Coronavirus Disease (COVID-19) – Visitors

Policy Statement

For the safety of residents and staff, visitation policy is designed to mitigate introduction of COVID-19 into the nursing home. While the COVID-19 Public Health Emergency ended May 11, 2023, Centers for Medicare and Medicaid Services still expects facilities to adhere to infection prevention and control recommendations in accordance with accepted national standard. Visitation practices are in compliance with current recommendations from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services.

Policy Interpretation and Implementation

1. Residents are permitted to receive visitors as he/she chooses as long as:
    a. the resident, visitor and resident representative are aware of the risks of visitation; and
    b. the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room).

2. Core principles of COVID-19 prevention and best practices to reduce COVID-19 transmission are to be adhered to at all times, including:
    a. Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control);
    b. hand hygiene (use of alcohol-based hand rub is preferred);
    c. face covering or mask (covering mouth and nose) in accordance with CDC guidance;
    d. post instructional signage (e.g., visual alerts, signs, posters) at the entrance and throughout the facility in strategic locations (e.g., elevators, waiting areas, dining room) on infection prevention and control recommendations for COVID- 19:
        (1) signs and symptoms;
        (2) infection control precautions;
        (3) use of source control (face mask);
        (4) hand hygiene.
    e. cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit;
    f. appropriate staff use of personal protective equipment (PPE);
    g. cohorting of residents; and
    h. resident and staff testing conducted following nationally accepted standards from CDC recommendations (Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic | CDC).

3. Consensual physical contact between a resident, client, or patient and the visitor is permitted.

4. Visitors are encouraged to physically distance themselves from other visitors, residents, and staff, when possible. Visitors who are unwilling or unable to adhere to the core practices of infection prevention are restricted from visiting the facility or asked to leave.

5. Visitors are not required to be tested or vaccinated as a condition of visitation.
    a. Visitors are educated and strongly encouraged to maintain an "up-to-date" vaccination status.

6. The facility Infection Preventionist and/or designee is responsible for ensuring that staff adhere to the policies and procedures.

Outdoor Visitation

1. The facility facilitates safe and accessible outdoor visitation whenever weather and a resident's health status permit by designating comfortable outdoor spaces with adequate privacy for visitation purposes.

2. All infection prevention and control practices are to be adhered to in outdoor spaces.

Indoor Visitation

1. Indoor visitation is allowed at any time for all residents.

2. Visits will be conducted in a manner consistent with the core principles of COVID-19 infection prevention and that does not increase risk to other residents.

3. Residents and visitors may choose to not wear face coverings or masks while in the facility unless facility is in an outbreak or the COVID-19 hospital admission level in the county is high, ≥20 new COVID-19 admissions per 100,000 population over the last 7 days.

4. Residents and visitors who are at risk for severe disease are recommended to wear face covering or mask, and to physically distance during visitation.

5. Resident and visitor may choose to not wear a face covering or mask and can have close contact (including touching) when alone in the resident's room or in a designated visitation area.

6. During indoor visitation, visitors are asked to go directly to the resident's room or visitation area.
    a. If a resident's roommate is present during the visit, it is safest for the visitor to wear a face covering or mask to decrease risk to the resident's roommate.
    b. If the health status of the resident being visited prevents leaving the room, in-room visits are allowed while adhering to the core principles of infection prevention, including the visitor wearing a face covering or mask. If the visitor does not wish to wear a mask, alternative visitation locations should be considered (e.g., designated location, outdoors, etc.).

7. If a resident is on transmission-based precautions:
    a. visitors will be made aware of the potential risk of visiting and the precautions necessary in order to visit with the resident;
    b. visitation will occur in the resident's room; and
    c. the resident will wear a well-fitting mask if tolerated.

Indoor Visitation During an Outbreak Investigation

1. An outbreak investigation will be initiated when a new onset of a single COVID-19 case occurs in the nursing home.

2. When a new case of COVID-19 among residents or staff is identified, outbreak testing begins immediately, in accordance with accepted national standard, such as CDC recommendations.

3. Visitors are allowed in the facility during an outbreak investigation.

4. Visitors will be made aware of the potential risk of visiting during an outbreak investigation and required to adhere to the core principles of COVID-19 infection prevention. During an outbreak investigation, visitors shall:
    a. wear a face covering or mask;
    b. physically distance themselves from other residents and staff, when possible;
    c. conduct visitation in the resident's room, if possible; and
    d. restrict movement in the facility (go directly to the resident's room or designated visitation area, not walk around different hallways).

5. Alternative methods of visitation during an outbreak investigation, including video visitation (e.g., Skype, Zoom, and FaceTime), are facilitated and encouraged.

a. Facility devices are available for residents who do not have a personal device to conduct video visitation.
b. Families and staff may request video visits by calling the facility. Information regarding scheduling and technical support is coordinated by the director of activity services, or a designee.

