
COVID-19 Guidance for Visitors and Leaves of Absence in Assisted Living Facilities

Residents in assisted living facilities have been isolated from activities and from visitors due to the COVID-19 pandemic. Isolation, loneliness and depression have taken a toll on residents' mental and physical health and well-being. Assisted living facilities care for some of the most vulnerable people in our state. This guidance is intended to assist assisted living facilities take steps toward re-socialization of residents living in these facilities. Recommendations from the Centers for Disease Control and Prevention (CDC)¹ have been considered in developing this guidance as well as the impact of ongoing vaccinations for COVID-19 throughout the long-term care community.^{2,3} Facilities should develop policies to outline the steps below to facilitate compliance.

Facilities

This guidance is limited to assisted living facilities. Visitation should be person-centered, considering the residents' physical, mental, and psychosocial well-being, and support their quality of life. Facilities with suspected or confirmed COVID-19 infections must work with the Healthcare-Associated Infections and Antibiotic Resistance (HAI/AR) Program from the Utah Department of Health to evaluate the appropriateness of visitation. Access to adequate supplies of personal protective equipment (PPE), as well as facility-wide implementation of PPE use that is consistent with CDC and Utah Department of Health guidelines is essential to ensure the health and safety of residents, staff, and visitors. Facilities unable to provide routine visitation, due to insufficient PPE, shall document their ongoing efforts to acquire the necessary PPE. Vaccination is one tool in our fight against COVID-19, however, vaccination status of both visitors and residents cannot be solely relied on to ensure safer visitation.

Screening Policies

All family members or other visitors for residents will be screened prior to visits. A Self-Screening Tool and Passport can be used as a guide for facilities to screen staff and outside visitors prior to visiting residents, and can be found at <https://coronavirus.utah.gov/recommendations-for-providers/> under the *Resources for Health Care Professionals* tab.

- Screen visitors for symptoms of illness by asking if they have experienced any of the following in the past 48 hours:
 - Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea
- Check body temperature; it must be less than 100°F to enter the facility.
- Screen visitors for exposure to family members or others that have been positive for the COVID-19 virus, or exposure to anyone that has been sick or has symptoms of COVID-19.
- Require visitors to sign a log to document name of visitor, name of resident, date, time of visit and phone contact.

General Visitation Policies and Core Principles of Infection Prevention

- Visits outside of the facility on facility grounds are encouraged.
- Schedule visits ahead of time. Determine frequency of visits by facility policy to avoid overwhelming facility staff and as supplies of PPE allow.
- Give visitors information during scheduling on what to expect at the visit.
- Require visitors to perform hand hygiene prior to and after visits.
- Clean and disinfect visiting area prior to and after each visit.
- Use instructional signage in the facility, and at outside visitation areas, for proper infection control processes for visitors and staff.
- Require visitors and residents to wear masks at all times during visits, unless clinically contraindicated.
 - A cloth mask is suitable for visitation.
 - Masks may be provided by the facility or by the visitor.
- In situations where a face mask is contraindicated, or it is anticipated a resident will refuse, or ineffectively wear a face mask, the facility shall provide for a clear physical barrier that prevents respiratory droplet spread, for example, a vertically positioned clear Plexiglas type barrier.
- Use barriers to maintain 6 feet physical distancing to prevent visitors from physical contact with residents. Develop policies to ensure appropriate barriers and distancing are implemented.
- Eye protection or face shields provide an additional level of protection to residents, visitors, and staff, and are required for **Indoor Visitation** when the county positivity rate is greater than 5%. Such use does not preclude the need to maintain 6 feet physical distancing. Should the 6 feet physical distancing not be possible, then gowns and gloves should also be worn.
- Failure to maintain physical distancing and other infection control policies should result in visitors being asked to leave.
- While not expressly excluded, visiting children shall be supervised by an accompanying responsible adult and are subject to these Core Principles.
- Ensure facility staff supervise each visit to ensure proper distancing and compliance with visitation policies, including appropriate PPE use. Staff should maintain distance to allow for resident privacy. Supervision of the visit may be accomplished by frequent checks, monitoring with cameras in a public area or using volunteers to assist. The method of supervision shall be sufficiently effective to support monitoring objectives.
- Limit the number of visitors by facility policy to ensure appropriate controls, while maintaining a person-centered approach. Limit the amount of time per visit by facility policy to ensure appropriate controls.
- Visitation during mealtimes should be discouraged, unless a person-centered approach suggests the visit is appropriate and the visit does not strain available staffing and PPE supplies.
- Notify residents and residents' families of facility visitation policies.

