

COVID-19 Visitation / Taylor Care Center

<i>Date Implemented:</i>	3/15/2021	<i>Date Reviewed/ Revised:</i>	05/06/22	<i>Reviewed/ Revised By:</i>	Administrator
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Standard:

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:

"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.

"Unvaccinated" refers to a person who does not fit the definition of "fully vaccinated," including people whose vaccination status is not known.

"Up to date" means a person has received all recommended doses in their primary series of COVID-19 vaccine, and a booster dose when eligible.

Guidelines:

1. The Infection Control Coordinator 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, letters, emails, 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. 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. The facility will screen all who enter for these visitation exclusions.
 - b. Visitors will be informed about their potential to be exposed to COVID-19 in the facility.
 - c. Hand hygiene is encouraged using an alcohol-based hand rub, which is available throughout the facility for resident and the visitors use before and after contact.
 - d. Visitors are required to wear well-fitting cloth mask, facemask, covering the mouth and nose at all times except in certain situations i.e. medical contraindication to certain mask types.
 - e. Physical distancing at least six feet between persons will be observed.
 - f. 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.
 - g. Cleaning of surfaces in the facility and in designated visitation areas are performed routinely by the housekeeping staff.
 - h. Staff will adhere to the appropriate use of personal protective equipment (PPE).
 - i. The facility will utilize effective strategies of co-horting residents (e.g., separate areas dedicated to COVID-19 care).
 - j. The facility will conduct resident and staff testing as per current CMS guidance.

- k. Physical barriers (e.g individual room, room curtains) will be used to ensure privacy and reduced risk of transmission during in-person visits.
 - l. Visitors who are unable to adhere to these principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave.
5. Outdoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission as follows and is the preferred method when the resident and/or visitor are not up to date vaccinated against COVID-19:
 - a. Visits will be held outdoors whenever practicable and will be facilitated routinely barring weather conditions, a resident's health status or the facility's outbreak status.
 - b. Resident should wear well-fitting source control (if tolerated), maintain physical distancing from others, and not linger in common spaces when moving from their rooms to the outdoors.
 - c. The facility will have an accessible and safe outdoor space (the outdoor area at end of 300 hall way, front porch of facility) in which to conduct outdoor visitation.
6. 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 will be maintained during peak times of visitation.
 - d. Visitors will wear source control and physically distance from other residents, staff, and other visitors that are not part of their group in the facility regardless of vaccination status.
 - e. Visitors will go directly to the resident's room or designated visitation area.
 - f. A visit in the resident's room will not be conducted if the resident's roommate is not up to date with all recommended all COVID-19 vaccine doses or immunocompromised (regardless of vaccination status), however, if the resident is unable to relocate the facility will allow in-room visitation while adhering to the core principles of infection prevention.
 - g. If the facility's county COVID-19 community level of transmission is substantially too high, all residents and visitors, regardless of vaccination status, will wear face coverings or masks and physically distance, at all times.
 - h. If the facility's county COVID-19 community level of transmission is low to moderate, residents and visitors will wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are not up to date with all recommended COVID-19 vaccine doses.
 - i. If the resident and all of their visitor(s) are up to date with vaccine and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact in resident's room, designated area, or outside.
 - j. For residents who are on transmission-based precautions or quarantine, visits may occur in the resident's room and the resident will wear a well-fitted facemask (if tolerated). Visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit and should adhere to the core principles of infection prevention.
 - k. Residents regardless of vaccination status, may choose to have close contact (including physical touch) based on their preferences and needs, should advise their visitors the risk of physical contact prior to the visit.
7. When a new case of COVID-19 among staff or residents is identified, the facility will immediately begin an outbreak investigation and adhere to CMS regulations and guidance for COVID-19 testing, including routine unvaccinated staff testing, testing of individuals with symptoms and outbreak testing. See *Coronavirus Outbreak Testing Policy*.
8. Visits will be allowed during outbreak investigations, but visitors will be made aware of the potential risk of visiting during the outbreak investigation and adhere to the core principles of infection prevention. If visiting during this time, residents and their visitors should wear face coverings or masks during the visits, regardless of vaccination status, and visits should ideally occur in the resident's room.

9. Visitors will be notified about the potential for COVID-19 exposure in the facility (e.g. appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection and prevention, including effective hand hygiene and use of face coverings.
10. Compassionate care/essential visits and visits required under the federal disability rights laws will be allowed at all times. If the resident is in transmission-based precautions or quarantine, or an unvaccinated resident is in a county where the level of community transmission is substantial or high in the past 7 days, the resident and visitor(s) should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
11. If the Ombudsman is planning to visit a resident who is under transmission-based precautions or quarantine, or a resident who is not up-to-date with all recommended COVID-19 vaccine doses; the visitor should be made aware of the potential risk of visiting and the visit should take place in the resident's room. This is especially vital in the county where the level of community transmission is substantial or high in the past 7 days.
12. Alternative communication methods (phone or other technology) may be used if the resident or Ombudsman program requests it in lieu of an in-person visit.
13. If the Power of Attorney or Resident Representative is planning to visit a resident who is under transmission-based precautions or quarantine, or a resident who is not up-to-date with all recommended COVID-19 vaccine doses; the visitor should be made aware of the potential risk of visiting and the visit should take place in the resident's room. This is especially vital in a county where the level of community transmission is substantial or high in the past 7 days.
14. If the facility does not offer testing, the facility should encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).

All healthcare workers will be permitted to come into the facility as long as they are not subject to a work exclusion or showing signs or symptoms of COVID-19. This includes personnel educating and assisting in resident transitions to the community.

15. Communal activities (including group activities, communal dining, and resident outings):
 - a. Communal activities and dining may occur, but regardless of vaccination status, everyone should wear a face covering or mask while in the communal areas of the facility.
 - b. Residents are permitted to leave the facility as they choose. The facility will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, hand hygiene and encourage those around them to do the same.
 - c. Upon the resident's return, the facility will take the following actions:
 - i. If the resident or family member reports possible close contact to an individual with COVID-19 while outside the facility, the facility may test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident has not been up to date with all recommended COVID-19 vaccine doses.
 - ii. If the resident develops signs or symptoms of COVID-19 after the outing, the facility may test the resident for COVID-19 and place the resident on Transmission-Based Precautions, regardless of vaccination status.
 - d. The facility may opt to test residents who are not up to date with all recommended COVID-19 vaccine doses, and residents without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
 - e. The facility may consider quarantining residents who are not up to date with all recommended COVID-19 vaccine doses, and who leave the facility, if based on an assessment of risk, uncertainty exists about the adherence or the adherence of those around them to recommended infection prevention measures.
 - f. The facility will monitor residents for signs and symptoms of COVID-19 daily.
 - g. Residents who leave the facility for 24 hours or longer should be managed as a new admission or readmission and follow current CDC guidance.

16. Senate Bill 988 “No Patient Left Alone Act” (04-06-22)

- a. The guidelines within this policy 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 and the visitor will be allowed.
- d. Will allow in-person visitation in all of the following circumstances, unless the resident objects:
 - End-of-life situations.
 - A resident 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.
 - A resident is making one or more major medical decisions.
 - A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
 - A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - A resident who used to talk and interact with others is seldom speaking.

Additionally, the bill allows a resident 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.