**Visitation During COVID-19**

**Policy & Procedure**

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**Policy**

It is the policy of this facility that visitation is allowed at all times, and for all residents in accordance with the residents’ rights and regulatory requirements. Visitation between residents and their loved ones is to be provided in a safe and organized process through visitation consistent with the Core Principles of COVID-19 Infection Prevention guidelines to minimize transmission of infections.

**Purpose**

Although there are still risks present with visitation with COVID-19, adherence to the core principles of COVID-19 can reduce those risks. The regulations require that the resident has a right to have visitors of their choosing.

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

* “Adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene;
* Encourage physical distancing during large gatherings; and
* Work with your state or local health department when an outbreak occurs.”1

**Definitions**

**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)”1

**Outdoor Visitation:**

“Outdoor visits generally pose a lower risk of transmission due to increased space and airflow.”1 For outdoor visits, the facility will identify accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. Weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident’s health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. When conducting outdoor visitation, all appropriate infection control and prevention practices will be followed.

**Indoor Visitation:**

The facility will allow indoor visitation at all times and for all residents as permitted under the regulations. The facility will not limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits as long as conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.

During peak times of visitation and when large gatherings (e.g., parties, events) occur, the facility will encourage physical distancing. The facility may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission.

Face Coverings and masks during visits

If the nursing home’s county COVID-19 community transmission is high, everyone in a healthcare setting will be required to wear face coverings or masks.

If the facility’s county COVID-19 community transmission is not high, the safest practice is for residents and visitors to wear face coverings or masks, however, the facility could choose not to require visitors wear face coverings or masks while in the facility, except during an outbreak, consistent with State, Federal and CDC guidance.

Regardless of the community transmission level, residents, and their visitors when alone in the resident’s room or in a designated visitation area, may choose not to wear face coverings or masks and may choose to have close contact (including touch). Residents (or their representative) and their visitors will be advised of the risks of physical contact prior to the visit. If a roommate is present during the visit, it is safest for the visitor to wear a face covering or mask.

While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident’s room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents who are on TBP or quarantine, visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors will be educated to adhere to the core principles of infection prevention. Facilities may, although not required, offer well-fitting facemasks or other appropriate PPE, if available.

**Indoor Visitation During an Outbreak**

“An outbreak investigation is initiated when a single new case of COVID-19 occurs among residents or staff to determine if others have been exposed.” It is recommended to adhere to CDC guidance.

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors will still be allowed in the facility. Visitors will be made aware of the potential risk of visiting during an outbreak investigation and will be informed to adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits and visits should ideally occur in the resident’s room. While an outbreak investigation is occurring, the facility will limit visitor movement in the facility. (For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident’s room or designated visitation area. Also, visitors should physically distance themselves from other residents and staff, when possible). The facility will contact the local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation when necessary.

**Compassionate Care Visitation**

Compassionate care visits are allowed at all times. In the rare event that visitation for compassionate care is limited, such as a resident who is severely immunocompromised, the facility will work with the resident and resident representation to allow visitation with minimal restrictions.

**Visitor Testing and Vaccination**

While not required, when the facility is in high levels of community transmission it may offer testing to visitors, if feasible. If testing is not offered, facility will encourage visitors to be tested on their own before coming to the facility (e.g., within 2–3 days). The facility will encourage all visitors to become vaccinated and educate visitors on the importance of vaccination. The facility may ask about a visitors’ vaccination status; however, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation. “If the visitor declines to disclose their vaccination status, the visitor should wear a face covering or mask at all times. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems”1

**Required Visitation**

The facility will not restrict visitation without a reasonable clinical or safety cause, consistent with the regulations. The facility will evaluate certain situations when the visit is limited to being conducted in the resident’s room or the rare event that visitation is limited to compassionate care. The facility will facilitate in-person visitation consistent with the applicable CMS regulations.

**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 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 (P&A) 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 is high in the past 7 days, the facility will communicate the potential risk of the visitation to the P&A representative and the visitation will be conducted in the resident’s room.

The facility will work with the resident who is deaf or hard of hearing for clear masks or panels if available. No face covering will be placed on a resident who has trouble breathing, unable to wear a mask due to disability, is unconscious, incapacitated or unable to remove mask without assistance.

The facility will allow entry of an interpreter or someone able to facilitate communication, if necessary. Communication on the potential risks and adherence to the core elements of infection control will be provided.

