**Visitation During COVID-19**

**Overview and General Information**

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During the COVID-19 pandemic, visitor restrictions were put into place based upon CMS and CDC guidance and were limited to compassionate care such as end-of life situations. CMS has indicated, “The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.”1

With the impact of the COVID-19 vaccination, guidance has been updated.

**Outdoor Visitation**

It is essential for facilities to identify the best individualized approach to visitation to maximize the resident’s psychosocial needs. Outdoor visitation is the preferred visitation even when both the resident and visitor(s) are fully vaccinated against COVID-19 because outdoor visits “generally pose a lower risk of transmission due to increased space and airflow”1. Inclement weather or the resident’s health status will need to be factors considered when planning outdoor visitation. The interdisciplinary team can develop a planned approach to setting up a safe and accessible space for outdoor visits.

A person is considered fully vaccinated if “≥2 weeks after completion of a two-dose mRNA series or single dose of Janssen vaccine.”2

**Indoor Visitation:**

“Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

* Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is >10% and < 70% of residents in the facility are fully vaccinated.”
	+ The county positivity rate refers to the color-coded positivity classification on the COVID-19 Nursing Home Data site. <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>
* “Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the 2 criteria to discontinue Transmission-Based Precautions; or
	+ <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
* Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.”1

Consideration should include:

* How the number of visitors for each resident and the total number of visitors in the facility at one time may affect the facility’s ability to maintain proper infection prevention and control core principles.
* Scheduling visits for specified lengths of time to establish a process for all residents to receive visitors.
* Limiting visitor movement in the facility
	+ Direct visitors to go directly to the resident room or designated visitation area.
	+ Do not walk around other halls of the facility.
	+ If resident has a roommate, conduct visitation in a designated visitation area.
		- If roommate is unable to leave room, instruct visitors in the core principles of COVID-19 infection prevention.
			* Physical Distancing of at least 6 feet
			* Hand Hygiene
			* Wearing a well-fitting face mask
* “If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after.”1

**Indoor Visitation during an Outbreak**

Updated guidance describes how visitation under certain conditions can still occur even when there is an outbreak in the facility based upon where transmission is occurring and required outbreak testing criteria.

It is essential to notify visitors about potential exposure to COVID-19 in the facility and appropriate COVID-19 infection prevention measure that will need to be adhered to.

Compassionate care visits and visits that are required under federal disability rights law will be allowed at all times regardless of the vaccination status.

**Visitor Testing and Vaccination**

Visitor testing is encouraged, but not required, in medium or high positivity counties. It is recommended to prioritize testing to visitors who frequently visit in the facility. COVID-19 vaccinations should be encouraged for all visitors. “While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.”1

**Key Guidance to Visitation:**

1. Follow Core Infection Prevention Control Principles as provided by CMS and CDC.

“Core Principles of COVID-19 Infection Prevention

* 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)
* Hand hygiene (use of alcohol-based hand rub is preferred)
* Face covering or mask (covering mouth and nose)
* Social distancing at least six feet between persons
* Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
* Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
* Appropriate staff use of Personal Protective Equipment (PPE)
* Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
* Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20- 38-NH)”1

2. A plan to communicate visitation to residents and their families/loved ones should be developed and implemented. The plan should include:

1. The facility visitation policy and procedure for indoor and outdoor visitation
2. Information on how to sign up or schedule appointments for visitation to manage the number of visits at one time.
3. Expectations for resident visitors to follow such as:
	1. Symptom and temperature screening
	2. Hand hygiene
	3. Use of facial coverings over mouth and nose.
	4. Maintaining a 6-foot physical separation during visit
4. Changes in visitation due changes in risk and COVID-19 status in the facility which may be implemented as needed.
5. Visitation management for inclement weather periods
	1. If outdoor visitation is not available due to inclement weather or other concerns, the communication plan should include the plan for indoor visitation.

3. Compassionate Care visitation can include family, clergy, religious or other representatives. Compassionate Care includes but is not necessarily limited to end-of-life situations. Source control, hand hygiene, PPE, social distancing and Infection Control measures will still need to be followed with these visits. Additional examples provided by CMS include:

• “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).”1

* “Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.”1
* “If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.”1

Competencies which may be associated with Visitation Practices include but are not limited to:

* Facility Infection Prevention and Control policies and procedures
* Facility COVID-19 policies and procedures
* Access and use of Personal Protective Equipment (PPE)
* Visitor Screening
* Hand Hygiene
* Space to conduct outdoor visits with privacy and physical separation (such as a courtyard, patio, parking lot)
* Specific location to conduct indoor visitation with privacy and physical separation with plastic or other barriers to maintain 6-foot safe distancing.
* Resources such as electronic devices to facilitate virtual visits in a private location within the facility.
* Cleaning and disinfection policies and procedures following visitation.

**References and Resources**

* 1Centers for Medicare & Medicaid Services. QSO-20-39-NH, September 17, 2020, Revised 03/10.2021: Nursing Home Visitation – COVID-19 (Revised): <https://www.cms.gov/files/document/qso-20-39-nh.pdf>
* 2Centers for Disease Control and Prevention. Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States. Updated March 5, 2021: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
* Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP- Guidance to Surveyors for Long Term Care Facilities (Rev, 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>
* Centers for Disease Control and Prevention. “Preparing for COVID-19 in Nursing Homes” November 20, 2020**.** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#core-practices>
* Centers for Disease Control and Prevention. “Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. Updated Feb. 23, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>