Nursing Home Visitation During COVID-19 Public Health Emergency

Background

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

We recognize that physical separation from family and other loved ones during this pandemic has taken a physical and emotional toll on residents. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. Our residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends. In light of this, this new policy supersedes and replaces any previously issued policies regarding visitation, compassionate care visits, outdoor visitation, indoor visitation, visitor testing and communal dining and activities.

Guidance

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)

- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH)

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes and should be adhered to at all times. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers. Visits should be conducted with an adequate degree of privacy. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit and will be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.

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 also 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 facilitated routinely. Facility will create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

When conducting outdoor visitation, our facility will:

- Limit visits to two (2) visitors per resident and 0 visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).
- Have reasonable limits on the number of individuals visiting with any one resident at the same time.

EDGERTON CARE CENTER

Indoor Visitation

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

1. There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
2. Visitors should be able to adhere to the core principles (noted above) and staff will provide monitoring for those who may have difficulty adhering to core principles, such as children;
3. Visitors will sign in at central point of entry
4. Visitors will be educated on proper don/doff of necessary PPE, as required through posters demonstrating key instructions for safe practices.
5. Facility will limit the number of visitors per resident to two (2) people at one time and limit the total number of visitors in the facility to 2 visitors at one time. Facility will limit visits to 30 minutes to help ensure all residents are able to receive visitors;
6. Facility will limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area; and
7. Visits for residents who share a room should not be conducted in the resident's room.
    a. For situations where there is a roommate and the health status of the resident prevents leaving the room, facility will attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

Facility will use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site as additional information to determine how to facilitate indoor visitation:

- Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

Facility may also monitor other factors to understand the level of COVID-19 risk, such as rates of COVID-19-Like Illness visits to the emergency department or the positivity rate of a county adjacent to the county where the nursing home is located. County positivity rate does not need to be considered for outdoor visitation.

For information on COVID-19-Like Illness, facility will refer to: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/07102020/covid-likeillness.html.

Facility notes that CMS does not distinguish between "essential visitors" and other visitors, as some states have designated. Using a person-centered approach when applying this guidance should cover all types of visitors, including those who have been categorized as "essential visitors."

Visitor Testing

While not required, CMS encourages facilities in medium or high-positivity counties to test visitors, if feasible. If so, our facility will prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Our facility may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Compassionate Care Visits

Compassionate care visits should be conducted using social 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. Through a person-centered approach, our facility will work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Compassionate care situations do 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, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Required Visitation

The guidance above represents reasonable ways to facilitate in-person visitation. Except for ongoing use of virtual visits, facility may still restrict visitation due to the COVID-19 county positivity rate, the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factors related to the COVID-19 PHE. However, our facility may not restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v). For example:

- If our facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, we must facilitate in-person visitation consistent with CMS regulations, which can be done by applying the guidance stated above.
- Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4)

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. This restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines.

Entry of Health Care Workers and Other Providers of Services

Health care workers who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., will be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. EMS personnel do not need to be screened so they can attend to an emergency without delay. All staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facility will consider additional limitations based on status of COVID-19 infections in the facility. Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed

COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering. Our facility may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission.

Access to the Long-Term Care Ombudsman

As stated in previous CMS guidance QSO-20-28-NH (revised), regulations at 42 CFR 483.10(f)(4)(i)(C) require that a Medicare and Medicaid certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. During this PHE, in-person access may be limited due to infection control concerns and/or transmission of COVID-19; however, in-person access may not be limited without reasonable cause. Representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention. If in-person access is not advisable, such as the Ombudsman having signs or symptoms of COVID-19, facility must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology. Facility is also required under 42 CFR 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.