**Visitation During COVID-19**

**Overview and General Information**

**Visitation**

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During the COVID-19 pandemic, visitor restrictions were put into place based upon CMS and CDC guidance. Since that time, CMS has indicated, “While CMS guidance has focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. CMS understands that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends.”1

With the impact of the COVID-19 vaccination, guidance has been updated. It is recognized that “residents have the right to make choices about aspects of his or her life in the facility that are significant to the resident” and “if a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident’s room), the resident must be allowed to receive visitors as he/she chooses.”1

The Centers for Medicare & Medicaid Services indicate that “visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents’ rights.”2

Nursing facilities should include three key points for visitation to include:

* “Adhere to the core principles of infection prevention, especially wearing a mask and performing hand hygiene;
* Encourage physical distancing during large gatherings; and
* Work with your state or local health department when an outbreak occurs.”2

Visitation should be conducted with the core principles of COVID-19 Infection Prevention to reduce the risk of transmission, to include:

* Guidance with posted signs at entrances that includes recommended actions for visitors:
	+ Do not visit – defer non-urgent in-person visitation until meeting CDC criteria for healthcare settings to end isolation if:
		- Visitor has a positive viral test for COVID-19
		- Visitor has symptoms of COVID-19
		- Visitor has had close contact with someone with COVID-19
	+ Hand Hygiene
	+ Source Control
	+ Instructional signage on visitor education to include:
		- COVID-19 signs and symptoms
		- Visitation information
		- Infection control precautions
		- Designated entrances/exits, etc.

**Visitation Options**

* **Outdoor Visitation**
	+ Most times poses a lower risk of transmission
	+ Weather conditions will need to be considered
	+ All appropriate infection prevention and control practices should be followed
* **Indoor Visitation**
	+ Must be allowed at all times and for all residents as required by regulation
	+ Number of visitors is not to be limited, however, “During peak times of visitation and large gatherings (e.g., parties, events) facilities should encourage physical distancing.
	+ If the facility’s county community transmission of COVID-19 is high, everyone in the facility should wear source control
		- If visitor is alone in the resident room or designated visitation without roommate present, the resident and visitor may choose not to wear source control and may choose to have close contact.
			* Advise resident and visitor on the risks of physical contact prior to visit.
	+ If the facility’s county COVID-19 community transmission is not high, source control is recommended but not required unless during an outbreak
	+ Although not recommended, residents on transmission-based precautions (TBP) or quarantine can still have visitors. These visits should occur in the resident’s room and the resident should wear a well-fitting facemask if it is tolerated.
		- Before visiting a resident on TBP, instruct visitor on:
			* Potential risks with visitation
			* Precautions necessary
			* Adherence to source control and PPE
			* Core principles of infection prevention and control
* **Indoor Visitation during an Outbreak Investigation**
	+ Instruct resident and visitor(s) that although visitation is allowed, it is safer not to enter the facility during an outbreak
	+ Visitor movement in the facility is limited and visitor will be instructed to go directly to either the resident room or designated visitation location
	+ Visitor will be required to physically distance themselves from other residents and facility staff
	+ Educate visitor(s) on:
		- * Potential risks with visitation
			* Precautions necessary
			* Adherence to source control and PPE
			* Core principles of infection prevention and control
* **Compassionate Care Visits**
	+ Will be allowed at all times
	+ Educate visitor(s) on:
		- * Potential risks with visitation
			* Precautions necessary
			* Adherence to source control and PPE
			* Core principles of infection prevention and control

**Visitor Testing and Vaccination**

* Visitor testing is encouraged, but not required.
* “CMS strongly encourages all visitors to become vaccinated.”2
* Visitors are not required to be vaccinated.

**Key Guidance to Visitation**

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

“Core Principles of COVID-19 Infection Prevention

* Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
* Hand hygiene (use of alcohol-based hand rub is preferred)
* Face covering or mask (covering mouth and nose) in accordance with CDC guidance
* 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 to COVID-19 care)
* Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO- 20- 38-NH)”2

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 visitation
2. Education for visitors on the risks associated with visitation, how the visit should occur in a manner that does not place other residents at risk (e.g., in the resident’s room) and the core principles of infection prevention and control
3. Expectations for resident visitors to follow such as:
	1. Defer not-urgent visitation if visitor has symptoms of or confirmed with COVID-19
	2. Hand hygiene
	3. Use of facial coverings over mouth and nose.
	4. Maintaining a 6-foot physical distancing during visit with large gatherings or when facility is in outbreak investigation
4. Visitation management for inclement weather periods
5. Communication on the potential for exposure to SARS-CoV-2 in the facility.
6. Instructions for close contact, including touch, and communication regarding wearing source control during visitation in visitation room.
7. If the county COVID-19 community transmission is high, all residents and their visitors should wear face coverings or masks
	1. If residents and their visitors are alone in the resident’s room or in a designated visitation area, they may choose not to wear face coverings or masks and may choose to have close contact. Advise resident and visitor of risks of physical contact prior to visit.

**Access to the Long-Term Care Ombudsman**

The facility will provide immediate access to any resident. If a visit is planned for a resident on Transmission-based Precautions or quarantine or if the resident is unvaccinated and the facility is in a county where the level of community transmission is substantial to high in the last 7 days, both the resident and the Ombudsman will be made aware of the potential risks of visitation. Visitation should take place in the resident room.

1. The ombudsman will be educated on adherence to the Core Principles of Infection Prevention and Control
2. Resident and/or Ombudsman may request an alternative communication in place of an onsite visit

**Federal Disability Rights Laws and Protection & Advocacy Programs**

The facility will allow immediate access to a resident by any representative of the protection and advocacy systems in an area to communicate privately. If the resident is on transmission-based precautions or in quarantine, or unvaccinated and the facility is in a county where the community transmission level is substantial or high in the past 7 days, the facility will communicate the potential risk of the visitation and the visitation will be conducted in the resident’s room.

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 if preferred and weather permitting, with privacy and physical separation (such as a courtyard, patio, parking lot)
* Specific location to conduct indoor visitation
* Cleaning and disinfection policies and procedures following visitation.

**References and Resources**

* 1, 2Centers for Medicare & Medicaid Services. QSO-20-39-NH, September 17, 2020, Revised 09/23/2022: Nursing Home Visitation – COVID-19 (Revised): <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

# Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. Updated Sept. 28, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>