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References:	

Visitations During a Pandemic (Revised)

Resident Visits During a Pandemic

Policy and Procedure

The facility shall remain in compliance with all state and federal rules and regulations regarding the rights of the residents to receive visitors as requested. This policy and procedure is being developed in the event there is an Executive Order or Waiver that comes from the Governor's office, MDHHS, or the President of the United States, that contradicts the state and federal rule or regulation that requires a nursing facility to be open to certain visitors 24 hours per day, 7 days per week.

If a pandemic that puts the residents at a health risk for an exposure to visitors or those entering the building has been declared by state or federal government, visitations may be allowed providing they are conducted in accordance to CDC, CMS, MDHHS and Governor's orders. The facility recognizes that the absence of visitors is difficult for many facility residents; in some cases, not being able to see loved ones may put a resident's health and well-being at significant risk. The following procedure must be followed in order to permit visits between residents and those not employed by Canal View-Houghton County:

Outdoor visitations may be permitted as outlined in the COVID-19 Reopening Plan

- Outdoor visitations are preferred as they generally pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practical, keeping in mind weather considerations, an individual resident's health status, and the facility's outbreak status.
- The facility has had no new COVID-19 cases that originated in the facility (staff &/or residents) within the prior 14 days. Admission of a resident who is known to be COVID-19 positive at the time of admission does not constitute a facility-onset case.
- The Local Health Department has not made a determination that the facility is unsafe for visitation based upon local epidemiological condition.

Indoor Visitations

Visitor Testing: While not required, CMS encourages facilities in medium or high-positivity counties to test visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Visitors may also be encouraged to be vaccinated, but neither testing nor vaccination are required for visitation.

- The facility will offer POC COVID-19 testing to all visitors regardless of age.
- If time does not permit for an "end-of-life visit", i.e., death is imminent testing requirements may be waived for the visitor.

- Visitors WILL be screened for COVID prior to entry and denied entry as appropriate.
- Visitors who are unable or unwilling to adhere to the core principles of COVID-19 infection prevention should not visit and will be asked to leave.
- Require the visitor to wear a mask or any additional required PPE at all times and use appropriate PPE and procedures for the assigned ADL tasks, with the facility ensuring compliance through training or observation and enforcement.
- Visitations will be scheduled in advance; and
 - in an area designated by the facility or occur in the resident's room. Visits for residents who share a room 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 COVID-19 infection prevention.
- When a resident is in "serious or critical condition or in hospice care"
- Visitors are NOT ALLOWED during aerosol-generating procedures or during collection of respiratory specimens unless deemed necessary by staff for the care and well-being of the resident.
- The facility will 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 the core principles and staff should be able to provide monitoring for those who may have difficulty adhering to core principles, such as children.
 - Visits will be **prescheduled and prearranged** (excluding end of life visits) and will not exceed more than 2 visitors at a time. Frequency and number of visitors per day may be limited based upon the ability to maintain the core principles of infection prevention.
 - Visitors will sign in/out and be escorted to and from their destination.
 - Canal View will also use the COVID-19 county positivity rate, found here <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg> as additional information to determine how to facilitate visits. **As a rule, if High (>10%) positivity rates are noted, then only compassionate care visits should occur.**

Limitations to Indoor Visitation: Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

- Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the 2 criteria to discontinue Transmission-Based Precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Indoor Visitations during an Outbreak:

- When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:
 - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases.

However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing. For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.

- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Facility Responsibilities:

