**Visitation During COVID-19**

**Implementation Checklist**

**Implementation Checklist: Visitation include but not limited to:**

| **Regulation** | **Suggested Actions** |
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| **Centers for Medicare & Medicaid Services (CMS)**  Guidance  “Visitation can be conducted through different means based on a facility’s structure and residents’ needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:  **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 COVID19 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  **Outdoor Visitation**  “While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated\* against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable.”1  “\*Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2- dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC’s Public Health Recommendations for Vaccinated Persons.”1  **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:  Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-based Precautions; or  Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.”1 | * It is recommended that the Interdisciplinary team meet and develop an updated visitation plan to include indoor and outdoor visitation based upon current guidance to include:   + Space identified for outdoor visits   + Visitor schedules and facility procedure   + Active screening procedures   + Resident, employee, and visitor education   + Hand Hygiene   + Source Control   + PPE   + Social/physical distancing   + Cleaning and Disinfection   + Compassionate Care Visitation * It is recommended that the Interdisciplinary Team meet to develop a plan for indoor visitation during an outbreak to describe how visitation can still occur when there is an outbreak but there is evidence transmission of COVID-19 is contained to a single area of the facility * It is recommended that the Interdisciplinary Team identify the process to notify visitors about the potential for COVID-19 exposure in the facility and adherence to the core principles of COVID-19 infection prevention and control   + Hand Hygiene   + Physical Distancing   + Use of Face Masks |
| **F563 Visitation Rights**  **“§**483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident”2 | * Develop plans for resident face to face visitation with guests within COVID-19 prevention guidelines * Inform residents, families, and staff of visitation protocols and requirements * Opportunities for residents/guests to visit. These may include reserving a time, setting, specific time limits, designating specific locations for outdoor and indoor visitation, and visitor limitations needed to maintain social distancing requirements to enable all residents to have face to face visitation with guests * Include sanitization protocols prior and following individual resident/guest visits |
| **F564 Resident Right to Visitors**  **“§483.10(f)(4)(vi) The facility is required to:**  (A) Inform each resident (or resident representative, where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the requirements of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section. (B) Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend, and his or her right to withdraw or deny such consent at any time. (C) Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. (D) Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.”2 | * Communicate visitation plan and protocols to residents, their family members, and significant others * Inform residents, family, and significant others of the need to follow COVID-19 prevention guidelines to be followed during the visit and of the need to restrict visitation to a specific number of guests at a time * Complete pre-visit COVID-19 screening for all visitors to ensure they are asymptomatic, have not had exposure to anyone with COVID-19 in the past 14 days and able to visit * Determine designated visitation area and assist residents to that area for visits. It is not recommended that residents sharing a bedroom hold visits in their room unless unable to leave their room * Provide as much privacy as possible for the resident and their guest |
| **F880 Infection Control**  “§483.80 Infection Control: The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  (a) Infection Prevention and Control Program (IPCP)  The facility must establish an infection prevention and control program that must include, at a minimum, the following:  (a)(1) Prevention, identification, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and others providing services under contractual arrangements based upon the facility assessment and accepted national standards.  (a)(2) Written standards and policies and procedures, including surveillance to ensure prompt identification and prevention of spread; when/to whom possible incidents are reported; Standard and transmission based precautions to be followed to prevent spread; when and how isolation should be used for residents: types and duration in the least restrictive manner; When to prohibit employees with infections from direct resident or food contact  (a)(3)(vi) Hand hygiene procedures to be followed by staff involved in direct resident contact.”2 | * Review for comprehensive and updated Infection Prevention and Control policies including COVID-19 guidelines and staff performance requirements * Complete COVID-19 resident, Representative, and staff testing and screening as required and report results to the appropriate agency (F885, F886) * Complete timely reporting of COVID-19 facility results to the National Health Safety Network as required (F884) * Review requirements for and develop plan for maintenance of resident cloth re-useable facial coverings * Educate staff regarding policies for infection prevention, hand hygiene and face mask use on an ongoing basis * Audit employee training and in-service records for IPCP education and competency of infection prevention practices * Educate staff and residents regarding the importance for residents to wear cloth facial coverings when not in their room * Monitor employee performance at varied times to observe proper face mask use and maintenance and for assistance provided to residents in proper facial covering use * Observe the environment for proper social distancing of dining and activity tables, residents in common areas * Monitor resident and family compliance with Core Prevention Practices and facility policies during face to face visitation * Interact with residents to determine understanding of the need to wear a cloth facial mask and maintain social distance * Complete record review to determine that residents are assessed for ability to apply and remove masks and receive assistance as needed * Monitor infection rates and trends. Follow national and state specific reporting guidelines * Evaluate staff adherence to universal source control measures and COVID-19 cases within the health center and community.   + Number of events   + Location and trends   + Outcomes   + Staff performance-based re-education * Present findings to QAPI Committee for discussion and follow up |
| **F882 Infection Preventionist**  “§483.80(b)(c) The facility must designate one or more individuals to function as the Infection Preventionist who are responsible for the facility Infection Prevention and Control (IPCP) Program.  483.80(b)(1) Primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field  482.80(b)(2) Be qualified by education, training, experience, or certification  482.80(b)(3) Must work at least part time at the facility  482.80(b)(4) Have completed specialized training in infection prevention and control  482.80 Must be a member of and participate on the QAA committee and report to the committee on the IPCP during the committee on a regular basis.”2 | * Develop policies for Infection Prevention and Control which adhere to infection control practice guidelines and current COVID-19 recommendations by Federal, State, and Local Officials, * Ensure that COVID-19 required reporting is completed to proper agencies and maintains COVID-19 testing, screening, and county positivity rate validation records * Evaluate environment, infection control practices, and adherence to prevention practices to ensure resident and staff safety * Develop and implement COVID-19 Prevention Program and provide education to staff, residents, and others as required * Ensure that the professional assigned responsibility as the Infection Preventionist meets all qualifications for the role and is a member of the QAPI/QAA committee * Is a member of the health center COVID-19 task force to plan and implement actions to prevent and mitigate spread * Review IPCP program at least annually and as needed and make revisions necessary * Update Infection Control * Observe staff performance in proper application, removal and wearing a face mask at all times in the health center * Monitor staff performance of application, removal and disposal of PPE, proper and timely hand hygiene * Complete tracking of COVID-19 cases within the facility and collaborate with health officials in assessing and evaluating of community case levels for risk * Complete reporting to local, state, and Federal officials as required * Maintain accurate and complete records of all infections within the health center and actions being taken to address potential issues * Present findings and improvement plans to QAPI/QAA Committee for discussion and follow up |
| **F884, F885, F886:** Required Reporting of facility COVID-19 status to the National Health Safety Network | * Complete timely reporting of resident, representative, and staff positivity numbers and results of COVID-19 testing of Residents and Staff to the appropriate local, state, and national agency as required |

**References**

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 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 Medicare & Medicaid Services, “Nursing Home Reopening Guidelines for State and Local Officials”, May 18, 2020, Revised 09/28/20:

<https://www.cms.gov/files/document/qso-20-30-nh.pdf>

Centers for Medicare & Medicaid Services, “Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes”, November, 2020: <https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf>

Centers for Medicare and Medicaid Services (CMS) Infection Prevention Critical Element Pathway, Form CMS 20054 (12/2020): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>