

COVID-19 Visitation

<i>Date Implemented:</i>	10/10/2023 3/12/2023,5/23/2023	<i>Date Reviewed/ Revised:</i>	9/27/2022 3/12/2023,5/16,2023	<i>Reviewed/ Revised By:</i>	QAPI TEAM
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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).

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. The facility will provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19.
 - b. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation.
 - c. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
 - d. Visitors will be counseled about their potential to be exposed to COVID-19 in the facility.
 - e. Hand hygiene, using an alcohol-based hand rub, will be performed by the resident and the visitors before and after contact.
 - f. A face covering or mask (covering the mouth and nose) in accordance with CDC guidance.
 - 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.
 - k. The facility will conduct resident and staff testing as per current CMS/CDC guidance.
 - l. Physical barriers such as clear Plexiglass dividers or curtains may also be used to reduce the risk of transmission.
 - 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.
 - n. Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19

- infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
- o. Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) These alerts should include instructions about current IPC recommendations (e.g., when to use source control).
 - p. Cleaning and disinfecting of frequently touched surfaces in the facility often, and designated visitation areas after each visit
 - q. Appropriate staff use of Personal Protective Equipment (PPE)
 - r. Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
 - s. Resident and staff testing conducted following nationally accepted standards, such as CDC recommendations.
 - t. These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes and should be adhered to at all times. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglass dividers, curtains). Also, nursing homes should enable visits to be conducted with an adequate degree of privacy. Visitors who are unable to adhere to the core principles of infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.
5. 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 or a resident's health status.
 - b. The facility will have an accessible and safe outdoor space such as patios or courtyard or parking lots in which to conduct outdoor visitation if weather permits.
 - 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 always allow indoor visitation and for all residents and will not limit the frequency and length of visits, the number of visitors, or require advance scheduling of visits. Facility will allow indoor visitation as permitted under the regulations.
 - 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 should be encouraged during peak times of visitation and large gatherings (e.g., parties, events).
 - d. If the COVID-19 hospital admission rate is high, visitors will be encouraged to wear face coverings or masks.
 - e. Regardless of the Covid 19 hospital admission rate, resident and their visitors when alone in the resident's room or in a designated visitation area, may choose not to wear face coverings or masks and may choose to have close contact (including touch). Residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. If a roommate is present during the visit, it is safest for the visitor to wear a face covering or mask.
 - f. 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 *General Coronavirus Policy Including 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, and should physically distance if possible during the visit 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. While an outbreak investigation is occurring, the facility should limit visitor movement in the facility and visitors should go directly to the resident's room or designated visitation area and physically distance themselves from other residents and staff, when possible.
10. Visitors who are unable to adhere to the core principles of infection prevention may not be permitted to visit or may be asked to leave.
11. When Covid 19 Hospital Admission rate is HIGH, source control is recommended for everyone.
When Covid 19 Hospital Admission rate is LOW, facility could choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:
 - Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
 - Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or
 - Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak; universal use of source control could be discontinued as a mitigation measure once no new cases have been identified for 14 days; or have otherwise had source control recommended by public health authorities.
12. Facility will allow any individual to continue using source control based on personal preference even when Covid 19 Hospital Admission rate is LOW or face coverings are not required.
13. EMS personnel do not need to be screened, so they can attend to an emergency without delay.
14. 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.
15. Compassionate care visits will be allowed at all times.
16. 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 and 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.
17. Ombudsmen who plan to visit a resident in transmission-based precautions or quarantine in the facility in a county where the Covid 19 Hospital Admission rate is 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.
18. 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.
19. 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.
20. Communal activities (including group activities, communal dining, and resident outings):
 - a. Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention.
 - b. Communal activities and dining do not have to be paused during an outbreak, unless directed by the state or local health department. Residents who are on transmission-based precautions should not

- participate in communal activities and dining until the criteria to discontinue transmission-based precautions has been met.
- c. 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 such as wearing a face covering or mask, especially for those at high risk for severe illness and when community transmission is high, performing hand hygiene and to encourage those around them to do the same.
 - d. 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, the facility will follow the current CDC guidance in regards to testing and quarantine.
 - b) If the resident develops signs or symptoms of COVID-19 after the outing, the facility will follow the current CDC guidance for residents with symptoms of COVID-19.
 - c) Facility may consider quarantining or testing residents who leave the facility if, based on uncertainty exists about their adherence or the adherence of those around them on recommended infection prevention measures.
 - e. In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) except in certain situations as per the current CDC empiric transmission-based precaution guidance.
 - 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.

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 September 23, 2022.
- Centers for Medicare and Medicaid Services. *Nursing Home Visitation Frequently Asked Questions (FAQs)*. September 23, 2022.
- Centers for Medicare & Medicaid Services. (September 23, 2022) *QSO-20-39-NH: Nursing Home Visitation-COVID-19 (REVISED)*.
- Centers for Medicare & Medicaid Services. *QSO-23-13-ALL: Nursing Home Visitation-COVID-19* May 01,2023.