COVID-19 Guidance for Visitors and Leaves of Absence in Nursing and Intermediate Care Facilities for Individuals with Intellectual Disabilities

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 well-being. Nursing facilities care for some of the most vulnerable people in our state. This guidance is intended to assist nursing 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.

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 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 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 UDOH guidelines is essential to ensure the health and safety of residents, staff, and visitors. 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 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, 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 webpage 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 domestic[4] and international[5] travel unless the traveler completed an approved COVID-19 vaccine series at least 14 days prior to departure, or had a confirmed COVID-19 infection within the past three months. The length of quarantine is 10 days, or 7 days with a negative COVID-19 test. 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).
- Require visitors to sign a log to document name of visitor, name of resident, date, time of visit and phone contact.

Visitor Testing

Utah public health encourages COVID-19 testing of facility visitors if county positivity rates are 10% or greater. County positivity rates can be found at https://data.cms.gov/stories/s/q5r5-gjyu. Visitors who can produce proof of vaccination should not generally be tested unless recommended based on travel history or a higher risk exposure. Visitor testing may be administered by the facility or via community testing sites. Testing is encouraged for indoor visitation only. It is advised that regular visitors be tested at least weekly. Infrequent visitors are advised to test within 48 hours before visiting. Visitors should not be restricted from visiting if they decline testing. However, the facility may request additional PPE and/or other precautions as appropriate for visitors who opt out of recommended testing. A negative test should not be used to admit visitors who are symptomatic or who otherwise fail screening criteria.

General Visitation Policies and Core Principles of Infection Prevention

- Visits outside of the facility on facility grounds are encouraged.
- To ensure the health and safety of residents, visitors and staff, the facility should consider how many visitors can be accommodated at one time and schedule visits for a specified period of time to ensure all residents are able to receive visitors.
- 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.
- Recommendations regarding PPE and physical distancing vary based on the vaccination status of both resident and visitor. See these recommendations on the Long-Term Care Facilities webpage under the *Infection Prevention and Control* section. Facilities are responsible for verifying vaccination status and ensuring appropriate guidelines are followed. Vaccination should not be a requirement for visitation, but visitors who do not provide documentation of COVID-19 vaccination should be assumed as unvaccinated.
- Visiting children shall be supervised by an accompanying responsible adult and are subject to these Core Principles.
- Facilities should limit the movement of visitors in the facility. Visitors should go directly to the resident's room or designated visitation area. They should avoid contact with other residents and common areas of the facility.

- 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.
- 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 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.

Indoor Visitation

Facilities should accommodate and support indoor visitation including visits for reasons beyond compassionate care situations. Indoor visitation should be suspended only when there is high risk of COVID-19 transmission. Facilities experiencing an outbreak should suspend all visitation initially, but should lift restrictions on unaffected units/areas as soon as containment can be demonstrated (see Appendix A).

Fully Vaccinated Residents with Fully Vaccinated Visitors

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. Additionally, persons who are immunocompromised* are advised to continue precautions for unvaccinated individuals, regardless of vaccination status.

- If all present have been fully vaccinated, visits may take place without masks or physical distancing. Visitors should not remove masks until inside their resident's apartment or designated private visitation space.
- In rooms shared by unrelated residents, the facility may provide for 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.
- Residents may enjoy meals with visitors in their apartment or other private dining space. Visitors should not be allowed access to common areas in the facilities, participate in resident group activities, or resident group dining.

Fully Vaccinated Residents with Unvaccinated or Partially Vaccinated Visitors

If any visitors in a group are not fully vaccinated, all present should follow guidelines for unvaccinated visitors.

- Visits may take place in private resident apartments. Residents and visitors are encouraged to mask for the duration of the visit, but may have close contact with one another.
- In rooms shared by unrelated residents, the facility may provide for a designated space to accommodate the visit. Facilities may also consider having memory care residents see visitors in a separate, designated area.
- Shared meals are not recommended.

Unvaccinated or Partially Vaccinated Residents

- Unvaccinated residents should not have indoor visits (except compassionate care) if fewer than 70% of facility residents are fully vaccinated AND county positivity rates exceed 10%. Positivity rates may be found on the CMS website at: https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg.
- It is recommended that visitation take place in designated areas where physical distancing and masking can be assured.
- Close contact and/or touch are not recommended except in certain compassionate care circumstances.
- Residents should not have visitors, apart from compassionate care, if they are on a unit under outbreak investigation, are in quarantine, or on isolation for confirmed or suspected COVID-19 infection.

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 a nursing home, 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 after discharge.

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.

Facility Volunteers/Contracted Workers

Facility volunteers, ombudsmen, home health workers, hairdressers, clergy 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 (at least 14 days since vaccine series completion).

Leave of Absence

Fully vaccinated residents are no longer advised to quarantine following a leave of absence. Residents and families should understand that vaccination does not eliminate risk. Strategies to reduce risk, such as continued masking in public, avoiding crowds and poorly ventilated spaces, and hand hygiene should be encouraged. However, it is ultimately up to the resident and/or their decision-maker to determine their comfort-level outside the facility. Vaccinated residents should not be asked to quarantine or test upon return unless they had close contact to a person infected with COVID-19 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 have the right to leave the facility at any time, including during an outbreak. Family members should be aware of the risks they assume when taking residents on quarantine or with active COVID-19 infection from the facility. Residents should continue to follow recommendations regarding isolation or quarantine for the general public upon leaving the facility.

