

## Long Term Care – Visitation and Resident Outings

Visitation and resident outings allow relief to residents from feeling socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Visitation is now allowed for all residents at all times.

### Visitation

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

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility. Facilities should screen all who enter for these visitation exclusions.
- [Hand hygiene](#) (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) and physical distancing at least six feet between persons, in accordance with [CDC guidance](#)
- 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 to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see [QSO20-38-NH Revised](#))

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 (e.g., clear Plexiglass dividers, curtains). Also, nursing homes should enable visits to be conducted with an adequate degree of privacy. Visitors who are unable to

adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on this guidance.

### **Required Visitation**

Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR § 483.10(f)(4)(v). In previous nursing home visitation guidance during the PHE, CMS outlined some scenarios related to COVID-19 that would constitute a clinical or safety reason for limited visitation. However, there are no longer scenarios related to COVID-19 where visitation should be limited, except for certain situations when the visit is limited to being conducted in the resident's room or the rare event that visitation is limited to compassionate care. Therefore, a nursing home must facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above. Failure to facilitate visitation, per 42 CFR § 483.10(f)(4), which states "The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident," would constitute a potential violation and the facility would be subject to citation and enforcement actions.

As stated above, we acknowledge that there are still risks associated with visitation and COVID-19. However, the risks are reduced by adhering to the core principles of COVID-19 infection prevention. Furthermore, we remind facilities and all stakeholders that, per 42 CFR §483.10(f)(2), residents have the right to make choices about aspects of his or her life in the facility that are significant to the resident. Visitors, residents, or their representative should be made aware of the potential risk of visiting and necessary precautions related to COVID-19 in order to visit the resident. However, 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 must be allowed to receive visitors as he/she chooses.

### **Have a Plan for Visitation**

- Send letters or emails to families and post signs at entrances reminding them of the importance of getting vaccinated, [recommendations for source control and physical distancing](#) and any other facility instructions related to visitation, including not to visit if they have any of the following:
  - a positive viral test for SARS-CoV-2,
  - symptoms of COVID-19, or
  - if they currently meet criteria for [quarantine](#)

- Facilitate and [encourage alternative methods for visitation](#) (e.g., video conferencing) and communication with the resident.

Additional information about visitation for [nursing homes](#) and [intermediate care facilities for individuals with intellectual disabilities and psychiatric residential treatment facilities](#) is available from CMS.

Guidance addressing visitation during an outbreak is described in Section: Respond to a Newly Identified SARS-CoV-2-infected Healthcare Personnel or Resident.

### **Outdoor Visitation**

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, 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, quarantine status) may hinder outdoor visits. For outdoor visits, facilities should 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, all appropriate infection control and prevention practices should be adhered to.

### **Indoor Visitation**

Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.

Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Facilities should ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.). Also, facilities should 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. During indoor visitation, facilities should limit visitor 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.

If a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of infection prevention.

If the nursing home's county COVID-19 community level of transmission is substantial too high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times. In areas of 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 all 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. Additional information on levels of community transmission is available on the [CDC's COVID-19 Integrated County View webpage](#).

While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

NOTE: CMS and CDC continue to recommend facilities, residents, and families adhere to the **core principles of COVID-19 infection**. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor in accordance with the [CDC's "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic."](#) 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 should be

advised of the risks of physical contact prior to the visit. Visitors should also physically distance from other residents and staff in the facility.

### **Indoor Visitation during an Outbreak Investigation**

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). To swiftly detect cases, we remind facilities to adhere to CMS regulations and guidance for COVID-19 testing, including routine unvaccinated staff testing, testing of individuals with symptoms, and outbreak testing.

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing in accordance with [CMS QSO 20-38-NH REVISED](#) and [CDC guidelines](#).

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and 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 visits should ideally occur in the resident's room. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

### **Compassionate Care Visits**

Compassionate care visits are allowed at all times. Previously during the PHE, there were some scenarios where residents should only have compassionate care visits. However, visitation is now allowed at all times for all residents, in accordance with CMS regulations. Therefore, we believe there are few scenarios when visitation should be limited only to compassionate care visits. In the event a scenario arises that would limit visitation for a resident (e.g., a resident is severely immunocompromised and the number of visitors the resident is exposed to needs to be kept to a minimum), compassionate care visits would still be allowed at all times. CMS expects these scenarios to be rare events.

