



Guidelines for Safe Visitation in Long-term Care Facilities **Updated 3/18/2021**

Long-term care facilities across the nation have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the people who live in these facilities combined with the inherent risks of congregate living have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within these facilities.

However, we also recognize that prolonged separation from family and other loved ones has taken a physical and emotional toll on residents. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. Separation of families from their loved ones, many of whom are receiving end-of-life care, has also caused significant distress. In light of this, this guidance is issued to encourage visitation by family and friends, when it can be done safely.

Guidance for Nursing Homes

Nursing homes must follow the revised guidance issued by the Centers for Medicare and Medicaid Services (CMS) on March 10, 2021 in the Quality and Safety Oversight Memo #QSO-20-39-NH found at <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>.

The guidance below is adapted for assisted living and intermediate care facilities from the CMS guidance cited above and CDC guidance for health care settings.

Guidance for Assisted Living Facilities and Intermediate Care Facilities

Visitation can be conducted through a variety of means based on a facility's structure and residents' needs. Visitation locations might include resident rooms, dedicated visitation spaces, or outdoors (dependent on weather). Regardless of how visits are conducted, there are certain actions and best practices that reduce the risk of COVID-19 transmission:

- Screen all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and deny entry for those who screen positive.
- Screen for recent diagnosis of COVID-19, and deny entry to anyone who has not completed the recommended period of isolation (at least 10 days since date of onset of symptoms or positive test).
- Screen for recent close contact with an individual with confirmed or probable COVID-19, and deny entry to those individuals, regardless of COVID-19 vaccination status, who may have been exposed in the prior 14 days.

- Require hand hygiene (use of alcohol-based hand rub is preferred) upon entry to the facility.
- Require face covering or mask (covering mouth and nose) at all times while in the facility or on the campus of the facility. Residents should also be encouraged to wear a well-fitted face covering or mask during the visit, if tolerated.
- Maintain physical distancing of at least six feet between persons.
- Post instructional signage at the entrance of the facility regarding COVID-19 symptoms that prohibit in-facility visitation.
- Post reminders throughout the facility regarding COVID-19 signs and symptoms, infection control precautions, use of face coverings or masks, hand hygiene, and other infection control practices.
- Clean and disinfect high frequency touched surfaces in the facility often , and designated visitation areas after each visit.
- Ensure full personal protective equipment (PPE) is utilized for care of residents with exposure, increased risk, and/or positive COVID-19 diagnosis, as indicated.
- Utilize the cohorting of residents if COVID-19 cases are detected and this will allow dedicated care areas for these residents.
- Conduct resident and staff testing as recommended by the facility's local public health district.
- Maximize ventilation where possible.

These best practices are consistent with the Centers for Disease Control and Prevention (CDC) guidance for long-term care facilities and should be adhered to at all times. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers or curtains between residents). Visitors who are unable or unwilling to adhere to a facility's protocols for COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

Additionally, visitation should consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Also, facilities should enable visits to be conducted with an adequate degree of privacy.

Outdoor Visitation

Outdoor visits pose a lower risk of SARS-CoV-2 transmission due to increased space and airflow, and outdoor visitation is therefore preferred whenever practicable. Facilities may want to create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining physical distancing). We also recommend reasonable limits on the number of individuals visiting any one resident at the same time, such as no more than 3 or 4 visitors at the same time.

Indoor Visitation

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, except as noted below:

- Limit indoor visitation for unvaccinated residents to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.*
- Limit visitation for residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue transmission-based precautions.
- Limit visitation for residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
- Follow guidance from state and local health authorities on when visitation should be paused during an outbreak in the facility.
 - Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.

Note that compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

***Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose COVID-19 vaccine series, or ≥ 2 weeks following receipt of one dose of a single-dose COVID-19 vaccine.**

Additional recommendations:

- Continue to regularly provide access to and encourage vaccination among new admissions, facility staff, and other health care workers in the facility.
- Ideally, unvaccinated residents who wish to be vaccinated should not start indoor visitation until they have been fully vaccinated
- The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (maintaining at least 6 feet between people).
- Have a plan to manage visitation and visitor flow. Visitors should physically distance from other residents and health care workers in the facility. Facilities may need to limit the number of visitors per resident at one time as well as the total number of visitors in the facility at one time. in order to maintain infection control precautions.
- Visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (e.g., resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection control practices, including physical distancing and use of face masks.

To access county positivity rates, use the link for positivity rates in the section of the Nursing Home Data web page titled, "COVID-19 Testing" at

<https://data.cms.gov/download/hsg2-yqzz/application%2Fzip>

Although facilities cannot require testing of visitors, we encourage facilities in medium or high-positivity counties to test visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test. However, even with a recent negative test result, all visitors must strictly adhere to the protocols for infection prevention and screening outlined above. Similarly, visitors can be encouraged to be vaccinated when they have the opportunity. However, vaccination should not be required as a condition of visitation.

Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a facility, is struggling with the change in environment and lack of physical and emotional family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- A resident who has behavioral disturbances (particularly when associated with cognitive impairment) that have not improved with non-pharmaceutical interventions, and the presence of a family member or friend helps to ameliorate the behaviors.
- A resident with acute change in condition (such as non-COVID-related illness or fall) for which presence of a family member or friend provides reassurance.

Allowing a visit in these situations is consistent with the intent of “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

References

Centers for Disease Control and Prevention (CDC), Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities

[Considerations for Preparing for COVID-19 in Assisted Living Facilities | CDC](#)

CDC, Responding to Coronavirus (COVID-19) in Nursing Homes

[Responding to Coronavirus \(COVID-19\) in Nursing Homes | CDC](#)

Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

Center for Medicaid and Medicare Services (CMS), Nursing Home Visitation - COVID-19, CMS memo released 3/10/2021

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>