Residents who are not vaccinated or who are immunocompromised* should quarantine following any leave of absence greater than 24 hours or when indicated based on risk assessment (see below). Nonessential leaves of absence are strongly discouraged for this population. 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 chooses to leave a 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. Those who are not vaccinated should limit interactions with others for 14 days before departure.
- 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).
- Wear masks whenever interacting with another person, especially when less than six 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.

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.

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	☐ Yes
Unable to maintain physical distancing	☐ Yes
At least one person present is unvaccinated or vaccination status unknown	☐ Yes
Duration of activity >1 hour	☐ Yes
Resident unable to wear a mask during the entirety of the outing	☐ Yes
Those in contact with resident unmasked for any portion of outing	☐ Yes

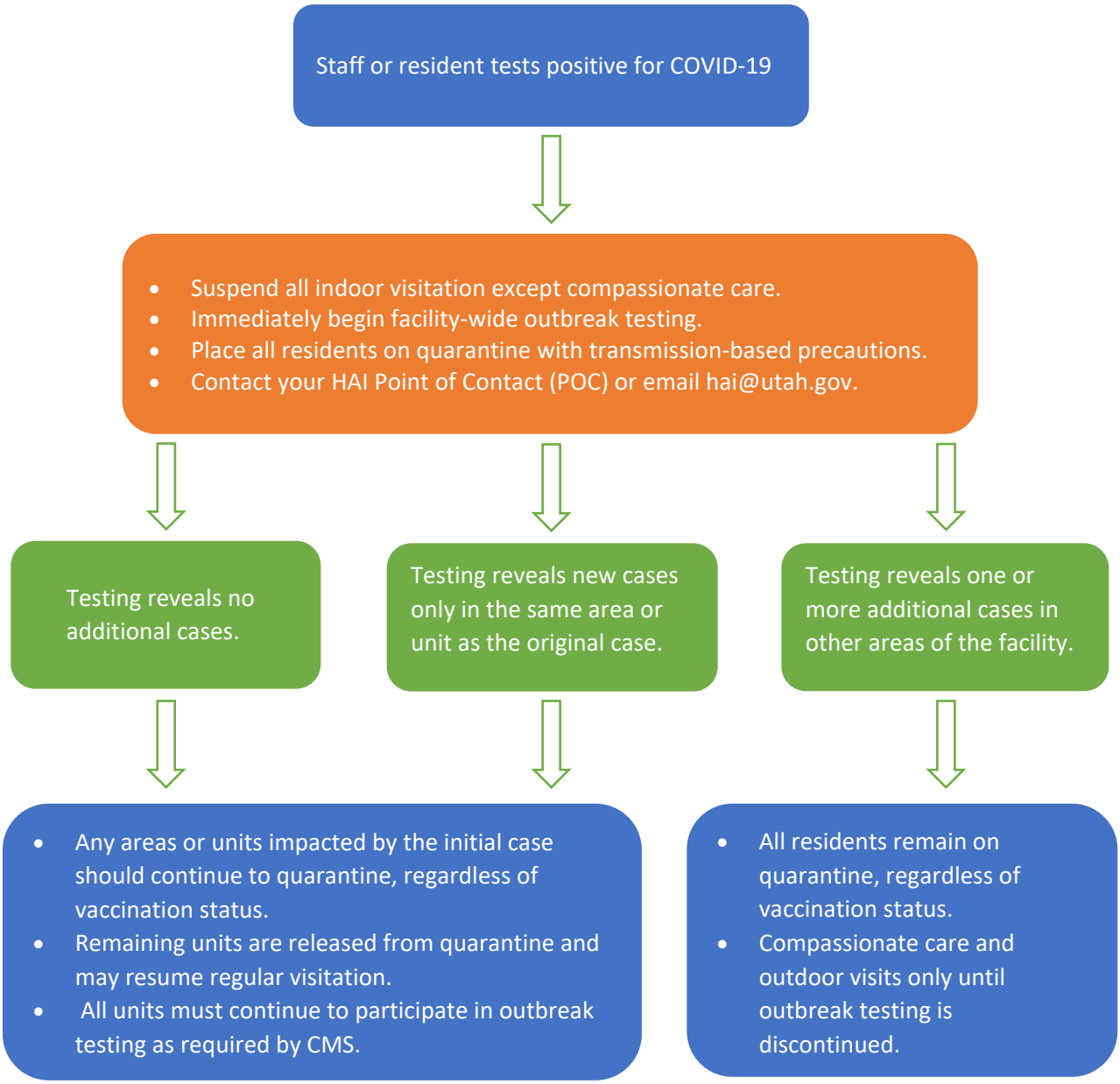
Total score _____

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)
4-6 = 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. 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.

*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.)


Staff or resident tests positive for COVID-19
Suspend all indoor visitation except compassionate care.
Immediately begin facility-wide outbreak testing.
Place all residents on quarantine with transmission-based precautions.
Contact your HAI Point of Contact (POC) or email hai@utah.gov.
Testing reveals no additional cases.
Testing reveals new cases only in the same area or unit as the original case.
Testing reveals one or more additional cases in other areas of the facility.
Any areas or units impacted by the initial case should continue to quarantine, regardless of vaccination status.
Remaining units are released from quarantine and may resume regular visitation.
All units must continue to participate in outbreak testing as required by CMS.
All residents remain on quarantine, regardless of vaccination status.
Compassionate care and outdoor visits only until outbreak testing is discontinued.

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. Issued September 17, 2020. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19.

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 April 3, 2021. https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html.

5. CDC. International Travel During COVID-19. Accessed on April 3, 2021. https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel-during-covid19.html.