



Guidelines for Safe Visitation in Long-term Care Facilities Updated November 2, 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 April 27, 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>.

Guidance for Intermediate Care Facilities (ICFs)

ICFs must follow the revised guidance issued by the Centers for Medicare and Medicaid Services (CMS) on June 3, 2021 in the Quality and Safety Oversight Memo #QSO-21-14-IIDPRTF Revised found at <https://www.cms.gov/files/document/qso-21-14-icfiid-prtf-revised-06032021.pdf>

Guidance for Assisted Living Facilities

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

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:

- Send letters or emails to families and post signs at entrances reminding them of the importance of getting vaccinated, [recommendations for source control and physical distancing](#), and any other facility instructions related to visitation, including not to visit if they have any of the following:
 - a positive viral test for SARS-CoV-2,
 - symptoms of COVID-19, or
 - if they currently meet criteria for [quarantine](#)

- Facilitate and [encourage alternative methods for visitation](#) (e.g., video conferencing) and communication with the resident.
- Screen all visitors, and deny entry to visitors with the following:
 - a positive viral test for SARS-CoV-2, until the individual no longer meets criteria for isolation,
 - symptoms of COVID-19, or
 - a recent exposure to an individual with COVID-19 if the visitor still meets criteria for [quarantine](#)
- Have a plan to manage visitation and visitor flow.
 - Visitors, regardless of their vaccination status, should wear a well-fitting cloth face mask and physically distance (maintaining at least 6 feet between people) from other patients/residents, visitors that are not part of their group, and HCP in the facility.
 - Facilities might need to limit the total number of visitors in the facility at one time in order to maintain recommended infection control precautions. Facilities might also need to limit the number of visitors per patient/resident at one time to maintain any required physical distancing.
- Before allowing indoor visitation, explain the risks associated with visitation to residents and their visitors so they can make an informed decision about participation.
- Full vaccination for visitors is always preferred, when possible.
- Counsel visitors about recommended infection prevention and control practices that should be used during the visit (e.g., facility policies for source control or physical distancing).
- Visitors, regardless of their vaccination status, should wear a [well-fitting cloth mask, facemask, or respirator](#) (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) [for source control](#).
- Hand hygiene should be performed by the resident and the visitors before and after contact.
- Continue to promote and provide vaccination for all HCP.
- Continue to encourage vaccination among all new admissions.
- Maintain a record of the vaccination status of patients/residents and HCP.
- Clean and disinfect high-touch surfaces in visitation areas frequently.

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.

Visitation when facility is not in outbreak status

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). Consider 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:

- For residents with suspected or confirmed SARS-CoV-2 infection
 - Visitors should not be present during Aerosol Generating Procedures (AGPs)
 - Counsel residents and their visitors(s) about the risks of an in-person visit.
 - Encourage the use of alternative mechanisms for resident and visitor interactions such as video-call applications on cell phones or tablets, when appropriate.
 - Provide instruction, before visitors enter the resident's room, on hand hygiene, limiting surfaces touched, and the use of PPE according to current facility policy.
 - Instruct visitors to only visit the resident's room and ensure they limit time spent in any other locations in the facility.
- Location of visitation if occurring indoors:
 - Visits for residents who share a room should ideally not be conducted in the resident's room but should instead take place in a designated visitation area.
 - 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 prevention and control practices](#), including physical distancing and source control.
 - If visitation is occurring in a designated area in the facility, consider scheduling visits so that multiple visits are not occurring simultaneously, to the extent possible. If simultaneous visits do occur, everyone in the designated area should wear source control and physical distancing should be maintained between different visitation groups regardless of vaccination status.
 - Take steps to improve ventilation in visitation areas, including increasing introduction of outdoor air and improving air filtration. For more information visit: <https://www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html>

Visitation During an Outbreak

Follow guidance from your local public health (PHD) district on when visitation should be paused during an outbreak in the facility. The PHD guidance may vary from the guidance below depending on the unique situation at your facility and the conditions in your district.

Outdoor visitation

Outdoor visitation can be allowed during an outbreak. However, it is recommended that one round of facility-wide testing be completed before any visitation resumes. Restrict from visitation only residents with COVID-19 confirmed cases or symptomatic residents in isolation or residents exposed to COVID-19 and in quarantine.

Indoor visitation

- All indoor visitations should be withheld until the first round of facility-wide testing is completed.
 - If the first round of outbreak testing reveals no additional COVID-19 cases in other buildings/units of the facility, then visitation can resume for residents in buildings/units with no COVID-19 cases. However, the facility should suspend indoor visitation on the affected building/unit until the facility meets the criteria to discontinue outbreak testing.
 - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other buildings/units of the facility (e.g., new cases in two or more buildings or both memory care and AL), then facilities should suspend indoor visitations for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
- If visitors are permitted during an outbreak, they should be counseled prior to entering the facility about their potential to be exposed to SARS-CoV-2.
 - Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination, infection, or quarantine status, the county's COVID-19 transmission level, or a facility outbreak.

To access county transmission levels, see: <https://covid.cdc.gov/covid-data-tracker/#county-view>

Facilities in counties with substantial or high transmission levels are encouraged to offer testing to visitors, if feasible. If so, facilities should prioritize unvaccinated 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 should be encouraged to be vaccinated.

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

[Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)

[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#)

[Centers for Medicare and Medicaid Services \(CMS\) Quality and Safety Oversight Memo #QSO-20-39-NH](#)

[Centers for Medicare and Medicaid Services \(CMS\) Quality and Safety Oversight Memo #QSO-21-14-IIDPRTF Revised](#)

[CDC Ventilation in Buildings June 2, 2021](#)