



## Guidelines for Safe Visitation in Long-term Care Facilities

October 23, 2020

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.

The Idaho Department of Health and Welfare previously issued [guidance](#) for long-term care facilities considering opening for visitors and relaxing other restrictions during Stage 4 of Idaho Rebounds. This guidance has important information about plans and other criteria that should be met prior to opening to visitors. 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. This guidance does not apply to volunteers, non-essential workers, or trainees.

### Guidance for Nursing Homes

Nursing homes must follow the guidance issued by the Centers for Medicare and Medicaid Services (CMS) on September 17, 2020 in the Quality and Safety Oversight Memo #QSO-20-39-NH found at <https://www.cms.gov/files/document/qso-20-39-nh.pdf>.

The guidance below is adapted for assisted living and intermediate care facilities from the CMS guidance for nursing homes.

### 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 of positive test).

- Screen for recent exposure to an individual with confirmed or probable COVID-19 and deny entry to those who may have been exposed and are still in the recommended period of self-isolation (at least 14 days since last contact with the person with confirmed or probable COVID-19).
- 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.
- Maintain physical distancing of at least six feet between persons.
- Post instructional signage throughout 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 appropriate staff use of personal protective equipment (PPE).
- Utilize the cohorting of residents, if COVID-19 cases are detected (e.g., separate areas dedicated COVID-19 care).
- 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 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 encouraged 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 tarps, 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 with any one resident at the same time.

#### Indoor Visitation

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There has been no new onset of COVID-19 cases in the last 14 days;

- Visitors should follow the facilities' safety protocols, and staff should provide monitoring for those who may have difficulty following facility protocols;
- Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space), to allow adherence to and monitoring of protocols for infection prevention. Visits should be scheduled in advance. Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
- Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.

NOTE: For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while following facility protocols established for COVID-19 infection prevention.

Facilities should use local COVID-19 testing information to aid decision making regarding visitation. Since state-level data does not include positivity rates by county, we recommend assisted living facilities and ICFs use the COVID-19 county positivity rate, found on the [COVID-19 Nursing Home Data](#) site as additional information to determine how to facilitate indoor visitation:

- Low (<5%) = Visitation should occur according to best practices for COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- Medium (5% – 10%) = Visitation should occur according to best practices for COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- High (>10%) = Visitation should only occur for compassionate care situations according to best practices of COVID-19 infection prevention and facility policies

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."

While not required, 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 outlined above.

#### 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 would be 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.

Lastly, at all times, visits should be conducted using physical distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

## 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](#)

Center for Medicaid and Medicare Services (CMS), Nursing Home Visitation - COVID-19, CMS memo released 9/17

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