

COVID-19 Guidance for Visitors and Leaves of Absence in Long-Term Care Facilities

Residents in long-term care 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. Long-term care facilities care for some of the most vulnerable people in our state. This guidance is intended to assist facilities in taking steps toward re-socialization of residents living in these facilities. Recommendations from the Centers for Disease Control and Prevention (CDC)¹ and the Center for Medicare and Medicaid Services (CMS)² have been considered in developing this guidance as well as the impact of ongoing vaccinations for COVID-19 throughout the long-term care community.³ Facilities should develop policies to outline the steps below to facilitate compliance.

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Facilities

This guidance is intended for nursing facilities; assisted living facilities; intermediate, skilled, dually-certified and Intermediate Care Facilities for Individuals with Intellectual Disabilities and may apply to other congregate living settings. 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 (UDOH) to create a safe plan for 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 UDOH guidelines is essential to ensure the health and safety of residents, staff, and visitors.

Core Principles of COVID-19 Infection Prevention

- Visitors who have a positive test for COVID-19, have symptoms of COVID-19, or currently meet criteria for quarantine or isolation should not enter the facilities. Facilities should screen all who enter for these visitation exclusions.
- Hand hygiene should be performed before and after each visit by all participants.
- Face mask and physical distancing at least 6 feet between people.
- Appropriate staff and visitor use of personal protective equipment.
- Clean and disinfect frequently touched surfaces in the facility and the visiting area prior to and after each visit.
- Use instructional signage in the facility, and at outside visitation areas, for visitor education on COVID-19 signs and symptoms, infection control precautions, and facility policies (i.e. hand hygiene, face masks, routes to designated visitation areas, etc.).
- Cohorting of residents in separate areas dedicated to residents who tested positive for COVID-19.
- COVID-19 testing for residents and staff with signs and symptoms of COVID-19 and during outbreak or surveillance testing.

Screening Policies

All visitors, regardless of COVID-19 vaccination status, shall be screened by staff prior to entering the facility. Staff should review each screening tool before the visitor enters the facility and act in accordance with facility policy. In certain compassionate care situations (i.e., end of life, emotional support) it may be necessary to allow visitors access regardless of screening criteria. A Visitor Screening Tool and Passport can be used as a guide for facilities to screen visitors prior to visiting residents, and can be found on the [Long-Term Care Facilities web page](#) under the *Visitation* section.

- Screen visitors for symptoms of illness by asking if they have experienced any of the following symptoms 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 who have been positive for COVID-19, or exposure to anyone who has been sick or has symptoms of COVID-19.
- Quarantine is advised following both domestic⁴ and international⁵ travel for people who are unvaccinated***, or not recovered from a confirmed COVID-19 infection within the past 90

days. Unvaccinated*** persons should quarantine for 10 days without viral testing, or 7 days with a negative COVID-19 test 3-5 days following travel^{4,5}. Facilities should inform residents and families of this policy and encourage advance planning to avoid unexpected delays in visitation. Persons advised to quarantine should only visit the facility in exceptional circumstances (i.e., compassionate care for end of life) wearing full PPE.

- Require visitors to sign a log to document the name and phone contact of the visitor, name of resident being visited, and the date and time of visit. Some confidential visits (i.e. Ombudsman, surveyors) may not be able to disclose the residents they visited.
- Each facility should establish a safety check system to notify management immediately when a visitor fails screening criteria to ensure visitors are evaluated before entering the facility.

Visitor Testing and Vaccination

Utah public health encourages facilities in counties with substantial or high levels of community transmission to offer testing to visitors prior to their visit or at least weekly for frequent visitors, if feasible. The visitor vaccination status may be considered for testing. If facilities do not offer testing, they should encourage visitors to be tested on their own within 2-3 days before coming to the facility. County transmission rates can be found by visiting <https://covid.cdc.gov/covid-data-tracker/#county-view>. Visitors should not be restricted from visiting if they decline testing. A negative COVID-19 test should not be used to admit visitors who are symptomatic or who otherwise fail screening criteria.

Facilities should encourage all visitors to become vaccinated against COVID-19 to prevent the spread of COVID-19. Facilities may ask about a visitor's vaccination status, however, visitors are not required to be tested or vaccinated or show proof of vaccination prior to their visit. If the visitor declines to disclose their vaccination status, the visitor should wear a mask at all times.

