

Interim COVID-19 Visitation RED

<i>Date Implemented:</i>	3/18/2021	<i>Date Reviewed/ Revised:</i>		<i>Reviewed/ Revised By:</i>	
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Policy:

This facility will allow visitation of all visitors and non-essential health care personnel through different means based on facility structure and residents' needs, such as resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. The visitation will be person-centered, consider the resident's physical, mental, and psychosocial well-being, and support their quality of life. Exceptions will be in accordance with current CMS directives and CDC recommendations, or as directed by state government (whichever is more stringent).

Policy Explanation and Compliance Guidelines:

1. The Infection Preventionist will monitor the status of the COVID-19 situation through the CDC website and local/state health department, and will keep facility leadership informed of current directives/ recommendations and the need for restricting visitation if indicated.
2. The facility will communicate this visitation policy through multiple channels. Examples include signage, calls, letters, social media posts, emails, and recorded messages for receiving calls.
3. Non-essential staff, as designated in emergency preparedness plans, will be notified through routine and emergency communication procedures for staff.
4. The core principles of COVID-19 infection prevention will be adhered to and as follows:
 - a. 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).
 - b. Hand hygiene will be conducted with the preferred use of alcohol-based hand rub.
 - c. A face covering or mask, covering the mouth and nose, will be worn at all times.
 - d. Social distancing at least six feet between persons will be observed.
 - e. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices will be conducted.
 - f. Cleaning and disinfection of highly touched surfaces in the facility and in designated visitation areas after each visit will be performed.
 - g. Staff will adhere to the appropriate use of personal protective equipment (PPE).
 - h. The facility will utilize effective strategies of cohorting residents (e.g., separate areas dedicated to COVID-19 care).
 - i. The facility will conduct resident and staff testing as per current CMS guidance.
 - j. Physical barriers such as clear Plexiglass Dividers may be used to reduced risk of transmission during outdoor visits.
 - a. The listed of barriers are examples but not a limited to the above list.
 - k. Visitors who are unable to adhere to these principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave.
5. Outdoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission as follows and is the preferred method even when the resident and visitor are fully vaccinated* against COVID-19:
 - a. Visits will be held outdoors whenever practicable and will be facilitated routinely barring weather conditions, a resident's health status or the facility's outbreak status.

- b. The facility will have an accessible and safe outdoor space to include the activities patio and front entrance patio space in which to conduct outdoor visitation WHEN THE COUNTY LEVEL IS RED.
 - c. The facility will have no more than 2 visitors per resident and no more than 2 simultaneous visits occurring at the same time and will limit visits to 30 minutes unless prior arrangements have been made.
6. When a new case of COVID-19 among staff or residents is identified, the facility will immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:
 - a. If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g. units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility will suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
 - b. If the first round of outbreak testing reveals **one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
 - c. If subsequent rounds of outbreak testing identify **one or more additional COVID-19 cases in other areas/units of the facility**, then the facility will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
7. Visitors will be notified about the potential for COVID-19 exposure in the facility (e.g. appropriate signage and or code red alert system regarding current outbreaks), and adhere to the core principles of COVID-19 infection and prevention, including effective hand hygiene and use of face coverings.
8. Compassionate care visits and visits required under the federal disability rights law should be **allowed at all times**, for any resident (vaccinated or unvaccinated) regardless of the resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.
9. Visitor testing may be offered, if feasible, in facilities in medium- or high-positivity counties and should prioritize visitors that visit regularly, although any visitor can be tested. Visitors will not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.
10. Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. This restriction will be lifted once transmission-based precautions are no longer required as per CDC guidelines.
11. Special considerations:
 - a. Health care workers not employed by the facility but provide direct care services: Healthcare workers will be allowed to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened. Screening for fever and respiratory symptoms apply in accordance with surveillance procedures.
 - b. Surveyors: Surveyors must be permitted entry into the facility unless they exhibit signs or symptoms of COVID-19 and should adhere to the core principles of COVID-19 infection and any COVID-19 infection prevention requirements set by state law.
 - c. Ombudsman: In-person access may be limited due to infection control concerns and/or transmission of COVID-19, such as the scenarios stated above for limiting indoor visitation, but may not be limited without reasonable cause. The core principles of infection prevention will be adhered to by the ombudsman and if in-person access is not advisable, the facility will arrange for alternative communication with the ombudsman.

- d. Representatives of protection and advocacy systems, as designated by the state, will be allowed access to the residents both formally and informally, by telephone, mail and in person.
12. Advise any visitors to monitor for signs and symptoms of respiratory illness and report to the facility if symptoms are evident within 14 days after visiting the facility.
 13. Resident-to-resident visitation:
 - a. Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention (e.g., limited number of people at a table, at least six feet of distance between residents).
 - b. Remind residents to practice social distancing, perform frequent hand hygiene, and wear a mask or face covering.
 - c. Restrict non-affected residents from entering rooms of residents suspected/confirmed to have COVID-19.

**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 guidance.*

Reference:

Centers for Medicare & Medicaid Services. (March 10, 2021) *QSO-20-39-NH: Nursing Home Visitation – COVID-19.*