**PROCEDURE**

1. The Infection Preventionist and interdisciplinary team will communicate visitation policy and procedures to staff, residents, and visitors to include processes for:
   1. Core Principles for COVID-19 Infection Prevention
   2. Outdoor Visitation
   3. Indoor Visitation
   4. Indoor Visitation during an Outbreak Investigation
   5. Compassionate Care
   6. Other visits (i.e. Ombudsman, Protection & Advocacy)
2. For indoor, outdoor, indoor during an outbreak investigation or compassionate care visits:
   1. Visitation is allowed for all residents at all times including indoor, outdoor, compassionate care and indoor during an outbreak investigation
   2. Visitation does not need to be scheduled in advance. (There may be times, such as holidays, where a high volume of visitors are expected.) If the number of visitors will not allow for physical distancing between other residents, the facility may ask visitors to stagger their visits throughout the day or limit the number of visitors in the facility/resident room.
   3. Visitation is safest for all when there is not an outbreak investigation initiated, however, visitors will still be allowed to visit in the facility
      1. Educate visitor(s) of the potential risk of visiting during an outbreak investigation
      2. Educate visitor(s) on adherence to the core principles of infection prevention
      3. Visitors will be instructed to wear face coverings or masks during visits regardless of vaccination status
      4. Visitation should occur in the resident room if possible
      5. Visitor should go directly to the resident room or designated visitation location and practice physical distancing from employees and other residents
   4. Visitors will be encouraged to be tested on their own 2-3 days before coming into the facility in counties with high levels of community transmission
      1. If testing is available, testing can be offered to visitors
      2. Testing is not required for visitors
   5. Visitators will not be limited to the number of visitors (except when a high volume of visitors are anticipated such as holidays) however, visits must be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and will not increase the risk to the other facility residents. During peak visitation times and large gatherings such as parties and events, the facility will encourage physical distancing
   6. Visitors will be provided information in the form of posters at the entrances of the facility that address the core elements of infection prevention for COVID-19 and to defer non-urgent visitation if visitor has symptoms of is confirmed positive for COVID-19, as well as if visitor has had close contact with and individual with COVID-19, for 10 days.
   7. Visitor will be prompted to perform hand hygiene both before and after visitation and at other times as necessary.
   8. If resident’s roommate is unvaccinated or immunocompromised, visitation will not be conducted in resident room. If roommate is not immunocompromised or fully vaccinated, although not preferred, the visit can take place if roommate is in the room as long as the number of visitors is limited, physical distancing is maintained, visitors and residents adhere to the principles of infection control, include wearing a mask and performing hand hygiene.
   9. If the facility’s county COVID-19 community level of transmission is high, all residents and visitors will wear face coverings or masks regardless of vaccination status.
   10. If the facility’s county COVID-19 level of community transmission is not high, it is safest to wear face coverings or masks, however, visitors may choose not to wear face coverings or masks in the facility, except during an outbreak or as otherwise determined by State or Federal guidance.
   11. Residents will be able to eat with visitors if the resident, resident representative and the visitor are all aware of the risks and continue to adhere to the core principles of infection prevention.
       1. A separate dining area is recommended
          1. If a separate dining area is not feasible, dining with visitors will only be permitted if visitor wears a face covering when not eating and/or drinking
   12. During an outbreak investigation, visitor will wear cloth face covering or mask and maintain physical distancing while going directly to the resident room or visitation space.
       1. Visitor will be informed not to walk around other areas of the facility
   13. Visitor will be asked about vaccination status (fully vaccinated or unvaccinated)
       1. Educate and encourage visitors to become vaccinated
       2. Visitors are not required to be vaccinated or show proof of vaccination
   14. If resident is on COVID-19 transmission-based precautions for any reason, although not recommended, visitation can still occur. Visitor will be made aware of the potential risk of visitation, prior to visiting resident, precautions to follow during visitation and adherence to the core principles of infection prevention. Visitor may be provided with a well-fitting facemask or other PPE if available. (Facility is not required to provide PPE for visitors)
   15. 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.
   16. Compassionate visitation will be allowed at all times and will only be limited in rare instances such as when the resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept to a minimum
   17. Provide resident and visitor(s) privacy with visitation.
   18. Visitation area will be cleaned and disinfected following visit
3. Access to Ombudsman: The resident will be provided access to the Ombudsman. If the Ombudsman is planning a visit with a resident on Transmission-based Precautions or quarantine, the facility will notify the Ombudsman and resident if the county level of community transmission is high in the past 7 days as well as the potential risk of visitation. Visitation should occur in the resident room.
   1. If in-person access is not advisable, alternative communication will be provided to include:
      1. Phone visit
      2. Virtual visit
4. Access to the Protection & Advocacy (P&A) Programs: The facility will allow immediate access to a resident by any representative of the P&A systems under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 for residents with developmental and other disabilities or mental disorder.
   1. Meeting can be by telephone, mail, in-person or virtually
   2. If the county level of community transmission level is high in the county in the past 7 days, both the resident and P&A representative will be informed of the potential risks of visitation and the visit will be conducted in the resident room.
5. All staff are to continue to follow COVID-19 and Infection Prevention practices while in the facility and monitor resident and visitor adherence to face coverings/masks and the core principles of COVID-19 infection prevention during visits.
6. The Infection Preventionist, Director of Nursing or Designee will contact the local health department for guidance and/or direction on structuring visitation as necessary during outbreaks as necessary.

**References and Resources**

* 1Centers 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>
* 2Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy 6/29/22: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* Centers for Medicare & Medicaid Services. Long Term Care Critical Element Pathways, Infection Prevention, Control & Immunizations, CMS 20054, 10/2022: <https://www.cms.gov/files/zip/ce-pathways.zip>
* 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. 23, 2022: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>