in Visitor Guidance outlined above.
• While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations.
• Examples of other types of compassionate care situations include, but are not limited to:
  o A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
  o A resident who is grieving after a friend or family member recently passed away.
  o 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.
  o A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
• Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Visitor Testing
• While not required, we encourage facilities in medium or high-positivity counties to test visitors, if feasible.
If testing visitors, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested.

Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

References, Policies, and Forms [add as needed for your organization/state]

- CDC Guidance for COVID-19-Like Illness
- CMS Guidance for Visitation: QSO-20-39
- CDC Guidance on Cohorting Residents
- [add link to Visitor Screening Entrance Form]
- [add link to Visitor Sign in – Sign out log]
- [add link to Visitor Education Packet]
- [add link to COVID-19 Testing Policy]
- [add to Cleaning and Disinfecting Policy]
- [add link to Open Window Policy]
- [add link to End-of-Life Policy]
- [add link to Salon Services Policy]
- [add link to Vehicle Parade Policy]
- [add link to Persons with legal authority to enter Policy]
- [add link to other.......]