

Manual Title	COVID-19 Manual
Policy Title	In-Door Visitation
Approval	
Effective Date	
Review Date	March 24,2021
Revision Date	March 24, 2021

To promote our residents’ physical, emotional and spiritual well-being, while keeping our residents safe and supporting their quality of life, we will make every effort to follow the guidance based on Center for Medicare and Medicaid Services (CMS) QSO-20-39-NH-Revised 3-10-202, NJDOH 3-22-2021 and the Center for Disease Control (CDC).

Indoor visitation will be allowed for residents except for an outbreak and when visitation will be limited due to a high risk of COVID-19 transmission:

Indoor visitation for unvaccinated or NOT fully vaccinated residents will be limited; CALI score “High” or “Very High” and less than 70% of the residents are “fully vaccinated”.

When a new case of COVID-19 among residents or staff is identified, all visitations will be suspended until one (1) round of facility-wide testing is completed.

If the first round of outbreak testing reveals **one or more** additional COVID-19 cases residents or staff then visitation will be suspended for **all** residents (vaccinated or unvaccinated).

May resume visitation when no new cases identified for (14) days since the last positive case.

Indoor visitation during an outbreak or investigation can occur only when the transmission of COVID-19 is contained to a single area.

Visitor Testing and Vaccination

While not required, encourage testing when CALI score is medium- or high-positivity to visitors, if feasible. If so, prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. May also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days).

Definition

Fully vaccinated resident/individual person who is more than or at 2 weeks following receipt of the second dose in a dose series, or more than or at 2 weeks following receipt of one (1) dose of a single-dose vaccine.

Residents with confirmed COVID-19 infection: indoor visitation will be limited whether vaccinated or not vaccinated until they have met the criteria to discontinue Transmission-Based precautions.

Residents under quarantine: indoor visitation will be limited whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Close contact (including touch): “fully vaccinated residents can choose to have close contact and touch with visitor as long as the visitor is wearing a tight-fitting mask.

Section A: Core Principles of COVID-19 Infection Prevention:

The Center and its staff shall comply with the Core Principles of COVID-19 Infection Prevention at all times to endeavor to facilitate safe visitation. These Core Principles are as follows:

1. Screening of all who enter our center 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 or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor’s vaccination status)
2. Hand Hygiene (use of alcohol-based hand rub is preferred)
3. Face covering or mask (covering mouth and nose)
4. Social distancing at least six feet between persons
5. 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)
6. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
7. Appropriate staff use of Personal Protective Equipment (PPE)
8. Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
9. Resident and staff testing as required under 42 CFR 483.80(h)

***Note:** Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave.

Section b: COVID-19 County Positivity Rate: Visitor Testing

The COVID-19 county positivity rate will determine whether indoor visitation can be safely facilitated and/or continued based on the following COVID-19 Nursing Home Data:

- **Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)**
- **Moderate (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**

1. Visitors may be tested while the county positivity rate is at medium or at high. Visitors who visit “regularly” will be encouraged to be tested on their own prior to coming into the center, *i.e.* within (2–3 days) with proof of negative test results and date of test.

2. Residents who are on transmission-based precautions for COVID-19 will only receive visits by virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions.

- a. Visitor will be provided with required PPE (compassionate-end-of-life).
- b. Restriction will be lifted once transmission-based precautions are no longer required.

3. Essential Caregivers also fall into “Indoor Visitation” must adhere to core principles.

Protocol:

A. Indoor visitation should be permitted if:

- There has been no new outbreak of COVID-19 cases in the last fourteen (14) days and our center is not currently conducting outbreak testing;
- Visitors are adhering to the core principles written above and staff are providing monitoring for those who may have difficulty adhering to core principles, such as children and adult visitors;
- We are limiting the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). The Center should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors;
- A designated staff will escort visitors to the designated area to visit their loved one.
- The Center should 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
- For residents who share a room, their visits will be at a designated area within the center, and staff shall announce this area at the time of the visit.
- Physical barriers (e.g., clear Plexiglass dividers, curtains) may be utilized

B. Compassionate Care Visits

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 lay persons offering religious and spiritual support.

Types of compassionate care situations include, but are not limited to:

- a. Compassionate visit, end-of life

- b. 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.
- c. A resident who is grieving after a friend or family member recently passed away.
- d. 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.
- e. 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).

At all times, compassionate care visits should be conducted using social distancing; however, if the Center and visitor identify a way to allow for personal contact during a compassionate care visit, contact should be made following all appropriate infection prevention guidelines and for a limited duration of time.

C. Health Care Personnel

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

Health care workers who are not employees of the Center but provide direct care to its residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must 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.

Recourses:

Center for Medicare and Medicaid (CMS)

Nursing Home Visitation-COVID-19 September 17, 2020_QSO-2039-NH

NJDOH; March 22, 2021 Executive Directive NO.21-001

NJDOH; March 22, 2021 Marcela Ospina Maziarz, MPA

Mandatory Guidelines for Visitors and Facility Staff

CDC.gov

<http://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

<http://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>.

County Positivity rate:

Data.CMS.gov