

# Clinical Services

Subject: Visitation Policy-COVID-19

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Facilities shall resume visitation while adhering to the Centers for Medicare and Medicaid Services (CMS) *Core Principles of COVID-19 Infection Prevention* set forth below. Visitation shall be person-centered and account for residents' physical, mental, and psychosocial well-being, and support their quality of life with a degree of privacy. Facilities shall accommodate visitation through different means based upon the facility's structure and residents' needs\*. **When feasible, facilities shall conduct visitation outdoors to lower the risk of potential transmission,**

## Core Principles of COVID-19 Infection Prevention<sup>1</sup>

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, **questions about and observations of 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)
- [Hand hygiene](#) (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
  - **NOTE:** A fully vaccinated<sup>2</sup> resident may choose to have close contact (including touch) with a visitor while wearing a well-fitting facemask and performing hand-hygiene before and after touch. Regardless, visitors should physically distance from other residents and staff in the facility.
- 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)

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<sup>1</sup> Nursing Home Visitation, Centers for Medicare and Medicaid Services (CMS), QSO 20-39-nh, Revised 3-10-21, <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

<sup>2</sup> According to the Centers for Disease for Control and Prevention (CDC), "fully vaccinated" refers to a person who is more than two weeks past receipt of the second dose in a two-dose series, or following receipt of the sole dose of a single-dose vaccine

- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see [QSO-20-38-NH](#))

Facilities must log visitor demographic information as set forth in the Screening Policy.

Facilities may **not** require visitors to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems.

### **OUTDOOR VISITATION**

- Facilities shall conduct visitation outdoors whenever practicable, even when residents and visitors are fully vaccinated against COVID-19, as there is lower risk of transmission due to increased space and airflow.
- Prior to conducting visitation outdoors, facilities must consider:
  - Inclement weather such as excessively hot or cold temperatures, or poor air quality; **and**,
  - Each resident's individual health status (e.g. medical condition, COVID 19 status)
- Facilities shall create accessible and safe outdoor spaces for visitation (e.g. courtyards, patios, or parking lots, including the use of tents, if available)

### **INDOOR VISITATION**

Facilities shall permit indoor visitation at all times and for all residents (regardless of vaccination status), except for the below circumstances due to a high risk of COVID-19 transmission:

- Unvaccinated residents, if:
  - the nursing home's COVID-19 county positivity rate<sup>3</sup> is above 10%; **and**,
  - less than 70% of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the [criteria to discontinue Transmission-Based Precautions](#); or

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<sup>3</sup> The county positivity rate refers to the color-coded positivity classification, which *can be found on the* [COVID-19 Nursing Home Data](#) site

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- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from [quarantine](#).

In these instances, facilities should make every effort to accommodate visits using electronic devices and alternative visitation techniques. **(Note: facilities must permit compassionate care visits at all times)**

### Criteria for Indoor Visitation

- Adhere to the *Core Principles of COVID-19 Infection Prevention* at all times. Facilities must determine the appropriate number of visitors per resident and the total number of visitors in the facility at one time in order to adhere to maintain the *Core Principles*.
- Facilities must limit visitor movement inside their facilities. Visitors should proceed directly to the resident's room or designated visitation area. Visitors should not roam hallways.
- Facilities should not permit in-room visits for residents who reside with a roommate, unless necessary. Facilities may permit such visitation when the health status of the resident prevents the resident from leaving the room. **(See MA-specific guidance below)**
- When a facility identifies new case of COVID-19 among residents or staff, a facility must 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.
  - If the first round (or any subsequent rounds) of outbreak testing reveals no additional COVID-19 cases in units other than the unit in which the first identified COVID-19 positive resident resides, then the facility may permit visitation for residents residing in the other non-positive units. Facility should continue the suspension of visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
    - Facilities must notify visitors about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to *Core Principles*.
  - If the first round (or any subsequent rounds) of outbreak testing reveals one or more additional COVID-19 cases in units other than the unit in which the first identified COVID-19 positive resident resides, then facilities must suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

- **Facilities must permit compassionate care visits and visits required under federal disability rights law at all times, for any resident (vaccinated or unvaccinated).**

#### **POTENTIAL VISIT-RELATED EXPOSURES**

If a visitor to a nursing home tests positive for SARS-CoV-2 by a diagnostic test and the visit to the NH occurred from two days before the visitor's symptom onset (or in the 2 days before the date of collection of the positive sample for visitors who remained asymptomatic) to the end of the visitor's isolation period, there is a potential for exposure. Exposures among visitors and residents should be evaluated using community contact tracing guidelines, meaning exposure is defined by the proximity of the individuals and duration of the visit (contact within 6 feet and duration 10 minutes or more) regardless of personal protective equipment (PPE) or face covering used by the visitor or the resident.

The following should be evaluated to determine the appropriate follow-up when there is identification of a visitor who tests positive for COVID-19. If the following are confirmed by the facility:

- the visit was supervised by an appropriate facility staff member; and
- the visit was conducted in a common area or outdoor area that does not require the visitor to enter a resident unit; and
- the visitor complied with all COVID-19 precautions including hand hygiene and appropriate use of a face mask or face covering, and
- the visitor and the resident maintained at least 6 feet of distance from each other for the entire duration of the visit; and
- the visitor maintained at least 6 feet of distance from all other visitors, residents, and staff for the entire duration of the visit.

Then, the appropriate action should be taken with respect to residents only, if all of the above are confirmed, the resident who received the visit should be placed on a 14- day quarantine in a single room in the designated observation area using Contact plus Droplet precautions and eye protection. The resident should be monitored for symptoms and have temperature checks every shift. Testing for SARS-CoV-2 could be considered for greater assurance of the resident's COVID-19 status, every 3 to 7 days for at least 14 days.

If all of the above cannot be confirmed by the facility, NHs should proceed as they would after identification of a COVID-19 positive staff member, including conducting contact tracing to determine the extent of the exposure within the facility. On affected units (or entire facility, depending on the amount of contact), NHs should initiate testing every 3 days to 7 days until

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testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result, use of transmission based precautions and testing for influenza

### **MASSACHUSETTS ONLY**

- Facilities must provide visitors the opportunity to visit with residents for at least 45 minutes.
- A staff member trained in patient safety and infection control measures must be available to residents during visits.
- Facilities should avoid visitation inside resident rooms for residents who are not fully vaccinated (14 days or more from receiving the final dose in the vaccine series).
- Fully vaccinated residents may receive visitors inside their room if:
  - o The visitors are fully vaccinated; and,
  - o Any roommates of the residents are fully vaccinated.
- Close contact, including touch, may be allowed if desired by both the resident and visitor. In order to reduce risk of transmission, individuals must:
  - o Use alcohol-based hand sanitizer with at least 60% alcohol before and after contact;
  - o Hug with faces in opposite directions; and
  - o Limit the duration of close physical contact and avoid close face-to-face contact even when face masks are used