



Management &

Regulatory Compliance Department



VISITATION PROTOCOL

During the
COVID-19 Pandemic

Senate Bill 988 Updates - 4/7/2022

COVID-19 PANDEMIC VISITATION PROTOCOL

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Protocol:

This **Visitation Protocol** complies with SB 988, and covers the following service-lines:

- **Nursing Homes**
- **Inpatient Rehabilitation Facilities**
- **Hospice** (residents in the nursing homes or IPUs located in the Nursing Homes)
- **Assisted Living Facilities**

During the COVID-19 Pandemic, visitation between residents / patients and their loved ones is provided in a safe and organized process through planned in-person visitation consistent with CDC's Core COVID-19 Prevention guidelines to minimize transmission of infections. When in-person visitation is limited, virtual visitation options will be offered.

CMS indicates that indoor visitation between residents and their desired guest be resumed "at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be *limited* due to a high risk of COVID-19 transmission (note: Compassionate Care visits are permitted at all times).

Definitions:

Core Principles of COVID-19 Infection

Prevention: Practices implemented throughout the facility to prevent the spread of coronavirus and ensure infection prevention and control practices are followed.

Fully Vaccinated: A person is fully vaccinated two weeks after receiving all recommended doses in the primary series of their COVID-19 vaccination.

A person is up to date with their COVID-19 vaccination if they have received all recommended doses in the primary series and one booster when eligible. (*Getting a second booster is not necessary to be considered up to date at this time*) (Updated Apr. 2, 2022 [Stay Up to Date with Your COVID-19 Vaccines | CDC](#))

GENERAL VISITATION:

This facility allows in-person visitation in all the following circumstances, unless the resident or patient objects:

- End-of-life situations.
- A resident or patient who was living with family before being admitted to our care is struggling with the change in environment and lack of in-person family support.
- A resident or patient is making one or more major medical decisions.

- A resident or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
- A resident or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
- A resident or patient who used to talk and interact with others is seldom speaking.
- Visitation in the IRFs, ALFs or Hospice IPU

Visitor Designation:

- Residents / Patients may designate a visitor who is a family member, friend, guardian, or other individuals as an essential caregiver or general guests.

Length of Visitation:

- Facility allows in-person visitation by patient's / resident's guests for at least **2 hours daily**, in addition to any other visitation authorized by the facility.

Outdoor Visitation: Outdoor visitation will occur outdoor in areas within the facility's grounds that's designated for residents to visit face to face while following social distance guidelines. These areas may include courtyards, patios, etc. The visitor will be actively screened, has not had exposure to an individual confirmed with COVID-19 and has no fever or symptoms of COVID-19 and is not on COVID-19 transmission-based precautions. COVID-19 prevention guidelines are followed, including hand hygiene, face coverings, social/physical distancing and disinfection of the visit area as indicated.

Indoor Visitation:

This facility allows indoor / outdoor visitation at all times and for all residents (regardless of vaccination status), unless the resident / patient objects.

Visitation is permitted at all times, except for a few isolated circumstances when visitation should be *limited* due to a high risk of COVID-19 transmission, (*note: compassionate care visits will be permitted at all times*). These scenarios include limiting indoor visitation for:

- “Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the two (2) criteria to discontinue Transmission-Based Precautions; or
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.”

Considerations include:

- How the number of visitors for each resident and the total number of visitors in the facility at one time may affect the facility’s ability to maintain proper infection prevention and control core principles.
- Scheduling visits for 2 hours to establish a process for all residents to receive visitors.
- Limiting visitor movement in the facility
 - Direct visitors to go directly to the resident room or designated visitation area.
 - Do not walk around other halls of the facility.
 - If resident has a roommate, conduct visitation in a designated visitation area.
 - If roommate is unable to leave room, instruct visitors in the core principles of COVID-19 infection prevention.
 - Physical Distancing of at least 6 feet
 - Hand Hygiene
 - Wearing a well-fitting face mask
- i. **Close consensual physical contact** is permitted between the resident or patient and the visitor during visitation.
- ii. Contact (including touch) with resident’s visitor is permitted while wearing a well-fitting face mask and performing hand-hygiene before and after.”

Indoor Visitation During an Outbreak Investigation:

An outbreak *investigation is initiated* when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff).

Indoor Visitation During an Outbreak Investigation (*continuation*):

Updated guidance describes how visitation under certain conditions can still occur even when there is an outbreak in the facility based upon where transmission is occurring and required outbreak testing criteria.

Facility will notify visitors about potential exposure to COVID-19 in the facility and appropriate COVID-19 infection prevention measures that will need to be adhered to.

Compassionate care visits and all other visits, including visits required under federal disability rights law will be allowed at all times regardless of the vaccination status.

Visitor Testing and Vaccination:

While visitor testing and vaccination can help prevent the spread of COVID-19, visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.