Access to the Long-Term Care Ombudsman

1. Representatives of the Office of the State Long-Term Care Ombudsman are allowed immediate access to any resident.
    a. If the ombudsman is planning to visit a resident who is under transmission-based precautions or quarantine the resident and ombudsman are informed of the potential risk of visiting, and the visit is conducted in the resident's room.
    b. If the resident or the ombudsman requests alternative communication in lieu of an in-person visit, communication between the resident and Ombudsman program is facilitated by phone or through the use of other technology.

Access to Protection and Advocacy Programs

1. Any representative of the protective and advocacy system is allowed immediate access to any resident.
    a. If the Protection and Advocacy (P&A) representative is planning to visit a resident who is under transmission-based precautions or quarantine in a county where the level of community transmission is high in the past seven days, the resident and the P&A representative are informed of the potential risk of visiting and the visit will take place in the resident's room.
    b. If a resident is unable to comply with infection prevention measures (i.e., face coverings) due to a disability, the resident's disability rights are protected. For example, a resident may be offered a clear mask or mask with a clear panel if the resident is deaf or hard of hearing.
    c. If a resident requires assistance with communication (such as through a qualified interpreter or someone to facilitate communication), the facility will allow the individual entry to provide this service. Safety measures, such as adhering to the core principles of COVID-19 infection prevention are imposed.

Federal and State Surveyors

1. Federal and state surveyors are permitted entry into the facility unless they exhibit signs or symptoms of COVID-19, have a positive viral test for COVID-19, or currently meet the criteria for quarantine.
    a. Surveyors are asked to adhere to the core principles of COVID-19 infection prevention and other requirements set by federal and state agencies.
    b. Questions regarding whether surveyors can enter a facility safely are directed to the State Survey Agency.

Healthcare Workers and Service Providers

1. Health care workers who are not employees of the facility but provide direct care to the facility's residents, (for example, hospice workers, emergency medical services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, personnel educating and assisting in resident transitions to the community, etc.) are permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19.
    a. EMS personnel are exempt from any screening process, so they can attend to an emergency without delay.
    b. All healthcare workers and service providers must adhere to the core principles of COVID-19 infection prevention and comply with COVID-19 testing requirements.

Communal Activities and Outings

2. Residents are permitted to leave the facility as they choose and should notify their primary nurse of departure to ensure policy and procedures are followed.

3. Residents and anyone accompanying them are reminded to follow infection prevention practices (masking, physical distancing and hand hygiene) and to encourage those around them to do the same.

4. Upon returning, residents are screened for signs and symptoms of COVID-19.

5. If the resident or family member reports close contact to an individual with COVID-19 during the outing, SARS-CoV-2 testing will be conducted per CDC guidance and they should wear source control (e.g., mask or face covering). Transmission based precautions following close contact may be considered in certain scenarios (e.g., unable to test, wear source control as recommended, severely immunocompromised, or residing on a unit experiencing uncontrolled SARS-CoV-2 transmission), although not required.

6. Following close contact with someone with SARS-CoV-2 during an outing, the resident will receive a viral test immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours following the first negative test and, if negative, again 48 hours following the second negative test. This will typically be at day 1 (exposure day is day 0), day 3, and day 5 per CDC guidance, and placed on transmission-based precautions. For more information see *Coronavirus Disease (COVID-19) – Testing Residents*.

7. Transmission based precautions implemented for a **symptomatic** resident following close contact can be discontinued upon having results from at least one viral test of a resident with symptoms of COVID-19.
    a. If using NAAT (molecular), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and confirming with a second negative NAAT.
    b. If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test

8. Transmission based precautions (if implemented) for an **asymptomatic** resident following close contact, can be discontinued as follows:
    a. TBP can be discontinued after day 7 following exposure (exposure day is day 0) if they do not develop symptoms and all viral testing per CDC guidance following close contact is negative.
    b. If viral testing is never performed following close contact, TBP can be discontinued after day 10 following exposure (exposure is day 0) if the do not develop symptoms.

9. Residents who leave the facility for longer than 24 hours will be managed as new admissions/readmissions (see CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic | CDC)
    a. Implementation of a screening testing program is at the discretion of the facility for those residents who are new asymptomatic admissions/readmission and/or asymptomatic residents who leave the facility for longer than 24 hours.
    b. If implemented, screening testing should follow CDC guidance. If using an antigen test instead of a NAAT, residents should be tested 3 times spaced 48 hours apart in line with FDA recommendations.

References	
OBRA Regulatory Reference Numbers	483.10
Survey Tag Numbers	F880; F583; F563; F550
Other References	Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2022, October 05. https://covid.cdc.gov/covid-data-tracker COVID-19 by County | CDC (CDC.gov 5/11/2023) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic (CDC.gov 5/8/2023) Nursing Home Visitation – COVID-19. CMS QSO-20-39-NH. 9/17/20 *(revised 05/08/2023).*
Related Documents	Nursing Home Visitation - COVID-19. CMS QSO-20-29-NH. 9/17/2020 (*revised 05/08/2023*).
Version	