

Coronavirus Disease (COVID-19) – Visitors and Communal Activities

Policy Statement

For the safety of residents and staff, visitation policies are in compliance with current recommendations from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services.

Policy Interpretation and Implementation

1. Residents are permitted to receive visitors of their choice as long as:
 - a. the resident, visitor and resident representative are aware of the risks of visitation; and
 - b. the visit occurs in a manner that does not place residents at risk.
2. Core principles of COVID-19 prevention and best practices to reduce COVID-19 transmission are adhered to at all times, including:
 - a. guidance 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 infection:
 - (1) 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; and
 - (2) visitors who have had close contact with someone with COVID-19 infection should 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);
 - b. hand hygiene (use of alcohol-based hand rub is preferred);
 - c. face covering or mask (covering mouth and nose) in accordance with current CDC guidance, state and local health departments and individual facility circumstances;
 - d. visual alerts at the entrance and throughout the facility with instructions regarding current infection prevention and control recommendations (e.g., when to use source control);
 - e. cleaning and disinfecting of frequently touched surfaces in the facility often, and designated visitation areas after each visit;
 - f. appropriate staff use of personal protective equipment (PPE);
 - g. cohorting of residents (e.g., separate areas dedicated to COVID-19 care); and
 - h. resident and staff testing conducted following nationally accepted standards (e.g., CDC recommendations).
3. Visitors who are unwilling or unable to adhere to the core practices of infection prevention may be restricted from visiting the facility or asked to leave.
4. Visitors are strongly encouraged to be up-to-date with current recommended COVID-19 vaccines.
5. Visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.

Outdoor Visitation

1. The facility accommodates safe and accessible outdoor visitation whenever weather permits by designating comfortable outdoor spaces with adequate privacy for visitation purposes.
2. All infection prevention and control practices are adhered to in outdoor spaces.

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Indoor Visitation

1. Indoor visitation is allowed at any time for all residents.
2. The number of visitors a resident may have at one time is not restricted; the length of visits is not restricted; and visitation does not require scheduling in advance.
3. Visits are conducted in a manner consistent with the core principles of COVID-19 infection prevention and that do not increase risk to other residents.
4. Facility policies regarding face coverings and masks are based on recommendations from the CDC, state and local health departments, and facility circumstances.

Indoor Visitation during an Outbreak Investigation

1. 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.
2. During an outbreak investigation:
 - a. visitors are allowed in the facility, but visitor movement in the facility is limited;
 - b. visitors are asked to go directly to the resident's room or designated visitation area; and
 - c. visitors and the resident are asked to wear well-fitting source-control (if tolerated) and physically distance (if possible) during the visit.
3. The facility may, but is not required to, provide face coverings or masks for visitors.
4. The facility may, but is not required to, offer testing to visitors. Alternative methods of visitation, including video visitation (e.g., Skype, Zoom, and FaceTime), are facilitated.
 - a. Facility devices are available for residents who do not have a personal device to conduct video visitation.
 - b. Families and staff may request video visits by calling the facility. Information regarding scheduling and technical support is coordinated by the director of activity services, or a designee.

Access to the Long-Term Care Ombudsman

1. Representatives of the Office of the State Long-Term Care Ombudsman ("ombudsman") are allowed immediate access to any resident.
 - a. If the ombudsman is planning to visit a resident who is under transmission-based precautions or quarantine, the resident and ombudsman are informed of the potential risk of visiting and the visit will take place in the resident's room.
 - b. The ombudsman should adhere to the core principles of COVID-19 infection prevention as described above.
 - c. If the resident or the ombudsman requests alternative communication in lieu of an in-person visit, communication between the resident and Ombudsman program is facilitated by phone or through the use of other technology.

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Access to Protection and Advocacy Programs

1. Any representative of the protective and advocacy system is allowed immediate access to any resident.
 - a. If the protection and advocacy (P&A) representative is planning to visit a resident who is under transmission-based precautions or quarantine, the resident and the P&A representative are informed of the potential risk of visiting and the visit will take place in the resident's room.
 - b. If a resident is unable to comply with infection prevention measures (i.e., face coverings) due to a disability, the resident's disability rights are protected. For example, a resident may be offered a clear mask or mask with a clear panel.
 - c. If a resident requires assistance with communication (such as through a qualified interpreter or someone to facilitate communication), the facility will allow the individual entry to provide this service. Safety measures, such as adhering to the core principles of COVID-19 infection prevention are required.

Federal and State Surveyors

1. Federal and state surveyors are permitted entry into the facility unless they exhibit signs or symptoms of COVID-19, have a positive viral test for COVID-19, or currently meet the criteria for quarantine.
 - a. Surveyors do not have to show proof of vaccination status as a condition of entry.
 - b. Surveyors are asked to adhere to the core principles of COVID-19 infection prevention and other requirements set by federal and state agencies.
 - c. Questions regarding whether surveyors can enter a facility safely are directed to the State Survey Agency.

Healthcare Workers and Service Providers

1. Health care workers who are not employees of the facility, but provide direct care to the facility's residents (for example, hospice workers, emergency medical services [EMS] personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, personnel educating and assisting in resident transitions to the community, etc.), are permitted 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.
 - a. EMS personnel are exempt from screening, so they can attend to an emergency without delay.
 - b. All healthcare workers and service providers must adhere to the core principles of COVID-19 infection prevention.

Communal Activities Dining and Resident Outings

1. When in the communal areas of the facility, residents are encouraged to adhere to the core principles of COVID-19 infection prevention.
2. Residents are permitted to leave the facility as they choose.
3. Residents and anyone accompanying them are reminded to follow infection prevention practices and to encourage those around them to do the same.
4. Upon returning, residents are screened for signs and symptoms of COVID-19.
 - a. If the resident or family member reports close contact to an individual with COVID-19 during the outing, current CDC recommendations for residents who have had close contact are followed.
 - b. If the resident develops signs and symptoms of COVID-19 after the outing, current CDC recommendations for residents with symptoms of COVID-19 are followed.

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5. 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, described in the CDC’s empiric transmission-based precautions guidance.
6. Residents who leave the facility for longer than 24 hours will be managed as new admissions/readmissions per [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#).

References	
OBRA Regulatory Reference Numbers	§483.80(a) Infection prevention and control program.
Survey Tag Numbers	F880
Other References	§1910.502(d) Patient Screening and Management Nursing Home Visitation - COVID-19 (QSO-20-39-NH REVISED 05/08/2023)
Related Documents	Visitor Health Screen (CP1819) Visitor Log – Individual Resident (CP1822) Visitor Log (Facility) (CP1823)
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