

COVID-19 Visitation between Residents and Families Guideline

POLICY STATEMENT

Visitation can be conducted through different means based upon the facilities structure and resident needs. Visitation is dependent upon adherence to the Core Principals of COVID-19 Infection Prevention:

- Facilities provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have had 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 in-person visitation until 10 days after their close contact, if they meet the 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 nose and mouth) in accordance with CDC guidance.
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices.²
- Cleaning and disinfecting of high frequency touched areas often and designated visitation areas after each visit.
- Appropriate staff use of Personal Protective Equipment (PPE).
- Effective cohorting of residents.
- Resident and staff testing conducted as required at 42 CFR § 483.80(h).

Additionally, visitation should be person-centered, considering the resident's physical, mental, and psychosocial well-being, and support their quality of life. Visitors who are unable to adhere to the core principals of infection prevention should not be permitted to visit or should be asked to leave.

Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. When appropriate for outdoor visits, appropriate infection control and prevention practices should be followed.

Guidelines:

1. Facilities must always allow indoor visitation for all residents permitted under the regulations. Facilities may not limit the frequency and length of visits, number of visitors, or require advanced scheduling of visits.
2. Though there are no limits to the number of visitors a resident may have, visits should be conducted in a manner that adheres to the core principals of COVID-19 infection prevention and does not increase risk to other residents.
3. Face Coverings and Masks during visits: If the nursing home's county COVID-19 community transmission is **HIGH**, everyone in a healthcare setting should wear a face covering or mask. If the county COVID-19 community transmission rate is *not high*, the safest practice is for residents and visitors to wear face covering or masks, however the facility could choose not to require visitors to wear face coverings or masks while in the facility except during an outbreak. Regardless of 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 and visitors should be advised of the risks of physical contact prior to the visit. If a roommate is present during the visit, it is best practice for the visitor to wear a face covering or mask.

4. While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, the visit should occur in the resident's room and the visitor should be wearing a well-fitting mask (if tolerated). Before such visits, visitors should be made aware of the potential risk of visiting and necessary precautions to visit with the resident. Facilities may offer well-fitting facemasks and other appropriate PPE, if available, but are not required to provide PPE to visitors.
5. Indoor visitation may occur during outbreak investigations. While it is safer for visitors not to enter the facility during outbreak investigation, visits must be still be allowed in the facility. Visitors must be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principals of infection prevention.
6. Visitor movement throughout the facility must be limited during outbreak investigation.
7. Visitors and residents should wear face coverings or masks during visitation when there is an outbreak investigation.
8. Visitors should physically distance themselves from the resident during a visit when there is an outbreak investigation.
9. Facilities in counties with high levels of community transmission may offer, if feasible, testing to visitors. If not offered, facilities should encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).
10. Facilities may question a visitor about their vaccination status however, visitors are not required to be tested or vaccinated (or show proof of such). If a visitor declines to disclose their vaccination status, they should wear a face covering or mask when in the facility.
11. Compassionate Care Visitation is always allowed.
12. Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR § 483.10(f)(4)(v).