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Chapter INFECTION CONTROL
Applicability Ascension Living

Coronavirus Disease (COVID-19) – Visitation

Policy Statement

Due to the impact of COVID-19 vaccination and in accordance with local, state and federal requirements; resident visitation is allowed for all residents at all times. This guidance is subject to local, state and federal requirements.

Policy Interpretation and Implementation

Definitions

Fully vaccinated - refers to a person who is ≥ 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, per the CDC's Public Health Recommendations for Vaccinated Persons.

General Guidelines

- A. CMS and CDC continue to recommend facilities, residents, visitors, and resident representatives adhere to the core principles of COVID-19 infection prevention, including screening, hand hygiene, masking, and physical distancing (maintaining at least 6 feet between people).
- B. Visits are conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. If a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident may receive visitors as he/she chooses.
- C. Facilities work to promote physical distancing during peak times of visitation (e.g., lunch time, after business hours, etc.). Also, facilities avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.

- D. If the county COVID-19 community level of transmission is substantial to high, all residents and visitors are advised to wear face coverings or masks and physically distance .
- E. In counties with low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated. If the resident and their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status. Unvaccinated residents may also choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, unvaccinated residents (or their representative) and their visitors are advised of the risks of physical contact prior to the visit
- F. Letters explaining the policies concerning visitation are sent to residents, family members and representatives.
- G. Instructional signage about maintaining infection prevention practices are posted throughout the facility.
- H. If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), conducting visits in the resident's room will be avoided, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, an attempt is made to enable in-room visitation while adhering to the core principles of infection prevention.
- I. Cleaning and disinfecting high-frequency touched surfaces in the facility is done often.
- J. Visitors are encouraged but not required to obtain a Covid-19 test within 2-3 days before coming to the facility.
- K. Health screens are conducted on any potential visitor prior to visitation.
 - 1. Persons who have a positive viral test for COVID-19 (in the last 14 days or who haven't met the criteria to discontinue isolation), symptoms of COVID-19, or currently meet the criteria for quarantine according to the CDC are excluded from visiting until the situation resolves.
 - 2. Visitors are expected to:
 - a. Wear a well fitting face mask, covering the mouth and nose
 - b. Adhere to all infection prevention practices including hand hygiene and physical distancing.
 - c. Limit movement in the facility, by going directly to the resident's room or designated visitation area
 - d. Physically distance from other residents and staff

Alternate Methods of Visitation

- A. Alternative methods of visitation, including video visitation (e.g., Skype, Zoom, and FaceTime), are facilitated and encouraged.
 - 1. Facility devices are available for residents who do not have a personal device to conduct video visitation.
 - 2. Families and associates may request video visits by calling the facility. Information regarding scheduling and technical support is coordinated by the Director of Life Enrichment, or a designee.
 - 3. Families are encouraged to stay in contact with residents and to pursue other methods of communication, such as letters, phone calls, and “window visits” as needed. Families are asked to notify the facility of planned in-person “window visits” so the resident is prepared.

Outdoor Visitation

- A. Outdoor visitation is preferred when the resident and/or visitor are not fully vaccinated* against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow.
 - 1. Weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident’s health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits.
 - 2. For outdoor visits, facilities create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.
 - 3. When conducting outdoor visitation, all appropriate infection control and prevention practices is adhered to
- B. Window visits are another type of visitation, in which the visitor is outside and the resident is inside with the window closed. Visitation shall follow the guidance provided for outdoor visitation.

Indoor Visitation

- A. Facilities allow indoor visitation at all times and for all residents, regardless of vaccination status of the resident, or visitor.
- B. Visits are conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.

Indoor visitation during an outbreak

- A. An outbreak investigation is initiated when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff)
 - 1. While it is safer for visitors not to enter the facility during an outbreak investigation, visitors

may still enter. Visitors are made aware of the potential risk of visiting during an outbreak investigation and instructed to adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and conduct visits in the resident’s room. Facilities may contact their local health authorities for guidance or direction on how to structure their visit to reduce the risk of COVID-19 transmission during an outbreak investigation.

- B. Facilities continue to adhere to CMS regulations and guidance for COVID-19 testing, including routine testing of unvaccinated associates, testing of individuals with symptoms, and outbreak testing.
- C. Facilities in outbreak status follow guidance from state and local health authorities, CDC and CMS.
- D. Visitors are counseled about their potential to be exposed to SARS-CoV-2 in the facility.

Compassionate Care Visits

- A. Compassionate care visits are allowed at all times.

Ombudsman and Protection and Advocacy Programs

- A. As always, federal regulations require that a Medicare and Medicaid certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman or of the protection and advocacy system with immediate access to any resident. If a representative is planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high, the resident and representative are made aware of the potential risk of visiting, and the visit takes place in the resident’s room, as able. If the resident or the program representative requests alternative communication, the facility will facilitate alternative communication, such as by phone or through use of other technology. Facilities Comply with the federal disability rights laws. For example, 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 are not 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.

References	
OBRA Regulatory Reference Numbers	483.80, 483.10
Survey Tag Numbers	F880

References	
Other References	<p>Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p> <p>Nursing Home Visitation - COVID (Revised) https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19-revised</p>
Related Documents	
Version	1.1 (H5MAPL1478)

This policy is intended as a guideline to assist in the consistent application of Ascension Living policies and procedures for staff. The policy does not create a contract implied or expressed, with any Ascension Living staff, who are employees at will. Ascension Living reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Ascension Living management.

Approval Signatures

Step Description	Approver	Date
Policy Reviewed and Approved	Kathleen Schott: Performance Excellence Project Manager	04/2022