Compassionate Care Visitation:

Compassionate Care visitation include family, friend, clergy, religious or other representatives. Compassionate Care includes but is not limited to end-of-life situations. Source control, hand hygiene, PPE, social distancing, and Infection Control measures will still need to be followed with these visits. Additional examples provided by CMS include:

- “A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical 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).”
- “Compassionate care visits, and visits required under federal disability rights law, are allowed at all times, regardless of a

resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.”

PROCEDURES:

2. The Infection Preventionist or designee will determine current facility status dependent upon COVID-19 Outbreak status and communicate to all staff current visitation status to include:
 - a. Outdoor Visitation
 - b. Indoor Visitation
 - c. Compassionate Care
 - d. All visitation options permitted
 - e. Adherence to infection control policies / protocols

3. For indoor and outdoor visitation:
 - a. Visitation is permitted. Duration of visit: 2 hours
 - b. Visitor(s) will be actively screened prior to visit. *If visitor has a fever, symptoms of COVID-19, confirmed COVID-19 test or exposure in the past 14 days, visitation will be denied*
 - i. Document screening on Visitor Screening Log in the Kiosks
 - c. Visitor will perform hand hygiene
 - d. Visitor will wear cloth face covering or mask
 - e. Visitor will be instructed on and observed for social/physical distancing
 - i. **Close consensual physical contact** is permitted between the resident or patient and the visitor during visitation.
 - ii. Contact (including touch) with resident's visitor is permitted while wearing a well-fitting face mask and performing hand-hygiene before and after.”
 - f. If resident has symptoms of COVID-19 or a confirmed COVID-19 test or is on COVID-19 transmission-based precautions for any reason, visitation is limited to only Compassionate Care Visit.
 - g. Visitors will be notified about the potential for COVID-19 exposure in the facility and the requirement to adhere to the core principles of COVID-19 infection prevention during visitation

4. Indoor visitation, including Compassionate Care Visitation:
 - a. In addition to active screening, hand hygiene, face covering and social distancing, visitor will be directed to resident's room (if no roommate) or visitation area and instructed to limit visit to area only
 - b. If plastic barriers or dividers are used, provide education to visitor on maintaining separation behind barrier as much as possible
 - c. For residents with roommate, staff to plan space for private visit in facility
 - d. Inform visitor on the 2-hour time limitation for visit
 - e. Provide resident and visitor privacy with visitation
 - f. Inform visitor to notify the nursing staff when visit is complete

- g. Document visit in resident's record
 - h. Visitation area will be cleaned and disinfected following the visit.
 - i. Close consensual physical contact is permitted between the resident or patient and the visitor during visitation.
5. Outdoor Visitation
- a. In addition to active screening, hand hygiene, face covering and social distancing, visitor will be directed to visitation area and instructed to limit visit to area only
 - b. Inform visitor on the 2-hour time limitation for visit
 - c. Prepare resident with appropriate attire for outdoor visit
 - d. Provide resident and visitor privacy with visitation
 - e. Inform visitor to notify the nursing staff when visit is complete
 - f. Document visit in medical record
 - g. Visitation area will be cleaned and disinfected following the visit.
 - i. Close consensual physical contact is permitted between the resident or patient and the visitor during visitation.
6. Access to Ombudsman: The resident will be provided access to the Ombudsman during this COVID-19 Pandemic
- a. If in-person access is not advisable, alternative communication will be provided to include:
 - i. Phone visit
 - ii. Virtual visit
7. Staffs are to continue to follow COVID-19 and Infection Prevention practices while in the facility and monitor that residents and visitors follow social/physical distancing and Core Principles of COVID-19 Prevention facility protocols during visits.

References and Resources

- [Senate Bill 988. 4/2022](#)
- Centers for Medicare & Medicaid Services. QSO-20-39-NH, September 17, 2020, Revised 03/10/2021, Nursing Home Visitation – COVID-19 (**Revised 11/12/2021**): <https://www.cms.gov/files/document/qso-20-39-nh.pdf>
- Centers for Disease Control and Prevention. “Using Personal Protective Equipment (PPE)”, August 19, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

- Centers for Disease Control and Prevention. “Preparing for COVID-19 in Nursing Homes” Updated Nov. 20,2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Centers for Medicare & Medicaid Services. “Nursing Home Reopening Guidelines for States and Local Officials”; May 18, 2020, Revised 09/28/20; CMS; QSO-20-30-NH; <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>
- Centers for Medicare & Medicaid Services. “Interim final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool”; August 26, 2020; CMS QSO Memo 20-38-NH: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- “Nursing Home Five Star Quality Rating System update, Nursing Home Staff Counts, Frequently Asked Questions, and Access to Ombudsman” (revised); April 24, 2020, Rev. July 9, 2020; CMS QSO 20-28-nh: <https://www.cms.gov/files/document/qso-20-28-nh.pdf>