

# CEDARCREST CARE CENTER

## Indoor Visitation-Updated CMS Guidelines COVID-19 Public Health Emergency

### Policy

It is the policy of this facility to adhere to CDC and CMS guidelines and best practices for indoor visitation to support each resident's quality of life.

If a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident room), the resident will be permitted to receive visitors as he/she chooses.

Visitation 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. Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmission.

### Core Principles of COVID-19 Infection Prevention

- 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. Facilities should screen all who enter for these visitation exclusions.
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) and physical distancing at least six feet between people, in accordance with CDC guidance
- 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)
- Resident and staff testing conducted as required at 42 CFR & 483.80(h)(see QSO-20-38-NH)

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

### Guidelines:

#### Indoor Visitation

- Indoor visits are allowed at all times and for all residents as permitted under the regulations.
- The frequency and length of visitation will not be limited.

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- The number of visitors will not be limited, and advanced scheduling of visits is not required.
- The facility will ensure physical distancing can still be maintained during peak visitation times and avoid large gatherings where large number of visitors are in the same space at the same time and physical distancing cannot be maintained.
- If the resident's roommate is not vaccinated or is immunocompromised (regardless of vaccination status), visitation should not be conducted in the resident's room if possible.
- If the facility county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face covering/masks and physical distance at all times.
- In low to moderate transmission areas, the safest practice is to wear face coverings/mask and physically distance.
- If all visitors and the resident are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face covering and have physical contact.
- Visitors should wear face coverings/masks while around other residents or health care personnel, regardless of vaccination status.
- Visitor movement in the facility will be limited, for example visitors should not walk around different hallways of the facility, they should go directly to the area that they are going to visit the resident.
- Residents who are on transmission-based precautions (TBS) or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBP or quarantine, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

### Indoor Visitation During Outbreak Investigation

- Visitors are allowed to visit, after they have been made aware of the potential risk of visiting and adhere to the core principles of infection prevention.
- Visitation during an outbreak will include wearing face coverings/masks, regardless of vaccination status, and visits should ideally occur in the resident's room.

### Visitor Testing and Vaccination

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- Testing may be offered to visitors, if feasible, but it is not required. If facilities do not offer testing, they should encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).
- Visitors may be asked about their vaccination status, but they are not required to be tested or vaccinated, or show proof of such, as a condition of visitation. If a visitor declines to disclose their vaccination status, they should wear a face covering/mask at all times.

### Compassionate Care Visit

- Are allowed at all times.

### Ombudsman Visiting

- If the ombudsman is visiting a resident who is on TBP or quarantine, or unvaccinated resident where county level transmission is substantial to high in the past 7 days, they should be made aware of the potential risk of visiting and the visit should take place in the resident's room.

### Survey Consideration

- The facility will not restrict access to surveyors based on their vaccination status or ask a surveyor for proof of vaccination status as a condition of entry.

### Communal Activities, Dining and Resident Outings

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility.

- The facility allows residents to leave the facility as they choose. Should a resident choose to leave, 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, and hand hygiene and to encourage those around them to do the same.

Upon the resident's return the following will occur:

- If the resident or family member reports possible close contact to an individual with COVID-19 while outside of the nursing home, the resident will be tested for COVID-19, regardless of vaccination status. The resident will be placed on quarantine if the resident has not been fully vaccinated.

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This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

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- If the resident develops signs or symptoms of COVID-19 after the outing, the resident will be tested for COVID-19 and placed on Transmission-Based Precautions, regardless of vaccination status.
- The facility reserves the right to test unvaccinated residents without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
- The facility reserves the right to consider quarantining unvaccinated residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.
- Residents will be monitored for signs and symptoms of COVID-19 daily

Residents who leave the facility for 24 hours or longer will generally be managed as a new admission or readmission, there are exceptions to quarantine, including for fully vaccinated residents.

### Procedure:

1. Visitation will be limited to a specific area such as the resident room, or designated visitation area.
2. Each visitor will arrive with a face covering or mask and perform hand hygiene on arrival.
  - a. Facemasks will be provided if they do not arrive with a face covering/mask.
3. All visitors will be screened 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 14days (regardless of the visitor's vaccination status).
4. Visitors will be asked to sign a "Visitor Waiver" prior to entering the visitation area. If visitor refuses to sign, document the refusal, and maintain documentation in the visitation file.
5. Visitors will be reminded to adhere to the core principles and staff will monitor for those who may have difficulty adhering to the core principles, such as children. Core principles include but are not limited to:
  - a. Pre-entrance screening for COVID-19 symptoms
  - b. Hand hygiene (use of alcohol-based hand rub is preferred)
  - c. Face covering or mask (covering mouth and nose) at all times during the visit
  - d. Social distancing at least six feet between persons.
6. Visitors will perform hand hygiene prior to entering resident care areas.

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7. Visitors will have limited movement in the facility and will go directly to the resident's room or designated visitation area.
8. Privacy will be maintained during visits unless otherwise contraindicated due to the resident's medical status.
9. Upon exit, visitors will be reminded that if they develop signs and symptoms of COVID-19 within 2-14 days after visiting the center they should immediately notify the center of the date they visited.
  - a. Any individuals who had contact with the visitor will be screened for the level of exposure and discussed with the Medical Director/health department for guidance.

I have read, understand and agree to adhere to the requirements outlined in this policy and procedure.

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review Dates: \_\_\_\_\_