### **New Admissions and Residents who Leave the Facility**

**Create a Plan for Managing New Admissions and Readmissions**

- Residents with **confirmed SARS-CoV-2 infection** who have **not met [criteria to discontinue Transmission-Based Precautions](#)** should be placed in the designated COVID-19 care unit, regardless of vaccination status.
- In general, all unvaccinated residents who are new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission.
  - Facilities located in counties with low community transmission might elect to use a risk-based approach for determining which unvaccinated residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to IPC practices in healthcare settings, during transportation, or in the community prior to admission.
- Fully vaccinated residents and residents within 90 days of a SARS-CoV-2 infection do not need to be placed in quarantine.

Guidance addressing recommended PPE when caring for residents in quarantine is described in Section: Manage Residents who had Close Contact with Someone with SARS-CoV-2 Infection.

### **Create a Plan for Residents who leave the Facility**

- Residents who leave the facility should be reminded to follow recommended IPC practices (e.g., source control, physical distancing, and hand hygiene) and to encourage those around them to do the same.
  - Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.
- For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.
- In most circumstances, quarantine is not recommended for unvaccinated residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.
  - Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.
- Residents who leave the facility for 24 hours or longer should generally be managed as described in Section: Create a Plan for Managing New Admissions and Readmissions.

Assessing the risk of a patient outing using the new CDC guidance helps to reflect how facilities might handle off site visits during times of high community spread.

[https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment\\_community\\_visit.pdf](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_community_visit.pdf)

Guidance addressing duration and recommended PPE when caring for residents in quarantine is described in Section: Manage Residents who have had Close Contact with Someone with SARS-CoV-2 Infection.

### **Evaluate Residents at least Daily**

- Ask residents to report if they feel feverish or have symptoms consistent with COVID-19 or an acute respiratory infection.
- Actively monitor all residents upon admission and at least daily for fever (temperature  $\geq 100.0^{\circ}\text{F}$ ) and [symptoms consistent with COVID-19](#). Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement precautions described in Section: Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection in the [CDC guidance Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.](#)
  - Older adults with SARS-CoV-2 infection may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures  $>99.0^{\circ}\text{F}$  might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for SARS-CoV-2 infection.
  - Because some of the [symptoms are similar](#), it may be difficult to tell the difference between influenza, COVID-19, and other acute respiratory infections, based on symptoms alone. [Consider testing for pathogens](#) other than SARS-CoV-2 and initiating appropriate infection prevention precautions for symptomatic older adults.
  - Refer to CDC [resources](#) for performing respiratory infection surveillance in long-term care facilities during an outbreak.

Information about the clinical presentation and course of patients with SARS-CoV-2 infection is described in the [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\)](#).

### **References and Resources:**

- [CMS QSO-20-39 \(Revised\) 11/12/2021 – Visitation Guidance](#)
- Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes. Nursing Homes & Long-Term Care Facilities.

Updated Sept. 10, 2021 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. Updated Sept. 10, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Coronavirus Disease 2019 (COVID-19): Supporting Your Loved One in a Long-Term Care Facility <https://www.cdc.gov/coronavirus/2019-ncov/downloads/supporting-loved-one-in-long-term-care-facility.pdf>
- Symptoms of COVID-19. Updated Feb. 22, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Similarities and Differences between Flu and COVID-19. <https://www.cdc.gov/flu/symptoms/flu-vs-covid19.htm?web=1&wdLOR=c549FF532-8B7A-4DE4-8F4E-E0CAB8FF68C9>
- Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating. <https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm?web=1&wdLOR=c757DCD64-C7DA-4E16-8B3E-CE34876D2195>
- Using Personal Protective Equipment (PPE). Updated Aug. 19, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Washington State Department of Health Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits [https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment\\_communityvisit.pdf](https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf)