

Visitation Guidance

**Ref: QSO-20-39-NH and MDHHS Emergency Order Requirements for Residential Care Facilities
Updated March 2, 2021**

Guidance:

Visitation can be conducted through different means based on facility's structure and resident's needs. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission. Facilities must support and accommodate residents receiving visitors both indoors and outdoors unless otherwise specified.

Core Principles of COVID-19 Infection Prevention

1. Screening of all who enter the facility for signs and symptoms of COVID-19 including temperature checks and questions/observations about signs and symptoms, and denial of entry to those with signs or symptoms.
2. Hand Hygiene with use of alcohol-based hand rub preferred
3. Face coverings or masks that cover the mouth and nose
4. Social Distancing- at least six feet between persons
5. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection precautions, other applicable facility practices such as use of PPE, entrances, exits, designated areas and hand hygiene.
6. Cleaning and disinfecting high touch surfaces in the facility often, and designated visitation areas after each visit.
7. Appropriate staff use of PPE
8. Effective cohorting of residents (separate areas dedicated to COVID-19 care)
9. Resident and staff testing conducted as required at 42 CFR 483.80(h)- See QSO-20-38-NH

Visitation will be person centered, consider the patients physical, mental and psychosocial well-being and support their quality of life.

Physical barriers such as plexi glass or curtains may be utilized to reduce the risk of transmission

An adequate degree of privacy will be allotted while providing monitoring and support

Visitors unable to adhere to the core principles of COVID Infection Preventions will not be allowed to visit or shall be asked to leave.

Outdoor Visitation

1. Is the preferred manner in which to conduct visitation due to the reduce risk of transmission based increased space and air flow.
2. Outdoor visitation will be held whenever practicable aside from weather consideration, *an individual's health status, or a facility's outbreak status.*
3. Outdoor visitation should be facilitated routinely by creating an accessible and safe outdoor space for visitation such as patios, courtyards, patios, or parking lots with items such as tents if available. The area shall provide adequate protection from the weather elements.
4. Outdoor visitation will be addressed by a process to limit the number and size of visits occurring simultaneously to support infection control practices. This will also include time limitations.
5. Limitation for outdoor visitation will follow Indoor Visitation guidance and requirements with the exception of compassionate care situations assuring maintenance of social distancing, hand hygiene and other Core principles of Infection control.

Indoor Visitation

Facilities will accommodate and support indoor visitation beyond compassionate care situations following the guidelines below:

1. No new onset of COVID-19 cases originating in the facility, including those involving resident or staff, in the last 14 days and the facility is not conducting outbreak testing. Admission of a resident who is known COVID-19 positive at the time of admission does not constitute a facility-onset case.
2. The local health department has not prohibited visitation at the facility
3. Visitors must follow core principles and staff will be available to provide monitoring/education.
4. Facility will limit the number of visitors per resident/guest to no more than 2 and limit the number of visitors in the facility at any one time. This will be determined based on the size of the building and the physical space available. Time limitations will also be set in order to allow for all residents to receive visitors.
5. Movement will be limited in the facility and staff will provide guidance/direction to and from the area of visitation.
6. Visitors will be required to test as directed either prior to entry with rapid testing if available or provision of documented negative COVID-19 test within 72 hours of the visit. Visitation will be cancelled if unable to meet testing requirements or follow core principles of Infection Control.
7. Visitors will be required to provide contact information and attest in writing that they will notify the facility if they develop symptoms within 14 days of their visit.

8. Residents/guests with a roommate will not have visits in their room. If health status limits the ability for a resident to leave their room alternate arrangements will be made such as private room, specialized seating to assist with resident being out of room or provision of barriers during the visit, assuring adherence to Infection control measures.

Visitor Testing

1. Visitor testing is required in certain situations, with the preferred method of Rapid Testing when available. When not available, the visitor may bring proof of negative test within the past 72 hours prior to visit.
2. Testing is NOT required prior to each visit for:
 - a. Window visits when a barrier is maintained or for End of Life visits
 - b. Visitors 13 years or younger
3. Testing will be required prior to indoor visitation for:
 - a. A parent, guardian or foster parent of a resident/guest 21 years or younger
 - b. ADL support visits
 - c. When a resident is in serious or critical condition or Hospice Care
4. Medical and non-medical service providers, resident physicians, medical students, and volunteers supporting visitation will follow guidance for weekly testing similar to facility staff.

Compassionate Care Visits Beyond “End of Life” Situations May Include:

1. A resident struggling with the change in environment and lack of family support after living with family prior to transfer to LTC setting
2. A resident who is grieving from the death of a family or friend
3. A resident needs assistance with eating, drinking that was previously provided by family that is experiencing a weight loss or dehydration
4. A resident who was previously interactive who is experiencing emotional distress, seldom speaking, or crying more frequently.
5. Other situations where a decline in the resident physical, mental or psychosocial status warrants the need for in person visitation to support
6. These visits can be conducted by others outside of family such as clergy or lay persons offering spiritual support.
7. The facility will collaborate with resident, family, caregivers, resident representative and the Ombudsman program to identify the need for compassionate care visits.

Required Visitation and Restrictions

1. Visitation will not be restricted without reasonable clinical or safety cause such as positive COVID-19 cases within the past 14 days, county positivity rate of High (above 10%), or other clinical safety concerns in which local health departments shall be involved.
2. Residents who are on transmission-based precautions (On Monitoring Unit, COVID unit or under investigation/symptomatic) will only receive visits via virtual technology, window

visits, or in person for compassionate care situations with adherence to transmission-based precautions

3. Residents/guests receiving window visits with barriers present, under 21 and being visited by parent, foster parent of guardian, ADL support visitation, having a serious or critical condition, or in Hospice care are not subject to requirements of COVID-19 cases in past 14 days, outbreak testing, or restrictions of local health department. Visits for these residents/guest may include clergy.
4. Medical Service providers such as Hospice providers, podiatrists, dentists, Durable Medical Providers, Social Workers, Behavioral Health Providers, Therapists, and other health providers including resident physicians and clinical students are not subject to requirements of COVID-19 cases in past 14 days, outbreak testing or local health department restrictions.
5. Non-medical services providers, such as hairdressers, nail salon technicians, cosmetologists, and providers of religious or spiritual services may visit even when visits may otherwise be prohibited by local health departments when it is determined by qualified medical professionals that there will be an actual or potential negative impact on the resident when service is not provided and remote access is not appropriate. Services must be provided outdoors or in a well-ventilated area with restriction of movement if done indoors. Volunteers trained in infection control and are supporting visitation may also enter the facility based on these criteria.
6. Visitation that is denied for ADL support care/ Serious/Critical/End of Life visits for reasons other than the visitor testing positive for COVID-19 requires that a written notice with explanation of why visitation is being denied be provided to the visitor. This documentation must be forwarded to the MDHHS and Ombudsman.

Health Care Workers and Other Providers of Services

1. Health care workers such as Hospice, EMS, Dialysis Technicians, Lab Technicians, Radiology Technicians, Clergy, etc. must be permitted to come into the facility as long as they are not subject to work exclusion (such as signs or symptoms with screening).
2. EMS personnel responding to emergency will not be required to screen prior to entrance
3. Health Care workers and other providers as well as volunteers should adhere to core principles of COVID-19 infection preventions and must comply with COVID-19 testing requirements.