

<b>COVID-19 Coronavirus Assisted Living Visitation</b>				
<i>Date Implemented:</i>	6/08/2020	<i>Date Reviewed/ Revised:</i>	9.26.22	<i>Reviewed/ Revised By:</i> Terri Turner RN

**Policy:**

This facility will allow visitation of all visitors and non-essential health care personnel and can be conducted through different means based on the facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. The visitation will be person-centered, consider the resident's physical, mental, and psychosocial well-being, and support their quality of life. Exceptions will be in accordance with current CMS directives and CDC recommendations, or as directed by state government (whichever is more stringent).

**Definitions:**

**"Coronavirus"** is a virus that causes mild to severe respiratory illness.

**"COVID-19"** (short for coronavirus disease 2019) is a new respiratory disease caused by a novel (new) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. Because it is new, much is still to be learned about the virus. What is currently known is that it is spread person-to-person, mainly between people who are within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes.

**Policy Explanation and Visitation Compliance Guidelines:**

1. The Infection Preventionist will monitor the status of the COVID-19 situation through the CDC website and local/state health department and will keep facility leadership informed of current directives/recommendations and the need for restricting visitation if indicated by local or federal guidelines.
2. The facility will communicate this visitation policy through multiple channels. Examples include signage, calls, letters, social media posts, emails, recorded messages for receiving calls, and posted on the facility's website.
3. Non-essential staff, as designated in emergency preparedness plans, will be notified through routine and emergency communication procedures for staff.
4. The core principles of COVID-19 infection prevention will be adhered to and as follows:
  - a. The facility will provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19.
  - b. Visitors must agree to have their temperatures taken, complete a health screening, and wash their hands or use hand sanitizer upon arrival.
  - c. All visitors will be screened for suspected COVID-19 symptoms following the Facility Screening Questionnaire.

- d. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation.
  - e. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).
  - f. Visitors will be counseled about their potential to be exposed to COVID-19 in the facility.
  - g. Hand hygiene, using an alcohol-based hand rub, will be performed by the resident and the visitors before and after contact.
  - h. A face covering or mask (covering the mouth and nose) in accordance with CDC guidance.
  - i. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices will be conducted.
  - j. Cleaning and disinfection of highly touched surfaces in the facility and in designated visitation areas after each visit will be performed.
  - k. Staff will adhere to the appropriate use of personal protective equipment (PPE).
  - l. The facility will utilize effective strategies for cohorting residents in accordance with CDC guidance.
  - m. The facility will conduct resident and staff testing as per current CMS/CDC guidance.
5. Indoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission based on the following guidelines:
- a. The facility will allow indoor visitation at all times and for all residents and will not limit the frequency and length of visits, the number of visitors, or require advance scheduling of visits.
  - b. Visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
  - c. Physical distancing should be encouraged during peak times of visitation and large gatherings (e.g., parties, events).
  - d. If the facility's county COVID-19 community transmission is high, everyone in a healthcare setting will be encouraged to wear face coverings or masks.
  - e. If the facility's county COVID-19 community transmission is not high, the safest practice is for residents and visitors to wear face coverings or masks, however, the facility can choose not to require visitors wear face coverings or masks while in the

facility. Face coverings and masks will be based on recommendations from the CDC, state and local health departments, and individual facility circumstances.

- f. Regardless of the community transmission level, resident, and their visitors when alone in the resident's room or in a designated visitation area, may choose not to wear face coverings or masks and may choose to have close contact (including touch). Residents (or their representatives) and their visitors should be advised of the risks of physical contact prior to the visit. If a roommate is present during the visit, it is safest for the visitor to wear a face covering or mask.

### **SB 988 Bill (04-06-22)**

- a. The guidelines within this standard will not require more stringent guidelines for what is in place for staff.
- b. Proof of vaccination or immunization for visitation will not be required.
- c. Consensual physical contact between the resident, client, or patient and the visitor will be allowed, and
- d. Will allow in-person visitation in all the following circumstances, unless the resident, client, or patient objects:
  - a. End-of-life situations.
  - b. A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
  - c. A resident, client, or patient is making one or more major medical decisions.
  - d. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
  - e. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
  - f. A resident, client, or patient who used to talk and interact with others is seldom speaking.
- e. Additionally, the bill allows a resident, client, or patient the option to designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider.