



COVID-19: How Should Life Plan Communities

Monitor or Limit Visitors?

Because life plan communities (LPCs) offer various care settings, ranging from independent living to memory support and skilled nursing, knowing how to manage visitors at the points of access to your community to take precautions against coronavirus can be a challenge.

LeadingAge promotes the following Special Visitor Guidance for LPCs, drawing on guidelines from the Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS), as well as best practices in the field.

If your community has a **universal access point**, meaning any visitor can access any part of the community once they are permitted entry, refer to LeadingAge's coronavirus [webpage](#) for guidance on nursing home, assisted living, and hospice visitors

For visitors to your independent living area of your community, we recommend:

- Issue a **communication memorandum** to all known and expected visitors to your campus. Advise your visitors, categorized by stakeholder groups, how visitation to your campus may be restricted or limited and under what criteria.
- Issue a **communication memorandum** to all residents, advising them of your visitor management plan and requesting their assistance in ensuring that their visitors are informed of and are compliant with the plan.
- Create a **virtual visit** alternative (using free, offsite and technology-based solutions like FaceTime, WhatsApp, etc.), or an on-site **clean room** where visitors, residents and staff can safely interact, if circumstances necessitate the restriction of a visitor's access to your campus and the visitor or resident has an urgent need to interact.
- Prior to enacting your plan, ensure your reception desk, security, and/ or front gate staff members have received **additional training and reinforcement in visitor management and infection control**. Consider, as a precautionary best practice, positioning a nurse at your point(s) of entry, especially during the next few weeks. Or, as an alternative, consider positioning one designated employee per shift, in addition to your usual staffing model, who is solely responsible for interacting with visitors prior to entry.

- If any visitor is overtly showing signs or symptoms of a respiratory illness, **respectfully decline entry to your campus**. These symptoms include: runny nose, fever, coughing, sneezing, shortness of breath, or sore throat. Advise this visitor that they may return to visit your community once they have been symptom free for at least 14 days.
- If any visitor has traveled outside of the United States, **respectfully decline entry** to your campus. Advise this visitor that they may return to visit your community if they remain symptom free for at least 14 days.
- If any visitor has had close personal contact with another individual who has tested positive for COVID-19, **respectfully decline entry to your campus**. Advise this visitor that they may return to visit your community after they have been symptom free for at least 14 days.
- Create a **Visitor Exception Plan** for visitors who are not cleared for entry but have an urgent or emergent need to visit a resident in your community.
 - Have N95 masks and other forms of personal protective equipment available and require that this visitor wear the N95 mask and PPE for the entire duration of their visit in your community. Limit the duration of the visit to the nature of the visit only.
 - Promote either an alternative Virtual Visit (per above) or a Clean Room onsite where that visitor may interact—following strict social distancing measures—with the resident.
- For **all other visitors** who are cleared for entry into the independent living areas of your community:
 - Ensure that there are easy-to-read, clearly written advisory notices posted about your Visitor Management Plan, and advocating proper hand hygiene, respiratory hygiene, and self-symptom management as defined by the CDC.
 - Provide ample alcohol-based hand sanitizers by all points of entry, exit, and in all public spaces.
- **Review the Visitor Management Plan** at least weekly with your emergency response or interdisciplinary team members. revise and update as the situation warrants.
 - **A Note on Tracking Visitor Symptoms and PHI:** Some LPCs have elected to record and collect self-disclosed information from visitors that can be classified as Protected Health Information (PHI): temperature, vital signs, and symptomology. Because of the complexities this practice raises with HIPAA compliance, we do not recommend collecting and recording

PHI on visitors. However, for those LPCs who do, we strongly advise implementing the same information control measures for PHI that you presently use with resident and staff PHI. Now is a good time to review these practices to ensure full compliance with HIPAA.

- Whatever Visitor Management Plan you ultimately enact, we recommend that you **review the plan with your general liability insurance carrier, general counsel, and/ or risk management advisory firm, as applicable.**

- **Continually update your local CDC contact** with the number of confirmed cases of COVID-19 in your community and those reported by visitors. If necessary, the CDC may recommend or require that your community become quarantined, for the safety and wellbeing of all. Should that occur, follow the CDC's specific guidance for your community.

- **Visit** the [LeadingAge.org/COVID19](https://www.leadingage.org/COVID19) website, CDC, CMS, and WHO websites daily for updates and information relevant to the presence of COVID-19 in your local area.