
COVID-19 Guidance for Visitors in Nursing Facilities

Residents in nursing 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 wellbeing. Nursing facilities care for some of the most vulnerable people in our state. This guidance is intended to assist nursing facilities take 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. Facilities should develop policies to outline the steps below to facilitate compliance.

Facilities

This guidance is limited to nursing facilities; intermediate, skilled, dually-certified and Intermediate Care Facilities for Individuals with Intellectual Disabilities. Visitation should be person-centered, considering the residents' physical, mental, and psychosocial wellbeing, 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.

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-download.utah.gov/Health-provider/COVID-19-HCW-Screening-Tool-Passport.pdf>

- Screen visitors for symptoms of illness including:
 - Cough, shortness of breath, and two or more of the following:
 - Fever, chills, sore throat, headache, muscle or body aches, congestion or runny nose, nausea or vomiting, diarrhea, or new loss of sense of taste or smell.
 - 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, date, time of visit and phone contact.

General Visitation Policies and Core Principles

- 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 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.
- 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 attend each visit to ensure proper distancing and compliance with visitation policies, including appropriate PPE. Staff should maintain distance to allow for resident privacy.
- 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 infection control.
- 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.

Positivity Rates

Facilities located in counties where the positivity rates for the county exceed 10% should not allow visitors for indoor visits, except in compassionate care situations. Positivity rates may be found on the CMS website at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

Visitor Testing

While not required, 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.

Compassionate Care Visits

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 include, but are not limited to:

- 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, who is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- A resident, who is preparing to transition home, for whom family and/or caregiver(s) require additional training to meet the resident's needs after discharge.

Visits should be conducted using physical distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time.

Facilities should ensure these 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 8/16/2020.

<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 June 25, 2020.

²CMS. QSO-20-39-NH, Nursing Home Visitation – COVID-19. Issued 9/17/2020.

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19>.

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