

Effective Date: September 2020

Page 1 of 7

Revision Date: 9-29-2020

COVID-19 Visitation Policy

POLICY

Based on [CMS guidance](#), during the COVID-19 public health emergency, it is the policy of this community to enable residents to engage in virtual, outdoor, and indoor visits to the extent possible. If there has been no COVID-19 cases in team members 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

Manager on Duty

Activities Department

Social Service

PROCEDURE

Core Principles to Facilitate Visitation

- Establish a screening process of all who enter the community 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 community.
- 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 community 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 community's policy for cleaning and sanitization including seats, tabletops 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 community will complete resident and team member 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 community policies (beyond compassionate care visits).
 - Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and community 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.
- Communities 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 community 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 designated outdoor and indoor spaces (see additional guidance below).

- Residents and visitors shall remain in designated visiting location for the duration of the visit.
- Provide oversight of visits, while allowing reasonable privacy.
- Team member should limit movement of visitors in the community to designated areas. Visitors should not walk around different halls of the community; they should go directly to the designated visitation area. 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 and if available.
- Follow a visitor/resident visit check-in and screening process:
 - A visitor arriving earlier than the scheduled visit will be instructed to remain in their vehicle until the scheduled time.
 - Visitors and residents should have their temperature checked and symptoms screened pursuant to the community's screening process prior to the visit.
 - The visit may not occur if the visitor or resident do not pass the community screening process as defined by:
 - Fever, defined as a temperature of 99.6 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](https://www.cdc.gov).
 - Contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is 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.
 - The following visitors are not screened: emergency service personnel, visitors participating in a vehicle parade or a closed window visit.
 - 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:

Visiting Hours:	_____
Outdoor Visiting Location:	_____
Indoor Visiting Location:	_____

- The Administrator (ED) or designee should establish a communication process with visitors prior to visits by assigning associates to be responsible for the following:
 - Facilitate scheduling with resident and visitors.
 - Visitor protocols should be communicated in advance.
 - Prior to arrival for the scheduled visit, provide the visitor the Visiting Packet for Skilled Nursing communities 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:
 - Provide facemask for each visitor.
 - Facemask should always be worn during the visit.
 - Observe social distancing and infection control protocols.
 - Refrain from smoking, vaping, or using tobacco products during visits.
- A team member should assist each visitor with the following:
 - Screen and document visitor(s) utilizing the Visitors Screening Log
 - The visitor screening log may contain protected health information, therefore, it is covered and protected at all time.
 - 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.
 - Sign visitor in using the Visitor Sign In- Out Log
 - Collect and verify name and contact information of the visitor for the purposes of contact tracing. (visitor must provide government issued photo identification)
 - Team member will provide name badge. Badge must be visible and worn at all

- times during visit (indoor visits)
- Provide the Visiting Guidelines Packet and collect the signed acknowledgment form letter.
- Visitor to apply hand sanitizer with return demonstration after screening.
- Escort the visitor to the designated visiting area.
- An associate should assist resident with the following:
 - Locomotion to the visit location.
 - Assist with hand hygiene before and after the visit.
- Upon the conclusion of the visit an associate should do the following:
 - Escort the visitor out of the designated visiting area through the same path they arrived, at the conclusion of the visit.
 - Sign visitor out using the Visitor Sign In- Out Log
 - Ask visitor to monitor themselves for signs and symptoms of respiratory infection for 14 days.
 - 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.

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 community's outbreak status
- Create a safe outdoor-accessible space for visits (walking through the community 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 from team 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 community 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.
- 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:
 - 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.
 - A resident who is grieving after a friend or family member recently passed away.
 - 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.
 - 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

- Communities require visitors to be tested on their own prior to coming to the community (within 72 hours of visit) with proof of negative test results and date of test.

References, Policies, and Forms

- CDC Guidance for [COVID-19-Like Illness](#)
- CMS Guidance for Visitation: [QSO-20-39](#)
- CDC Guidance on [Cohorting Residents](#)