

Coronavirus Disease (COVID-19) – Visitors

Policy Statement

For the safety of residents and staff, visitation policies during the COVID-19 public health emergency (PHE) 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. screening of all who enter the facility for signs and symptoms of COVID-19;
 - b. denial of entry to those who have a positive viral test for COVID-19, those with signs or symptoms of COVID-19, or those who meet the criteria for quarantine¹;
 - c. hand hygiene (use of alcohol-based hand rub is preferred);
 - d. face covering or mask (covering mouth and nose) and physical distancing (at least six feet between persons), in accordance with CDC guidance;
 - e. instructional signage throughout the facility and proper visitor education on COVID- 19:
 - (1) signs and symptoms;
 - (2) infection control precautions;
 - (3) use of face covering or mask;
 - (4) specified entries, exits and routes to designated areas; and
 - (5) hand hygiene.
 - f. cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit;
 - g. appropriate staff use of personal protective equipment (PPE);
 - h. cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
 - i. resident and staff testing; and
 - j. resident and staff vaccination.

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 tested or vaccinated as a condition of visitation.
 - a. Visitors are encouraged to get tested before (within 2-3 days) visiting the facility.
 - b. Visitors are strongly encouraged to maintain an “up-to-date” vaccination status.
 - c. Visitor vaccination status may be asked, but not required as a condition of visitation.

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¹ **Quarantine** if you have been in close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19, unless you are up-to-date with vaccinations. People who are up-to-date with vaccinations do NOT need to quarantine after contact with someone who had COVID-19 unless they have symptoms. People up-to-date with vaccinations should get tested 5-7 days after their exposure, even if they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.

- d. If a visitor declines to disclose their vaccination status, he or she should wear a face covering or mask at all times while in the building.
5. Information explaining the policies concerning visitation is made available to residents, family members and representatives.
6. Health screens are conducted on any potential visitor prior to being allowed in the building.
 - a. Visitor entrances are staffed by personnel who have been trained on the current visitation policies and are qualified to conduct visitor screening.
 - b. Visitor logs and visitor health screens are completed with each visitor and archived until further notice.

Outdoor Visitation

1. Outdoor visitation is preferred, even when the resident and visitor(s) are up-to-date with vaccinations.
2. The facility facilitates safe and accessible outdoor visitation whenever weather permits by designating comfortable outdoor spaces with adequate privacy for visitation purposes.
3. All infection prevention and control practices are adhered to in outdoor spaces.

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. If the community level of transmission is [substantial](#) to [high](#), all residents and visitors (regardless of vaccination status) are asked to wear face coverings or masks and physically distance at all times.
5. If the community level of transmission is [low](#) to [moderate](#):
 - a. residents and visitors who are at risk for severe disease or who are not up-to-date with vaccinations are asked to wear face covering or mask, and to physically distance during visitation.
 - b. residents and visitors who are up-to-date with vaccinations may choose not to wear face coverings or masks, and to have physical contact as long as the resident is not moderately or severely immunocompromised.
6. Regardless of vaccination status:
 - a. visitors are asked to wear a face covering or mask at all times when around other residents and staff.
 - b. visitors are asked to limit movement in the facility.
7. Large gatherings, in which visitors are in the same space and physical distancing cannot be maintained, are discouraged.

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8. During indoor visitation, visitors are asked to go directly to the resident's room or visitation area.
 - a. If a resident's roommate is not up-to-date with vaccinations or immunocompromised (regardless of vaccine status), visits are not conducted in the room, if possible.
 - b. If the health status of the resident prevents leaving the room, in-room visits are allowed while adhering to the core principles of infection prevention.
9. If a resident is on 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;
 - 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 new nursing home onset of COVID-19 occurs.
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 a face covering or mask, regardless of vaccination status; and
 - b. conduct 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.

Essential Caregivers

1. A resident may choose to designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver.
2. This person shall be able to have in-person visitation for a minimum of 2 hours each day, in addition to any other visitation authorized.

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 not up-to-date with vaccinations 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.

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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, or a resident who is not up-to-date with their vaccinations 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.
 - 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 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 (masking, physical distancing and hand hygiene) and to encourage those around them to do the same.
3. Upon returning, residents are screened for signs and symptoms of COVID-19.
4. If the resident or family member reports close contact to an individual with COVID-19 during the outing, the resident is tested (regardless of vaccination status) and placed in quarantine if not up-to-date with vaccinations.

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5. If the resident develops signs and symptoms of COVID-19 after the outing, he or she is tested and placed on transmission-based precautions, regardless of vaccination status.
6. Residents who leave the facility for longer than 24 hours will be managed as new admissions/readmissions (see Coronavirus Disease (COVID-19) – Identification and Management of Ill Residents).