Outdoor Visitation

While taking a person-centered approach and adhering to the Core Principles of COVID-19 infection prevention, outdoor visitation is preferred and can be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations, an individual resident's health status, or a facility's outbreak status, outdoor visitation should be allowed routinely.

Indoor Visitation

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
- Visitors should be able to adhere to, and the facility has implemented policies and procedures that support the Core Principles of COVID-19 infection prevention.
- Visitors should wear eye protection or face shields when the county positivity rate is greater than 5%. When the 6 feet physical distancing not be possible, then gowns and gloves should also be worn.
- Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space).
- Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- Where possible, designated visitation areas should be established to limit the movement of visitors.
- When designated visitation areas are not possible, or resident condition precludes movement of the resident, facilities should limit the movement of visitors in the facility. Visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room.
- Facilities should develop policies to address in-room visitation for residents with roommates, including strategies to ensure the needs of each resident in a shared room are met.

Visitor Testing

It is encouraged that facilities test visitors for COVID-19, in counties where positivity rates are 5% or greater, if feasible. Facilities should prioritize visitors that visit regularly, although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility with proof of negative test results and date of test. Testing is encouraged for indoor visitation only. Specific recommendations for the use of testing are provided below.

Compassionate Care Visits

While end-of-life care situations have been used as examples of compassionate care situations, compassionate care visits do not exclusively refer to visits at the end-of-life. Examples of other situations where compassionate care visits might be appropriate include:

- A resident, who was living with family before recently being admitted to an assisted living facility, is struggling with the change in environment and lack of family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident, who used to talk and interact with others, who is experiencing emotional distress, seldom speaking, or crying more frequently.

Most compassionate care visits should also be conducted using physical distancing; however, some visitors provide consistent and essential support to residents in activities of daily living that require physical contact, such as feeding, dressing, or personal hygiene. Examples where such essential support visits might represent a compassionate care situation include:

- A resident who needs cueing and support with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who is preparing to transition home, for whom family and/or caregiver(s) require additional training to meet the resident's needs.

Every resident may designate one essential support visitor, chosen by the resident or the resident's power of attorney. The facility shall have policies addressing designated essential support visitors. The

facility policy shall address the circumstances when a designated essential support visitor may be changed. The designated essential support visitors should agree to:

- Limit their own social exposure to COVID-19 and abide by all public health orders.
- Complete education by the facility in the Core Principles of COVID-19 infection prevention.
- Wear all the same PPE and participate in all screening and outbreak testing on the same schedule as facility staff at the facility's expense.

As a resident centered approach, the role of the designated essential support visitor shall be incorporated into the care plan for each resident designating such a visitor. Any visit conducted by the designated essential support visitor shall be considered a compassionate care visitor.

Leave of Absence

Leaving the facility for any non-essential reasons, including family matters such as weddings, funerals, reunions and holiday visits with family are not recommended and any leave of absence must follow state mandates and facility guidelines. Leaving the facility for unnecessary reasons, such as shopping or going to the store for items that are provided by the facility are non-essential. An example of an essential leave of absence is a health-related visit. Facilities must implement infection prevention and control policies and procedures for individuals participating in off-site work as a part of their therapeutic plan of care.

Visits in the facility, outdoors if weather permits, or with the use of technology are safer alternatives to any leave of absence. While it is the resident's right to leave the facility, residents and family may be informed of the need to quarantine. Residents who tested positive with COVID-19 in the last 90 days do not require quarantine following a leave of absence. Coordination among residents, families, and facility administration is essential to ensure the facility is able to safely quarantine residents after a leave of absence.

If a resident does choose to leave a facility, the facility should provide guidance and policies for residents leaving the facility, including:

- Limit interactions with others for 14 days before departure. Encourage family to do the same.
- Know what to expect and make a plan to limit contact with others. Verify that no one the resident will be visiting has an acute respiratory illness and that no one has had close contact with a person with COVID-19 diagnosed within the past 14 days.
- Educate the resident, family, and friends of appropriate infection prevention recommendations. Provide the resident with any items needed to follow these recommendations (e.g., hand sanitizer, face covering or mask).
- Wear masks whenever interacting with another person, especially when less than 6 feet apart, and even if outside. Maintain as much distance as possible and avoid hugs and handshakes.
- Anyone who develops any COVID-19 symptoms, even after vaccination, should immediately isolate from others and get tested as soon as possible.
- Notify the resident and family that certain testing and quarantine processes, up to 14 days, may be necessary upon return to the facility.
- Caution the resident and family that it is essential that all public health orders must be followed to avoid introduction of the virus to the facility upon return.