- Visits will be by appointment only.
- The use of outdoor locations for visitation will be utilized whenever feasible.
- The Activities Director or designee will be responsible for setting up appointments for the visits with families and will share schedules with nursing, dietary and therapy as needed.
- Nursing staff or Activity staff will bring the visitor to the designated visitation area at their assigned times.
- The facility will exclude visitors who are unwilling or unable to wear a face covering for the duration of their visit, and persons unable to follow hand hygiene requirements and other infection prevention recommendations, and will instead encourage those persons to use video or other forms of remote visitation.
- All visitors will enter via the front entrance and will allow proper COVID-19 screening. (Visitors should also be screened outside, prior to an outside visitation).
- The facility will restrict anyone with fever, symptoms or known exposure from entering the facility.
- The facility staff will educate visitors on additional PPE use requirements if needed, and supply the PPE required.
- Residents, if tolerated, should wear a well-fitting form of source control upon arrival and throughout their stay in the facility. Residents may remove their source control when in their rooms but should put it back on when around others (e.g., HCP or visitors enter the room) and whenever they leave their room, including when in common areas or when outside of the facility. More information on options to improve fit is available from CDC.
- Source control should not be placed on anyone who cannot wear a mask safely, such as someone who has a disability or an underlying medical condition that precludes wearing a mask or who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Signage will be posted at all visitor entrances instructing that visitors must be assessed for symptoms of COVID-19 before entry and instructing persons who have symptoms of respiratory infection (including but not limited to, fever, cough, or shortness of breath) to not enter the facility.
- Make available an employee trained in infection control measures at all times during visit. This does not need to be the IP, but can be any employee trained in infection control measures.
- Non-activities staff may help support staff outside in the monitoring of outside visits, providing that they have been appropriately trained. Staff will NOT leave a resident outside to bring the other one in.
- Staff that is outside will have the ability to communicate with staff inside of the facility, in the event that there are any issues. This can be done with a walkie talkie or cell phone.
- The facility will RESTRICT visits to residents who are in isolation or are otherwise under for observation for symptoms of COVID-19.
- Make hand sanitizer &/or hand washing facilities safely available to visitors.
- The facility will ensure that there is adequate staff to assist with the transition of residents, monitoring visitation, and for cleaning to disinfect surfaces in the visitation area after each visit.

- The Infection Preventionist or designee will limit the number of overall visitors at the facility in a any given time based upon limited space, infection control capacity, and other appropriate factors to reduce the risk of transmission.
- **The facility will provide written notice to the visitor, if denied entrance, with an explanation of why the visitation is being denied.**
- ***Per CMS, compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident (vaccinated or unvaccinated) regardless of the above scenarios.***

Visitor Responsibilities

- Visitors **MUST** adhere to recommended infection control precautions.
 - Visitors must be screened per facility protocol and will be required to wear a mask and any other required PPE.
 - Social distancing requirements with other residents and employees.
- Visitors must be respectful to staff, residents and others while on property. Vulgar language, yelling, screaming, and banging on the windows/doors/walls will not be tolerated and will result in ending the visitation.
- Visits may be time limited in order to allow others to have time to visit as well.
- Residents should be encouraged to wear a face mask during the visit.
- A staff member **MAY** be with the resident(s) at all times.
- Visitors who develop symptoms consistent with COVID-19 within 14 days of a visit should notify the facility.
- **No more than 2 visitors at a time** will be permitted and no visitors 12 and under will be permitted. Exceptions to be made by the DON or Administrator.
- Visits should be conducted using social distancing; however, CMS has identified the following scenarios which allow for physical contact:
 - If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor **while wearing a well-fitting face mask** and performing hand-hygiene before and after.
 - When visiting residents who ARE NOT vaccinated, visitors participating in visits at the End of Life/compassionate care visits may have physical contact with a resident if that resident is not COVID-19 positive, the visitors are wearing **appropriate PPE**, and the time spent within 6 feet of the resident is no longer than 15 minutes.
 - Visitors who are providing services requiring physical contact (ADL support) are not expected to abide by physical distance requirements between the visitor and the resident while providing services, provided the visitors are wearing **appropriate PPE and the time spent within 6 feet of the resident is no longer than 15 minutes.**

Definitions

- **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, is experiencing emotional distress, seldom

speaking, or crying more frequently (when the resident had rarely cried in the past).

- **Serious or critical condition or in hospice care** includes residents enrolled in hospice services, regardless of whether the resident appears to be in serious or critical condition or at the End of Life, residents receiving End of Life care who are not enrolled in hospice, residents whose well-being is at significant risk, based on the clinical judgment of a treating medical professional, where family visits are a potentially effective intervention, and residents who experience a significant adverse change of condition.
- **Personal Protective Equipment:**
Proper use of PPE, as determined or recommended by CDC and CMS guidelines, must be maintained throughout all phases
- **Outbreak:** An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff).
- **Fully Vaccinated:** *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.
- **Source control:** refers to use of well-fitting cloth masks, facemasks, or respirators to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. In addition to providing source control, these devices also offer varying levels of protection against exposure to infectious droplets and particles produced by infected people. Fit-tested respirators are most protective for the wearer. Ensuring a proper fit is important to optimize both the source control and protection offered. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19.

Any visitor(s) who cannot comply with the above requirements WILL have their face-to-face visitation privileges revoked for the duration of the pandemic.

Printed Visitor Name:

Date:

Visitor Signature:

Attachments

No Attachments

Approval Signatures

Approver	Date
Kristen Kallio: kkallio@houghtonmcf.com	04/2021
Angel Bates: Director of Nursing	04/2021
Kim Salmi: Administrator	04/2021