

VISITATION AND COMMUNAL ACTIVITIES

INTRODUCTION

CMS guidance on visitation has focused on protecting senior living residents from COVID-19. Separation from family and 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 adverse health events. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other changes related to COVID-19 confusing or upsetting. CMS understands that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends.

CMS has reinforced that visitation can be conducted in different ways based on a facility's structure and the residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that need to be maintained to reduce the risk of COVID-19 transmission:

CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION

- Screening all persons who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions, observations), and denial of entry of those with signs or symptoms.
- Hand hygiene immediately upon entry (use of alcohol-based hand rub is preferred).
- Face covering or mask (covering mouth and nose).
- Social distancing at least six feet between persons.
- Instructional signs throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
- Cleaning and disinfecting high frequency touched surfaces in the facility often.
- Cleaning and disinfecting visitation areas after each visit.
- Appropriate staff use of Personal Protective Equipment (PPE).
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care);
- Resident and staff testing conducted as required by the State Health Departments.

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes and senior living communities and should be adhered to at all times.

Visitation should be person-centered. The residents' physical, mental, and psychosocial well-being need to be considered. The risk of transmission can be further reduced using physical barriers (e.g., clear Plexiglas dividers, curtains). Also, visits should be conducted with an adequate degree of privacy. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.

Visitation:

- Outdoor visitation continues to be preferred even when the resident and visitor are fully vaccinated against COVID-19 as this space allows increased space and airflow.
- Facilities should allow responsible indoor visitation for all residents, regardless of vaccination status of the resident or visitor, unless certain scenarios exist, including:
 - Unvaccinated residents if the COVID-19 county positivity rate is > 10% AND < 70% of residents in the facility are fully vaccinated;
 - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue transmission-based precautions; or
 - Residents in quarantine, whether vaccinated or unvaccinated, until they have met the criteria for release from quarantine.
- While facilities may designate preferred visitation times for scheduling visits, if the visitors request other times, the facility should make all reasonable efforts to accommodate the requests and ensure proper staffing is available for screening.
- Visitation should be allowed during all days of the week.

Vaccination Status Definitions:

- **Fully Vaccinated:** a person ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine
 - **Partially Vaccinated:** a person who has received only one dose or is < 2 weeks following receipt of a 2-dose series; or < 2 weeks following receipt of a single-dose vaccine
 - **Unvaccinated:** a person who has not received any dose of vaccine
- ❖ We continue to recommend staff, residents, and families adhere to the core principles of COVID-19 infection prevention, including maintaining physical distancing and conducting visits outdoors whenever possible. However, we acknowledge there is no substitution for physical contact. Guidance for fully vaccinated residents to have close contact are as follows:

	Fully Vaccinated Residents	Unvaccinated or Partially Vaccinated Residents
Fully Vaccinated Visitors	<u>May</u> choose to have close contact <u>and not wear</u> source control	Physical distancing and source control recommended
Unvaccinated or Partially Vaccinated Visitors	<u>May</u> choose to have close contact <u>while both wearing</u> source control	Physical distancing and source control recommended

- If a new case of COVID-19 is identified among residents or staff, visitation should be suspended, and the facility should immediately conduct outbreak testing per CMS guidance. If the first

round of facility-wide outbreak testing reveals no additional COVID-19 cases in other areas/units of the facility, then visitation can resume in the unaffected areas/units.

- However, if outbreak testing detects one or more COVID-19 cases in other units of the facility, the facility must stop visitation for both vaccinated and unvaccinated residents until it can meet criteria to end outbreak testing.
- Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.
- 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 are:
 - A resident, who was living with their family before recently being admitted to the assisted living facility, 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).

*Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations."

Quarantine:

- Facilities should conduct a risk assessment taking into consideration the activity of the resident while visiting off-campus. Elements to consider in this risk assessment include:
 - COVID transmission (e.g., county positivity rate) in the community that the resident will be visiting
 - Individual and community (known or perceived) adherence to infection control recommendations (wash hands, wear masks, and socially distance).
 - There is generally less risk in visiting a single household than a medium or large event that involves more than one household (including but not limited to a group dinner, wedding, or graduation).
 - Vaccination status of residents in the facility as well as close contacts to the resident outside of the facility.

<i>Guidance for Residents in Conjunction with Risk Assessment</i>	Fully Vaccinated Residents	Unvaccinated or Partially Vaccinated Residents
Admission and Readmission	No Quarantine*	Quarantine
Prolonged close contact with someone infected with COVID-19*	Quarantine	Quarantine
Leaving the facility > 24 hours**	No Quarantine*	Quarantine
Leaving the facility < 24 hours	No Quarantine*	No Quarantine*

*As long as there has not been prolonged close contact (defined as being within 6 feet for a cumulative total of 15 minutes over a 24-hour period) with someone infected with COVID-19.

- Fully vaccinated staff with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Fully vaccinated staff with higher-risk exposures such as staff who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine, should consult their primary physician to determine if further restrictions are necessary.

Communal Activities:

- ❖ Protection from COVID-19 infection is greatest when all parties have been vaccinated. Residents and staff who are fully vaccinated can safely lessen the mitigation measures necessary when gathering with others who are also fully vaccinated.

Residents

All Vaccinated Residents	Any Resident Present that is Unvaccinated or Partially Vaccinated
May dine and participate in activities without face coverings or social distancing	All residents should use face coverings when not eating and physically distance from others

Healthcare Personnel

All Vaccinated HCP	Any HCP Present that is Unvaccinated or Partially Vaccinated
May dine and socialize together in break rooms and conduct in person meetings without source control of physical distancing	All HCP should wear source control and physically distance from others