



Responsible Officer:	Administration
Responsible Office:	Administration
Adoption Date:	September 4, 2020
Revised:	November 2020, December 2020, April 2021, November 2021, April 2022

HEALTH CENTER VISITATION POLICY

Policy Statement

Visitation is allowed for all residents as permitted under the local, state, and federal regulations, while previously acceptable during the Public Health Emergency, the Health Centers no longer limit the frequency and length of visits for residents.

Public Interpretation and Implementation:

1. To minimize the risk to other residents, visitation will be conducted based on a residents' needs, current Centers for Disease Control, Department of Health, Agency for Healthcare Administration regulation, as well as the health center's structure such as in resident rooms, dedicated visitation spaces, and outdoor space availability.
2. Visitation should be person-centered, considering the residents' physical, mental, and psychosocial well-being, and support their quality of life. In addition to general visitation the health centers will allow in-person visitation in all the following circumstances unless the resident objects.
 - End-of life situations.
 - A resident who was living with family before being admitted to the health center is struggling with the change in environment and lack of in-person family support.
 - A resident, client, or patient is making one or more major medical decisions.
 - A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
 - A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - A resident, client, or patient who used to talk and interact with others is seldom speaking.
3. Visitation Information
 - Visits are permitted by the essential caregiver for at least two (2) hours daily in addition to any other visitation authorized by the health center.
 - Visitors are permitted 24/7
 - If your loved one is in a semi-private room, please be courteous to the roommate or request an alternate visitation area.
 - Hand hygiene is encouraged while visiting.
4. Regardless of how visits are conducted, continue to follow the core principles and best practices related to the risk of COVID-19 transmission.

Core Principles of COVID-19 Infection Prevention

- Visitors are required to screen-in prior to visitation. 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 health center. Visitors who develop symptoms or test positive within 14 days of visiting should notify the community.
 - Hand hygiene is encouraged. Hand sanitizer is available throughout the centers.
 - Face covering or mask and physical distancing at least six feet between people.
 - Instructional signage and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable health center 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 health center often, and designated visitation areas after each visit.
 - Appropriate use of Personal Protective Equipment for staff, providers, residents, and visitors
 - The Health Care Administrator, Director of Clinical Services or their designee will be responsible for monitoring adherence to the use of Personal Protective Equipment.
 - The health center may suspend in-person visitation of a specific visitor if the visitor violates the health center's policies and procedures.
 - Effective cohorting of residents.
 - Resident and staff testing conducted as required by local, state, and federal requirements.
5. Physical distancing should be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.).
 6. Avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.
 7. During indoor visitation, limit visitor movement in the health center. Visitors should not walk around different halls of the health center. They should go directly to the resident's room or designated visitation area.
 8. For residents who are unvaccinated or immunocompromised (regardless of vaccination status), visits should be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, the health center will attempt to enable in-room visitation while adhering to the core principles of infection prevention. Consensual physical contact is permitted resident and visitor.
 9. If the county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times. In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated. If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact.

10. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.
11. Residents who are on transmission-based precautions (TBP) 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.
12. The Community may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.
13. Unvaccinated residents may also choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, unvaccinated residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. Visitors should also physically distance from other residents and staff in the health center.

Indoor Visitation during an Outbreak Investigation

14. An outbreak investigation will be initiated when a new onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff) occurs in the health center. To swiftly detect cases, the health center will adhere to CMS regulations and guidance for COVID-19 testing, including routine unvaccinated staff testing, testing of individuals with symptoms, and outbreak testing.
15. When a new case of COVID-19 among residents or staff is identified, the health center will immediately begin outbreak testing in accordance with CDC guidelines, and local and state requirements.
16. While it is safer for visitors not to enter the health center during an outbreak investigation, visitors will be allowed in the health center. Visitors will be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they will be required to wear face coverings or masks during visits, regardless of vaccination status, and visits should occur in the resident's room. The health center will work with their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

Outdoor Visitation

17. While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred regardless of outbreak or vaccination status. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting

outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

- Outdoor visitation areas are designated in both health centers.
- Outdoor visitation areas include spaces that have been partitioned off for enhanced infection control precautions
- Hand hygiene is encouraged in outdoor visitation areas

The facility will notify visitors about the potential for COVID-19 exposure in the facility through appropriate signage. Visitors will adhere to the core principles of COVID 19 infection prevention, including effective hand hygiene and use of face coverings.

Facility Representative: _____

Date: _____

Visitor: _____

Date: _____