Personal Protective Equipment

- Facilities should provide masks to visitors that do not have one and should provide other PPE when recommended for visitors in this guidance.
- Visitors should wear a face mask when inside facilities in communal spaces regardless of community transmission rates and vaccination status.
- Everyone in a long-term care facility should wear a face mask throughout the visit with the resident, regardless of their vaccination status, when [community transmission rates](#) are **substantial** or **high**.
- It is safest to implement universal use of face masks for everyone in a long-term care setting. However, when community transmission rates are **low** to **moderate**, **fully vaccinated** residents and **fully vaccinated**** visitors may choose to remove their face masks and have physical contact once in the resident room, if there is no resident roommate present, or in a private visitation area.
- Visitations involving **unvaccinated***** residents and/or **unvaccinated***** visitors should have all participating in the visit wear face masks and physically distance, regardless of community transmission rates.
- Long-term care facilities should apply recommendations for unvaccinated individuals to fully vaccinated individuals who are **moderately to severely immunocompromised*** due to a medical condition or receipt of immunosuppressive medications or treatments.
- While not recommended, residents in isolation or quarantine can still receive visitors. The visits should occur in the residents' room and the resident should wear a mask, if tolerated. Prior to

the visit, visitors should be educated on the risk of visiting and infection prevention and control measures necessary for the visit. It is recommended that visitors wear a mask, gown, gloves, and eye protection when visiting with a resident in quarantine or isolation.

- If communicating with individuals who are deaf or hard of hearing, it is recommended to use a clear mask or mask with a clear panel. Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

<u>Community transmission</u>	PPE for everyone in a long-term care facility
High	Everyone in a long-term care facility, including visitors and residents, should wear a face mask at all times, regardless of their vaccination status.
Substantial	
Moderate	<u>Fully vaccinated**</u> residents and <u>fully vaccinated**</u> visitors may choose to remove their face masks and have physical contact once in the resident room, if there is no resident roommate present, or in a private visitation area.
Low	Visitations involving <u>unvaccinated***</u> residents and/or <u>unvaccinated***</u> visitors should have all participating in the visit wear face masks and distance. <u>Moderately to severely immunocompromised*</u> residents should follow the guidance for <u>unvaccinated</u> residents.

Fully vaccinated**: People are considered fully vaccinated 14 days after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 14 days after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.

Unvaccinated***: People who have not received any COVID-19 vaccine, have only received one dose of a 2-dose series of Pfizer or Moderna, or are < 14 days from their second dose of a 2-dose series of Moderna or Pfizer or single-dose vaccine of Johnson & Johnson.

Immunocompromised* Residents are advised to continue precautions for unvaccinated individuals, regardless of vaccination status.

Outdoor Visitation

While taking a person-centered approach and adhering to the Core Principles of COVID-19 infection prevention, outdoor visitation is preferred for vaccinated and unvaccinated residents 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. However, face masks should still be worn by visitors and residents based on community transmission and vaccination status as described earlier in this guidance.

Indoor Visitation

Facilities must allow indoor visitation including visits for reasons beyond compassionate care situations. Visits should be conducted while adhering to the Core Principles of COVID-19 infection prevention and control and does not increase risk to other residents. Below are recommended strategies to provide safe visitation for residents. Follow physical distancing guidance based on community transmission rate listed above.

- If a resident's roommate is unvaccinated or immunocompromised, then the visit should not occur in the residents' room. If the resident is unable to leave their room due to their health, then the visit may occur in the room while adhering to infection prevention and control measures, such as masking, physical distancing, and hand hygiene. The facility may provide a designated space to accommodate the visit. Facilities may also consider having memory care residents see visitors in a separate, designated area.
- The facility may also offer a larger, private space for residents who have more visitors than their room can comfortably accommodate or allow for physical distancing.
- Visiting children shall be supervised by an accompanying responsible adult and are subject to the Core Principles of COVID-19 infection prevention.
- During substantial and high community transmission rates, it is not recommended that residents dine with visitors as that involves removing masks. During low and moderate community transmission rates, fully vaccinated residents may dine with fully vaccinated visitors in their apartment or other private dining space. It is not recommended for unvaccinated residents to dine with visitors or fully vaccinated residents dine with unvaccinated visitors regardless of community transmission rates.
- Visitors should **not** participate in resident group activities or resident group dining.
- Facilities should limit visitor movement in the facility. Visitors should go directly to the resident's room or designated visitation area.
- While not recommended, residents in isolation or quarantine can still receive visitors. The visits should occur in the resident's room and the resident should wear a mask, if tolerated. Prior to the visit, visitors should be educated on the risk of visiting and infection prevention and control measures necessary for the visit.
- Unvaccinated residents may choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in religious practices, including end of life situations. Residents and visitors should be advised of the risks of physical contact prior to the visit and should perform hand hygiene before and afterwards if they decide to have physical contact.

Visitation During a COVID-19 Outbreak

While it is safest for visitors to not enter the facility during an outbreak, visitors should still be allowed. Visitors should be educated on the risk of visiting during an outbreak and should follow the Core Principles of COVID-19 infection prevention. If the visitor and the resident or their representative choose to have a visit during an outbreak, then all participating should wear masks, regardless of vaccination status, and the visit should occur in the resident's room.

Compassionate Care Visits

Visitation is now allowed for residents at all times. There are few scenarios when visitation should be limited to only compassionate care visits (e.g., resident is severely immunocompromised and the

number of visitors exposing the resident should be minimized; COVID-19 outbreak with ongoing transmission unable to be controlled with infection prevention and control measures). In the event a scenario arises that would limit visitation for a resident, compassionate care visits would still be allowed at all times.

