PACIFIC GROVE HEALTHCARE CENTER
200 LIGHTHOUSE AVE
PACIFIC GROVE, CA 93950

VISITOR POLICY DURING COVID-19 PANDEMIC

PURPOSE:

To provide guidance on Visitation during COVID-19 pandemic.

POLICY STATEMENT:

While our priority is on protecting residents from COVID-19, we also recognize the significant physical and emotional effects of physical separation of residents from their family and loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Recognizing that visitors are essential to the mental well-being of all residents in general and especially those who are at the end-of-life, residents with physical, intellectual, and/or developmental disabilities, and residents with cognitive impairments, the facility developed guidance regarding visitation during the COVID-19 pandemic.

POLICY INTERPRETATION AND IMPLEMENTATION:

- Facility shall conduct visitation through different means; however, facility must adhere to the core principles of COVID-19 infection prevention at all times. Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Facility must also enable visits to be conducted with an adequate degree of privacy and should be allowed at times convenient to visitors (e.g., outside of regular work hours).

- Facility shall allow indoor in-room visitation for a*ll residents, regardless of vaccination status, in "green" (unexposed or recovered), "yellow" (exposed or observation status) and "red" (isolation) areas.*

- All visitors will be screened utilizing the *COVID-19 Screening Form*. This includes a question regarding visitor's vaccination status.

- Facility must verify visitors are fully vaccinated **or** have provided evidence of a negative SARS-CoV-2 test within one day of visitation for antigen tests, and within two days of visitation for PCR tests for indoor visitation. Visitors that are unvaccinated or incompletely vaccinated or are unable to show a negative SARS-CoV-2 test may only have an outdoor visit.

- Pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards, only the following modes may be used as proof of vaccination:
    1. COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided, and date last dose administered); OR
    2. a photo of a Vaccination Record Card as a separate document; OR
    3. a photo of the client's Vaccination Record Card stored on a phone or electronic device, OR
    4. documentation of COVID-19 vaccination from a health care provider; OR
    5. digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type.

- In the absence of knowledge to the contrary, the facility may accept the documentation presented as valid.

- Unvaccinated visitors seeking indoor visitation must show documentation of a negative SARS-CoV-2 test where the specimen collection occurred within two days if using PCR or one day if using antigen testing before each visit and for which the test results are available at the time of entry to the facility. For visitors who visit for multiple consecutive days proof of negative test is only required every third day (meaning testing is only required on day one, day 4 and day 7, and so on).

- Unvaccinated or incompletely vaccinated visitors with history of COVID-19 within the prior 90 days may provide documentation of recovery from COVID-19 in lieu of testing.

- Visitors may choose to use antigen or molecular (e.g., PCR testing) to satisfy this requirement. Any molecular or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

- Facility can offer to conduct onsite testing of visitors if practical per facility testing capacity. While not required, facilities may test residents' visitors to help facilitate visitation while also preventing the spread of COVID-19. Facilities should prioritize resident and staff testing and have adequate testing supplies to meet required testing, prior to testing resident visitors.

- Visitors who are visiting a resident in critical condition, when death may be imminent, are exempt from the vaccination and testing requirements, however, must comply with all infection control and prevention requirements applicable for indoor visit.

- If visitor refuses to complete the screening questionnaire tool and/or refuses to have their temperature checked, facility should respectfully inform them that we cannot allow entry to our facility without proper clearance.

- 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. Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children. If a visitor is non-compliant and demands access to the facility, Receptionist or assigned staff should call local law enforcement immediately

- Any visitor entering the facility, regardless of their vaccination status, must adhere to the following:
    1. All visitors, regardless of their vaccination status, must be screened for fever and COVID-19 symptoms and/or exposure within the prior 14 days to another person with COVID-19; if a visitor has COVID-19 symptoms or has been in close contact with a confirmed positive case, they must reschedule their visit, regardless of their vaccination status.
    2. All visitors, regardless of their vaccination status, must wear a well-fitting face mask with good filtration (N95, KF94, KN95, or surgical masks are preferred over cloth face coverings) and perform hand hygiene upon entry and in all common areas in the facility;
    3. If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID-19 positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by HCP.
    4. Facilities should limit visitor movement in the facility, regardless of the visitor's vaccination status; for example, visitors should not walk around the hallways of the facility and should go directly to and from the resident's room or designated visitation area.

- Visitors who have tested positive for COVID-19 should not be permitted to visit or should be asked to leave if they are still within their isolation period (within 10 days of their positive test). Under such circumstances, facilities must offer alternatives for remote (Skype, etc.) or telephone visitation. Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.

- If a SNF resident is not able to leave their room or otherwise meet with visitors outdoors, the visitation may take place indoors even for visitors who cannot provide vaccine verification or a negative test; however, these visits cannot take place in common areas, or in the resident's room if the roommate is present, and the visitor must wear a well-fitted mask with good filtration (N95, KF94, KN95, or surgical masks are preferred over cloth face coverings) and the resident must wear a well-fitting face mask at all times and physically distance.

