**Visitation During COVID-19**

**Leaders Guide**

**Visitation Leaders Guide**

**Leader’s Guide**

Long term care facilities are aware of the role families and other visitors have in providing support and social interaction for residents. Visitation has been restricted in facilities due to the Coronavirus (COVID-19) Pandemic. High rates of COVID-19 within facilities and throughout communities have been driving factors in visitor restrictions. While virtual visits have been used to promote the ability of families to communicate with their loved one and many visits have been held through windows and drive by celebrations, the isolation residents have experienced negatively impacts their emotional well-being and may impact resident health.

Policies and procedures which follow the guidelines provided by CMS, the CDC, and those state specific guidance for COVID-19 prevention and mitigation have been in place, with facilities providing limited compassionate care face to face visits for specific residents, using electronic and other means for resident and family visitation, and slowly beginning outdoor visits within social distancing guidelines based on risk levels and facility status.

September 17, 2020 CMS released visitation guidelines that were revised on March 10, 2021, superseding previous guidance, which clearly lays out a revised expectation requiring facilities to develop visitation plans which enable residents and their families or other significant persons to meet face to face, including the impact of COVID-19 vaccination. This detailed guidance is found in Memo QSO-20-39-NH entitled “Nursing Home Visitation-COVID-19”.

“Facilities may not restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v). For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, a nursing home must facilitate in-person visitation consistent with the regulations, which can be done by applying the guidance”1.

With this guidance to be implemented immediately, the facility needs to promptly address and mitigate barriers to initiating these changes so, as able, resident visitors can again be allowed into the facility, as long as proper infection prevention practices are followed, and pre-visit screening demonstrates that the visitor is symptom-free from COVID-19 and has not had close contact with someone with COVID-19 in the prior 14 days, regardless of visitor’s vaccination status. Plans include implementation of core principles of COVID-19 Infection Prevention, indoor, outdoor and compassionate care visitation and indoor visitation during an outbreak.

Leaders should develop a plan to communicate visitation to residents and their families/loved ones to include infection prevention and control core principles and the facility policy and procedures for visitation consistent with updated guidance.

Staff are expected to follow infection prevention and control and COVID-19 prevention and management protocols. Staff education is provided regarding the updated facility visitation plan and the role staff will have in ensuring resident/family visits remain safe, as private as possible, and guidelines are followed.

Staff will provide pre-visit COVID-19 visitor active screening and record keeping (and testing if within the policies). Staff will provide visitor and resident coaching as needed during visits to ensure that hand hygiene, use of facial coverings, and social distancing expectations are followed.

**Definitions:**

**Core Principles of**

**COVID-19 Infection**

**Prevention:** Practices implemented throughout the facility to prevent the spread of coronavirus and ensure infection prevention and control practices are followed.

**Fully Vaccinated** A person is fully vaccinated for COVID-19 “≥2 weeks after a person has received

The second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson (J&J)/Janssen).”2

**Outdoor Visitation:** Outdoor visitation is the preferred visitation even when visitors and resident are fully vaccinated against COVID-19. Areas within the facility grounds but outside the facility designated for residents to visit face to face following social distance guidelines. These areas may include courtyards, patios, or designated areas of the parking lot. The visitor has been actively screened, has not had exposure to an individual confirmed with COVID-19 and has no fever or symptoms of COVID-19 and is not on COVID-19 transmission-based precautions. COVID-19 prevention guidelines are followed, including hand hygiene, face coverings, social/physical distancing and disinfection of the visit area as indicated.

**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

Considerations 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

**Compassionate Care**

**Visitation:**

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

Additional areas to be considered for Visitation may include:

* Staff Resources:
* Infection Preventionist
* All Staff
* Administrator
* Director of Nursing Services and designees
* Residents and Families and other Guests
  + Children-limitations and supervision
  + Limit on the number of guests allowed per facility plan
* Education:
* Infection Control Practices and Prevention of Transmission
* Policies and Procedures for Infection Control, including COVID-19
* COVID-19 positivity rating and risk of coronavirus spread
* Specific visitation protocols: Outdoor and Indoor visits
* Visitor pre-visit COVID-19 active screening and record keeping (and COVID-19 testing results, if within policy)
* Written guidelines for staff, residents, and visitors to follow during face-to-face visits
* Social distancing plan
* Cleaning and disinfection protocols for visitation environment
* Proper application and removal of face masks and cloth facial coverings
* Hand hygiene and use of alcohol-based hand rub
* Documentation Considerations:
* County COVID-19 positivity levels and COVID-19 risk
* Facility COVID-19 status
* Pre-visit COVID-19 active screening
* Visitor COVID-19 testing results, if provided or available if requested by plan (documented results)
* Resident Medical Record documentation of visit and resident response
* Monitoring and Evaluation
* County COVID-19 positivity rates and facility COVID-19 status
* Observation of resident and visitor compliance with social distancing, facial covering, and hand hygiene before, during, and following visit
* Pre-visit visitor active screening, including, visitor name, screening questionnaire, and temperature completion and completion of data collection
* QAPI review and reporting

**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 Public health Recommendations for Fully Vaccinated People. Updated Mar. 8, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

Centers for Disease Control and Prevention. “Preparing for COVID-19 in Nursing Homes”; Updated Nov. 20, 2020; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Medicare & Medicaid Services. “Nursing Home Reopening Guidelines for State and Local Officials”; May 18, 2020, Revised 09/28/2020; CMS QSO-20-30-NH; <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>