

Coronavirus Disease (COVID-19) – Visitation and New Admissions

Policy Statement

For the safety of residents and staff, visitation and admission 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 other 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. posting guidance about denial of entry to those who have a positive viral test for COVID-19, those with signs or symptoms of COVID-19, those who have had close contact with someone with SARS-CoV-2 infection until 10 days after the close contact, or those who meet the criteria for quarantine;
 - b. hand hygiene (use of alcohol-based hand rub is preferred);
 - c. face covering or mask in accordance with CDC guidance and/or local and state requirements;
 - d. visual alerts at the entrance and in strategic places. The alerts contain instructions about current infection prevention and control recommendations (when to use source control) and should be dated to ensure people know they reflect current guidelines;
 - e. cleaning and disinfecting high-frequency 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 when possible (e.g., separate areas dedicated to COVID-19 care); and
 - h. resident and staff testing conducted following nationally accepted standards such as the CDC.
3. Visitors who are unwilling or unable to adhere to the core practices of infection prevention are restricted from visiting the facility or asked to leave.
4. Visitors are not required to be screened, tested, or vaccinated as a condition of visitation.

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 are 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 does not increase risk to other residents.
4. The facility may contact local health authorities for further guidance to reduce the risk of COVID-19 transmission.
5. The use of face coverings and masks are based on recommendations from the CDC, state and local health departments, and individual facility circumstances.

6. If a resident is in transmission-based precautions:
 - a. visitors will be made aware of the potential risk of visiting and the precautions necessary in order to visit with the resident including the use of PPE;
 - b. visitation will occur in the resident's room; and
 - c. the resident will wear a well-fitting mask if tolerated.

Indoor Visitation during an Outbreak Investigation

1. An outbreak investigation is initiated when a single new case of COVID-19 occurs among resident or staff.
2. When a new case of COVID-19 among residents or staff is identified, outbreak testing is begun immediately.
3. Visitors are allowed in the facility during an outbreak investigation.
4. Visitors are made aware of the potential risk of visiting during an outbreak investigation and required to adhere to the core principles of COVID-19 infection prevention. During an outbreak investigation visitors shall:
 - a. wear well-fitting source control if tolerated;
 - b. physically distance during the visit; and
 - c. limit visitor movement throughout the facility conducting the visit in the resident's room, if possible.
5. Alternative methods of visitation, including video visitation (e.g., Skype, Zoom, and FaceTime), are facilitated and encouraged.
 - 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 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, or a resident who is unvaccinated in a county where the level of community transmission is substantial or high in the past seven days, the resident and ombudsman are informed of the potential risk of visiting and the visit will take place in the resident's room.
 - b. 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.

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, or a resident who is unvaccinated in a county where the level of community transmission is substantial or high in the past seven days, 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. All healthcare workers and service providers must adhere to the core principles of COVID-19 infection prevention and comply with COVID-19 testing and vaccination requirements.

Communal Activities and Outings

1. Residents are permitted to leave the facility as they choose.
2. Residents and anyone accompanying them are reminded to follow infection prevention practices.
3. Residents who have been identified as having been exposed to SARS-CoV-2 during the outing will be monitored for symptoms, complete a series of three screening tests (testing is conducted at exposure and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test) and wear source control for 10 days following exposure
4. If the resident develops signs and symptoms of COVID-19 after the outing, he or she is tested and placed on transmission-based precautions.
5. Residents who leave the facility for longer than 24 hours will be managed as new admissions/readmissions.

New Admissions

1. Asymptomatic new admissions are not required to quarantine or isolate unless confirmed or suspected SARS-CoV-2 infection is present.
2. Admission testing is at the discretion of the facility or at the direction of local and state health departments.