**Visitation During COVID-19**

**Policy & Procedure**

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**Policy**

During the COVID-19 Pandemic, visitation between residents and their loved ones is to be provided in a safe and organized process through planned in-person visitation consistent with the Core COVID-19 Prevention guidelines to minimize transmission of infections. When in-person visitation is not indicated, virtual visitation options will be offered.

CMS indicates that indoor visitation between residents and their desired guest be resumed “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).

**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

**PROCEDURE**

1. The Infection Preventionist will determine current facility status dependent upon COVID-19 Outbreak status and communicate to all staff current visitation status to include:
   1. Outdoor Visitation
   2. Indoor Visitation
   3. Compassionate Care
   4. All Visitation Options Permitted
2. For indoor and outdoor visitation:
   1. Visitation will be planned and scheduled in advance
   2. Visitors will be limited to \_\_\_\_ visitors
      1. (If children permitted, they must be supervised by adult visitor)
   3. Visitor(s) will be actively screened prior to visit. If visitor has a fever, symptoms of COVID-19, confirmed COVID-19 test or exposure in the past 14 days, visitation will be denied
      1. Document screening on Visitor Screening Log
   4. Visitor will perform hand hygiene
   5. Visitor will wear cloth face covering or mask
   6. Visitor will be instructed on and observed for social/physical distancing
   7. If resident has symptoms of COVID-19 or a confirmed COVID-19 test or is on COVID-19 transmission-based precautions for any reason, visitation is limited to only Compassionate Care Visit.
   8. All visitors will be notified about the potential for COVID-19 exposure in the facility and the requirement to adhere to the core principles of COVID-19 infection prevention
3. Indoor visitation, including Compassionate Care Visitation:
   1. In addition to active screening, hand hygiene, face covering and social distancing, visitor will be directed to resident room (if no roommate) or visitation area and instructed to limit visit to area only
   2. If plastic barriers or dividers are utilized, provide education to visitor on maintaining separation behind barrier as much as possible
   3. For residents with roommate, staff to plan space for private visit in facility
   4. Inform visitor on time limitation for visit
   5. Provide resident and visitor privacy with visitation
   6. Inform visitor to notify the nursing staff when visit is complete
   7. Document visit in resident record
   8. Visitation area will be cleaned and disinfected following visit.
   9. During a compassionate care visit, the facility and visitor will identify a way to allow for personal contact using appropriate infection control guidelines for a limited amount of time
      1. If resident is fully vaccinated, they can choose to have close contact, including touch with visitor while wearing a well-fitting facemask and performing hand hygiene both before and after contact.
4. Outdoor Visitation
   1. In addition to active screening, hand hygiene, face covering and social distancing, visitor will be directed to visitation area and instructed to limit visit to area only
   2. Inform visitor on time limitation for visit
   3. Prepare resident with appropriate attire for outdoor visit
   4. Provide resident and visitor privacy with visitation
   5. Inform visitor to notify the nursing staff when visit is complete
   6. Document visit in medical record
   7. Visitation area will be cleaned and disinfected following visit.
5. Access to Ombudsman: The resident will be provided access to the Ombudsman during this COVID-19 Pandemic
   1. If in-person access is not advisable, alternative communication will be provided to include:
      1. Phone visit
      2. Virtual visit

6. All staff are to continue to follow COVID-19 and Infection Prevention practices while in the facility and monitor that residents and visitors follow social/physical distancing and Core Principles of COVID-19 Prevention facility protocols during visits.

**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>
* Centers for Disease Control and Prevention. “Using Personal Protective Equipment (PPE)”, August 19, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.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” 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 States and Local Officials”; May 18, 2020, Revised 09/28/20; CMS; QSO-20-30-NH; <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>
* Centers for Medicare & Medicaid Services. “Interim final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool”; August 26, 2020; CMS QSO Memo 20-38-NH: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
* “Nursing Home Five Star Quality Rating System update, Nursing Home Staff Counts, Frequently Asked Questions, and Access to Ombudsman” (revised); April 24, 2020, Rev. July 9, 2020; CMS QSO 20-28-nh: <https://www.cms.gov/files/document/qso-20-28-nh.pdf>