

Interim COVID-19 Visitation					
<i>Date Implemented:</i>	Oct. 29, 2020	<i>Date Reviewed/ Revised:</i>		<i>Reviewed/ Revised By:</i>	

Policy:

This facility will allow scheduled 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).

Policy Explanation and Compliance Guidelines:

1. The Administrator and/or 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 may 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. **Compassionate care visitors, the facility shall:**
 - a. Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms.
 - b. Hand hygiene will be conducted.
 - c. 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.
 - d. Cleaning and disinfection of highly touched surfaces in the facility and in designated visitation areas after each visit will be performed.
 - e. Staff will adhere to the appropriate use of personal protective equipment (PPE).
 - f. The facility will utilize effective strategies of cohorting residents (e.g., separate areas dedicated to COVID-19 care).
 - g. The facility will conduct resident and staff testing as per current CMS guidance.
5. **Compassionate care visitors shall:**

- a. Wear a surgical mask and other PPE as appropriate consistent with the most recent CDC guidance for health care workers.
 - b. Participate in facility provided training on infection prevention and control, use of PPE, use of masks, hand sanitation, and social distancing, and sign acknowledgement of completion of training and adherence to the facility's infection prevention and control policies.
 - c. Visit in the facility designated visitation areas within the building or the resident's room if resident is end of life, bedridden or consideration to the resident's physical, mental and/or psychosocial wellbeing.
 - d. Maintain social distance of at least six feet with staff and other residents and limit movement in the facility.
 - e. 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.
6. **Outdoor visitation** will be conducted in a manner that reduces the risk of COVID-19 transmission as follows:
- 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. The facility will have an accessible and safe outdoor space (*designate space*) in which to conduct outdoor visitation.
 - c. The facility will have no more than **TWO** visitors per resident and no more than **THREE** of simultaneous visits occurring at the same time and will limit visits to **20 minutes. (Subject to change with consideration to the resident's physical, mental, and/or psychosocial well-being and their quality of life.)**
7. **Indoor visitation** will be conducted in a manner that reduces the risk of COVID-19 transmission based on the following guidelines:
- a. The facility has no new onset of COVID-19 cases in the last 14 days and is not currently conducting outbreak testing.
 - b. Visitors will adhere to the core visitation principles and staff will monitor those who have difficulty adhering to the core principles. If visitors cannot adhere to the principles, then they will not be permitted to visit or will be asked to leave.
 - c. The facility will have no more than **TWO** visitors per resident and no more than **TWO** of simultaneous visits occurring at the same time and will limit visits to **20 minutes. (Subject to change with consideration to the resident's physical, mental, and/or psychosocial well-being and their quality of life.)**
 - d. The facility will ensure that visitors are to be maintained at the designated visitation area.
 - e. The facility will utilize their county positivity rate as a determinate in conducting indoor visitation.

- i. Low (<5%) = Visitation will occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).
 - ii. Medium (5%-10%) = Visitation will occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits).
 - iii. High (10%) = Visitation will only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies.
8. Residents on transmission-based precautions for COVID-19 will be restricted to virtual visits, through windows or in-person for compassionate care situations until the transmission-based precaution is no longer required.
9. Special considerations:
 - a. Health care workers: Healthcare workers will be allowed to come into the facility as long as they meet current CDC guidelines for health care workers. Screening for fever and respiratory symptoms apply in accordance with surveillance procedures.
 - b. Surveyors: Screening for fever and respiratory symptoms along with requesting hand hygiene apply. Inform them of facility policy regarding standard and transmission-based precautions.
 - c. Ombudsman: In-person access may be limited due to infection control concerns and/or transmission of COVID-19, 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.
10. 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.
11. **Resident-to-resident visitation:**
 - a. Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention (e.g., limited number of people at a table, at least six feet of distance between residents).
 - b. Remind residents to practice social distancing, perform frequent hand hygiene, and wear a mask or face covering.
 - c. Restrict non-affected residents from entering rooms of residents suspected/confirmed to have COVID-19.

Reference:

Centers for Medicare & Medicaid Services. *QSO-20-39-NH: Nursing Home Visitation – COVID-19 and DEM Order No. 20-011*