Indoor, In-Room and Large Communal Space Visitation Requirements

Indoor in-room visitation shall meet the following conditions:

- Facility must verify vaccination status or document evidence of a negative test of the visitor within 48 hours if using PCR or 24 hours if using antigen testing of the indoor visit.
- Indoor visits must be conducted with both the resident and visitor wearing a well-fitting face mask. If both the resident and visitor are fully vaccinated, they do not need to physically distance and can include physical contact (e.g., hugs, holding hands) but must wear a well-fitting face mask while in the resident's room unless eating or drinking.
- Visits for residents who share a room should be conducted in a separate indoor space or with the roommate not present in the room (if possible), regardless of the roommate's vaccination status.
- Visitors should be provided personal protective equipment (gloves, gown, eye protection and N95 respirator) and instructed in a N95 respirator seal check for visitation of residents in yellow (exposed or observation status) and red (isolation) areas.

Facility shall also accommodate visitation in large communal indoor spaces for residents who are not in isolation or quarantine:

- Indoor spaces used for visitation such as a lobby, cafeteria, activity room, physical therapy rooms, etc. should be arranged to accommodate 6-ft distancing between visitor-resident groups. Facility should assess the maximum number of resident-visitor groups that can be accommodated while maintaining physical distancing between groups in communal indoor spaces designated for visitation; when the maximum is reached, visits will need to be conducted in the resident's room (if appropriate) or outdoors (preferably).
- During indoor large communal space visits between residents and visitors who are all fully vaccinated, both the resident and visitor must always wear a well-fitting face mask unless eating or drinking while in designated spaces for visitation. These visits may be conducted without physical distancing and include physical contact (e.g., hugs, holding hands).

Continuing Outdoor Visitation Requirements

- Facility must continue to allow outdoor visitation options for all residents, regardless of vaccination status. Outdoor visits pose a lower risk of transmission due to increased space and airflow; therefore, outdoor visitation should be offered unless the resident cannot leave the facility, or outdoor visitation is not possible due to precipitation, outdoor temperatures, or poor air quality. When providing outdoor visitation facilities should facilitate visits on the facility premises (e.g., visits on lawns, patios, and other outdoor areas, drive-by visits, or visit through a window) with 6-ft or more physical distancing between visitor-resident groups, and staff monitoring of infection control guidelines. Visitors that are unvaccinated or incompletely vaccinated may only have an outdoor visit.

- Outdoor visits between residents and all visitors who are fully vaccinated, must be conducted with face masks and may include physical contact (e.g., hugs, holding hands). Visits between residents or visitors that are unvaccinated or incompletely vaccinated should be conducted with well-fitting face masks during the visit.

Other Visitation Options in Addition to Outdoor and Communal Spaces

- In addition, to maximize visitation opportunities and keep residents and families connected, facilities are encouraged to:
    1. Offer alternative means of communication for people who would otherwise visit, including virtual communications (phone, video-communication, etc.).
    2. Assign staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
    3. Offer a phone line with a voice recording updated at set times (i.e., daily) with the facility's general operating status, such as when it is safe to resume visits.
    4. Create/increase listserv communication to update families, such as the status and impact of COVID-19 in the facility.

Communal Dining and Group Activities:

Communal activities and dining may occur in the following manner:

- Residents who are fully vaccinated and not in isolation or quarantine may eat in the same room without physical distancing; if any unvaccinated residents are dining in a communal area (e.g., dining room) all residents should use source control when not eating.

- Residents who are fully vaccinated and not in isolation or quarantine may participate in group/social activities together without face masks or physical distancing; if any unvaccinated residents are present, then all participants in the group activity should wear a well-fitting face mask for source control and unvaccinated residents should physically distance from others.
- When it is not possible to ensure all persons participating in an activity are vaccinated (e.g., in break rooms and other common areas where staff or residents may come and go), then all participants should follow all recommended infection prevention and control practices including physical distancing and wearing a well-fitting face mask for source control. As such, activities where participants do not use source control and physical distancing should be carefully planned in advance and monitored so that vaccination status of all participants can be verified and ensured throughout the activity. Facilities should consider, in consultation with their local health department, reimplementing limitations on communal activities and dining based on the status of COVID-19 infections in the facility, e.g., when one or more cases has been identified in facility staff or residents.

Non-essential Personnel/Contractors

- Non-essential personnel/contractors (e.g., barbers, manicurists/pedicurists), who comply with the same diagnostic screening testing and universal face mask requirements of the facility, may enter the facility and provide services to residents in appropriate spaces (outdoors, if feasible, or indoors in a well-ventilated area where at least 6-ft distancing can be maintained between residents); non-essential personnel/contractors who enter the facility should be encouraged to seek COVID-19 vaccination through the resources available in their community including the local health department.

Reference:

AFL 22-07, Guidance for Limiting the Transmission of COVID-19 in Skilled Nursing Facilities (SNFs), https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx

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