COVID-19 Visitation					
Date Implemented:	10/19/2022	*Date Reviewed/ Revised:*	5/10/23	*Reviewed/ Revised By:*	Clinical Services

Policy:

This facility will allow resident visitation to all visitors and non-essential health care personnel. This can be conducted through different means based on the facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. 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 federal, state and/or local guidance.

Policy Explanation and Compliance Guidelines:

1. The Infection Preventionist will monitor the status of COVID-19 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 core principles of COVID-19 infection prevention will be adhered to and as follows:
    a. The facility will provide guidance (e.g., posted signs at entrances) about recommended actions for visitor who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19.
    b. 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.
    c. 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).
    d. Hand hygiene (use of alcohol-based hand rub is preferred), will be performed by the resident and the visitors before and after contact.
    e. A face covering or mask (covering the mouth and nose) to be used, if indicated, in accordance with CDC guidance.
    f. Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to include instructions about current IPC recommendations (e.g., when to use source control).
    g. Cleaning and disinfection of frequently touched surfaces in the facility and in designated visitation areas should be performed often and after each visit.
    h. Staff will adhere to the appropriate use of personal protective equipment (PPE).
    i. The facility will utilize effective strategies of cohorting residents (e.g., separate areas dedicated to COVID-19 care).
    j. The facility will conduct resident and staff testing following nationally accepted standards, such as CDC recommendations.
    k. Physical barriers such as clear plexiglass dividers or curtains may also be used to reduce the risk of transmission.
    l. 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.
3. Outdoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission as follows:

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   a. Visits will be held outdoors whenever practicable and will be facilitated routinely barring weather conditions or a resident's health status.
   b. The facility will have an accessible and safe outdoor space (*designate space*) in which to conduct outdoor visitation.
   c. All appropriate infection control and prevention practices will be followed when conducting outdoor visitations.

4. Indoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission based on the following guidelines:
   a. The facility will allow indoor visitation at all times and for all residents and will not limit the frequency and length of visits, the number of visitors, or require advance scheduling of visits.
   b. Visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
   c. Face coverings and mask use should be based on recommendations from the CDC, state and local health departments, and individual facility circumstances.
5. 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. The facility will adhere to CMS infection prevention and control practices following accepted national standards, such as CDC recommendations, to swiftly detect cases.
6. Visits will be allowed during outbreak investigations, but should ideally occur in the resident's room. The resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit.
7. While an outbreak investigation is occurring, the facility should limit visitor movement in the facility and visitors should go directly to the resident's room or designated visitation area.
8. The facility may offer testing to visitors, if feasible, and should encourage and educate visitors to stay up to date with their COVID-19 vaccinations or become vaccinated.
9. Visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.
10. Visits required under the federal disability rights laws and protection and advocacy (P & A) programs will be allowed at all times. If the resident is in transmission-based precautions or quarantine, the resident and P & A representative should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
11. When the Ombudsmen plans to visit a resident in transmission-based precautions or quarantine, both ombudsman and resident should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
12. Alternative communication methods (phone or other technology) may be used if the resident or Ombudsman program requests it in lieu of an in-person visit.
13. All healthcare workers will be permitted to come into the facility as long as they are not subject to a work exclusion. This includes personnel educating and assisting in resident transitions to the community.
14. Communal activities (including group activities, communal dining, and resident outings):
   a. Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention.
   b. Communal activities and dining do not have to be paused during an outbreak, unless directed by the state or local health department. Residents who are on transmission-based precautions should not participate in communal activities and dining until the criteria to discontinue transmission-based precautions has been met.

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c. Residents who are unable to wear a mask (when expected based on CDC recommendations) due to a disability or medical condition may attend communal activities, however they should physically distance from others during large gatherings. If possible, the facility should educate the resident on the core principles of infection prevention and staff should provide frequent reminders to adhere to infection prevention principles.
d. Residents who are unable to wear a mask (when expected based on CDC recommendations) and whom staff cannot prevent having close contact with others should not attend large gatherings. The facility should consider limiting the size of group activities and encourage and assist with infection control practices and frequently clean high-touch surfaces.
e. Residents that refuse to wear a mask (when expected based on CDC recommendations) and physically distance from others during large gatherings should be educated on the importance of masking and physical distancing. The education should be documented in the resident's medical record and the resident should not participate in large gatherings.
f. Residents are permitted to leave the facility as they choose. The facility will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices, especially for those at high risk for severe illness.
g. Upon the resident's return, the facility should take the following actions:
    i. Screen residents upon return for signs or symptoms of COVID-19.
        a) If the resident or family member reports possible close contact to an individual with COVID-19 while outside the nursing home, the facility will follow the current CDC guidance in regards to testing and quarantine.
        b) If the resident develops signs or symptoms of COVID-19 after the outing, the facility will follow the current CDC guidance for residents with symptoms of COVID-19.
h. In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) except in certain situations as per the current CDC empiric transmission-based precaution guidance.
i. Residents who leave the facility for 24 hours or longer should be managed as a new admission and follow current CDC guidance.

References:

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Centers for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic.* Located at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html. Accessed May 8, 2023.

Centers for Medicare and Medicaid Services. *Nursing Home Visitation Frequently Asked Questions (FAQs).* May 8, 2023.

Centers for Medicare & Medicaid Services. (May 8, 2023) *QSO-20-39-NH: Nursing Home Visitation-COVID-19 (REVISED).*

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