Facility Volunteers/Contracted Workers

Facility volunteers, home health workers, hairdressers, and others who provide ancillary services (paid or unpaid) are classified as healthcare workers, not visitors. They must meet the same requirements as facility staff regarding testing, PPE use, and infection prevention/control training. Additionally, facilities should only appoint volunteers who have been **fully vaccinated** for COVID-19.

Leave of Absence and Resident Outings

Residents and families should understand that although vaccination does greatly reduce risk of SARS-CoV-2 infection, there is still risk of becoming infected. Therefore, residents should continue to use layered strategies to reduce risk, such as wearing a face mask in public indoor settings, avoiding crowds and poorly ventilated spaces, and performing hand hygiene should be encouraged.

Residents have the right to leave the facility at any time, including during an outbreak. Residents and those who will be in contact with them during the outing should be aware of the risks they assume when taking residents who are in quarantine or in isolation with an active SARS-CoV-2 infection from the facility. Residents should continue to follow recommendations regarding isolation or quarantine for the general public when leaving the facility. The facility should provide guidance and policies for residents leaving the facility, including:

- Encourage those who will come into contact with the resident to seek vaccination beforehand and limit their contact with others 14 days prior to the outing.
- Know what to expect and make a plan to limit contact with others. Avoid public settings and group gatherings. 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).
- Encourage the use of masks and physically distance more than six feet apart whenever interacting with another person, even if outside. Physical contact poses additional risks.
- Anyone who develops any COVID-19 symptoms, even after vaccination, should immediately isolate themselves from others and get tested as soon as possible.
- Notify the resident and family that testing and quarantine for 14 days may be implemented upon return to the facility.

Fully Vaccinated Residents or Residents within 90 days of Symptom Onset of Confirmed COVID-19 Infection

Vaccinated residents should not be asked to quarantine or test upon return unless they are symptomatic, had close contact to a person infected with SARS-CoV-2, or are immunocompromised*. Residents who are within 90 days of a confirmed COVID-19 infection also do not need to quarantine following a leave of absence.

Residents Who are not Fully Vaccinated or are Immunocompromised

Residents who are not fully vaccinated*** or who are immunocompromised* should quarantine for 14 days following any leave of absence greater than 24 hours or when indicated based on a risk assessment score for leave of absence less than 24 hours (see below). Nonessential leaves of absence should be carefully evaluated for this population when community transmission is substantial or high.

Coordination among residents, families, and facility administration is essential to ensure the facility is able to safely quarantine residents after a leave of absence.

Upon return to the facility from a leave of absence less than 24 hours for residents who are not fully vaccinated or are immunocompromised, facilities should use the risk assessment template below to guide COVID-19 infection prevention policy and practices. **Note: Essential medical visits such as dialysis, medical/dental appointments, or same day procedures do not require quarantine upon return, nor does participation in off-site work when part of a resident’s therapeutic plan of care.**

Assign 1 point to each “Yes”

Indoor activity	<input type="checkbox"/> Yes
Unable to maintain physical distancing	<input type="checkbox"/> Yes
Resident has contact with at least one person or attends activity with others who are not fully vaccinated or whose vaccination status is unknown	<input type="checkbox"/> Yes
Duration of activity >1 hour	<input type="checkbox"/> Yes
Resident not wearing a mask during the entirety of the outing	<input type="checkbox"/> Yes
Those in contact with resident are unmasked for any portion of outing	<input type="checkbox"/> Yes
Community transmission rate is substantial or high	<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; any activity where all others present are fully vaccinated)

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

4-7 = High-Risk (e.g., eating in a crowded 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. Continue with standard precautions, such as mask use, hand hygiene and screen residents daily for symptoms before leaving and after returning from the leave of absence.
- Medium-Risk: Implement all Low-Risk actions AND refrain from communal dining and group activities for 14 days following the leave of absence.
- High-Risk: Implement all Low- and Medium-Risk actions AND place in quarantine for 14 days following the leave of absence. Perform COVID-19 testing if the resident develops symptoms or had a known exposure to someone infected with SARS-CoV-2.

*Examples of such immunocompromising conditions likely include, but might not be limited to, receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days.)

CMS Visitation Guidance for Nursing Facilities

- CMS has provided additional visitation guidance for nursing facilities that can be found by visiting: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>.

References

1. CDC. Preparing for COVID-19 in nursing homes. Accessed on June 17, 2021. <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 March 29, 2021.*
2. CMS. QSO-20-39-NH, Nursing Home Visitation – COVID-19. Revised 11/12/2021. <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>.
3. CDC. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. Accessed on February 9, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>. *Last updated April 27, 2021.*
4. CDC. Domestic Travel During COVID-19. Accessed on December 01, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>.
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Recommendations of the Long-Term Care Facility Subcommittee of the Utah Governor's COVID-19 Community Task Force