Gatherings present a potential risk of exposure to COVID-19, and the risk is not only for the resident's health but also the health of other residents and staff if they bring the virus back into the facility. While vaccination may reduce the risk of severe disease and death to the vaccinated individual, it is unknown whether it prevents spread to residents and staff in the facility.³ The risks and benefits of leaving the facility must be weighed carefully. Additional factors to consider include:

- What is the resident’s health status? What does their doctor recommend? All residents are at increased risk of severe illness from COVID-19 based on their age and residence in a communal setting. Additional underlying health conditions can increase individual risk even more.
- What is the rate of COVID-19 in the broader community? Be aware that the risk of disease is higher in communities where more people have the disease.
- Can the resident be protected in the location where they are going? Will people be there who might be sick or have a high risk of exposure? Mask wearing and 6-foot physical distancing are the best ways to prevent infection. Can those be maintained during the leave of absence? Short visits with limited numbers of people present are safer than longer visits with more people.

When any gathering is being planned, regardless of location, the following additional guidance is recommended:

- Keep safe around food and drinks. Avoid communal serving utensils, passing of food, potluck or buffet style food service, and instead opt for individually prepared plates by a single server.
- Perform hand hygiene often (e.g., wash hands with soap and water or alcohol-based hand sanitizer).
- Avoid large gatherings, crowded areas, and high-risk activities such as singing.
- For those attending a gathering, avoid contact with individuals outside of their household for 14 days prior to the gathering.
- Ask anyone who has signs or symptoms of COVID-19, or has been exposed to someone diagnosed with COVID-19, to not attend the gathering.
- If possible, conduct gatherings outdoors. Indoor gatherings should have good ventilation, open windows and doors if possible.
- Verbally greet others instead of shaking hands or giving hugs. Think ahead about how you will manage to prevent physical interactions with loved ones of different ages such as young children.

Note to assisted living staff: Staff should also use extra caution and follow the same recommendations as residents and families regarding gathering with their own families and friends outside of work to protect the vulnerable residents they care for.

On a resident’s return to the facility from a leave of absence, facilities should use a risk assessment template to guide COVID-19 infection prevention policy and practices:

Assign 1 point to each “Yes”

Indoor activity	<input type="checkbox"/> Yes
Unable to maintain physical distancing	<input type="checkbox"/> Yes
>5 people at activity	<input type="checkbox"/> Yes
Duration of activity >1 hour	<input type="checkbox"/> Yes
Resident unable to wear a mask during the entirety of the outing	<input type="checkbox"/> Yes
Those in contact with resident unmasked for any portion of outing	<input type="checkbox"/> Yes

Total score _____

0-1 = Low-Risk (e.g., walk in an uncrowded park, doctor’s appointment in clinic where universal masking is required)

2-3 = Medium-Risk (e.g., retail shopping with social distance maintained)

4-6 = High-Risk (e.g., eating in a crowd restaurant, social public gatherings, home visits with extended family present)

Based on the risk assessment template, facilities should implement the following actions:

- Low-Risk: Educate on infection prevention, hand hygiene, and respiratory/cough etiquette. Actively screen residents daily for symptoms, before leaving, and after returning.
- Medium-Risk: Implement all Low-Risk actions AND refrain from group activities for 14 days since most recent exposure.
- High-Risk: Implement all Low- and Medium-Risk actions AND place in quarantine for 14 days since most recent exposure. Polymerase Chain Reaction (PCR) testing for SARS-CoV-2 with negative results on tests repeated at both 5 AND 7 days following the exposure may be performed to allow an earlier release of the resident from quarantine.

Families that fail to protect the residents while away from the facility may be asked to pay for testing upon the resident's return to the facility. Policies for leaving the facility cannot supersede state and county health guidance and orders that may be more restrictive.

General

Facilities should ensure that all processes are implemented in accordance with infection control guidelines. If transmission to residents or staff occurs in the facility, discontinue these activities and return to full visitation restrictions.

Facilities should also adhere to any state, local or county phasing restrictions that may be more stringent than these guidelines.

Additional resources

¹CDC. Preparing for COVID-19 in nursing homes. Accessed on 11/23/2020.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#:~:text=Any%20visitors%20that%20are%20permitted,to%20frequently%20perform%20hand%20hygiene.> Last updated November 20, 2020.

²CDC. Importance of COVID-19 Vaccination for Residents of -Long-term Care Facilities. Accessed on 02/09/2021. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/LTCF-residents.html>. Last updated January 11, 2021.

³CDC. Frequently Asked Questions about COVID-19 Vaccination in Long-term Care Facilities. Accessed on 02/09/2021. <https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html>.

Recommendations of the Long-Term Care Facility Subcommittee of the Utah Governor's COVID-19 Community Task Force