IDAHO DEPARTMENT OF HEALTH & WELFARE

Guidelines for Safe Visitation in Long-term Care Facilities

Updated July 18, 2022

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 safe visitation by family and friends.

Visitation by Essential Caregivers

All long-term care facilities should allow visitation by essential caregivers in compliance with Idaho Code § 39-9803.

Guidance for Nursing Homes

Nursing homes must follow the revised guidance issued by the Centers for Medicare and Medicaid Services (CMS) on March 10, 2022 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 the Centers for Disease Control and Prevention (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 and remaining up to date with all recommended COVID-19

vaccine doses, recommendations for source control and physical distancing, and any other facility instructions related to visitation.

- Even if visitors have met community criteria to discontinue isolation or quarantine, they should not visit a long-term care facility if they have any of the following and have not met the criteria used to discontinue isolation and quarantine for residents:
    - a positive viral test for SARS-CoV-2,
    - symptoms of COVID-19, or
    - close contact with someone with SARS-CoV-2 infection.

  Facilities should screen all who enter the facility for these visitation exclusions.

- Facilitate and encourage alternative methods for visitation (e.g., video conferencing) and communication with the resident.

- Have a plan to manage visitation and visitor flow.
    - Visitors, regardless of their vaccination status, should wear a well-fitting face mask and physically distance (maintaining at least 6 feet between people) from other patients/residents, visitors who 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.

- 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 face mask 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. Facilities should have surgical masks available to offer to visitors.

- Hand hygiene should be performed by the resident and the visitors before and after contact.

- Continue to promote and facilitate COVID-19 vaccination for all HCP.

- Continue to encourage and facilitate COVID-19 vaccination among all new admissions.

- Maintain a record of the COVID-19 vaccination status of patients/residents and HCP.

- Clean and disinfect high-touch surfaces in visitation areas frequently.

These best practices are consistent with 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 a 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).

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), a roommate who is not up to date on vaccination 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

At the onset of an outbreak, it is recommended that visitation be paused temporarily until one round of facility-wide testing is completed. After that, visitation may resume unless otherwise directed by the local public health district (PHD). The PHD guidance may vary from the guidance below depending on the unique situation at the facility and the conditions in the community.

Outdoor visitation
Outdoor visitation can be allowed during an outbreak.

Indoor visitation

- Indoor visitation can be allowed during an outbreak. However, visitors should be counseled prior to entering the facility about their potential to be exposed to SARS-CoV-2, and visitors and residents should wear face masks, regardless of vaccination status. Visits should ideally occur in a resident's room.
- Compassionate care visits, visits from essential caregivers as defined in Idaho Code § 39-9803, 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 CDC Data Tracker data here.

Facilities in counties with substantial or high transmission levels are encouraged to offer testing to visitors, if feasible. If so, facilities should prioritize visitors who are not up to date with COVID-19 vaccines and 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 up to date with COVID-19 vaccinations.

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.
- 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 an 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). Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Updated February 2, 2022.

CDC. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes
Updated February 2, 2022.

CDC. Ventilation in Buildings
Updated June 2, 2021.

Centers for Medicare and Medicaid Services (CMS) Quality and Safety Oversight Memo #QSO-20-39-NH
Revised March 10, 2022.

Centers for Medicare and Medicaid Services (CMS) Quality and Safety Oversight Memo #QSO-21-14-IIDPRTF Revised
Revised June 3, 2021.