

Coronavirus 2019 (COVID-19): Guidance for Visitation in Skilled Nursing Facilities and Assisted Living Residences

This document provides best practice recommendations for visitation in skilled nursing facilities and assisted living residences in the District of Columbia based on CDC and CMS guidelines ([cms.gov/files/document/qso-20-39-nh-revised.pdf](https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf)). **Except for current mandates in effect under a Mayor's Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., "must") are considered essential best practice recommendations to mitigate the spread of COVID-19.** The following measures should be taken to reduce the risk of COVID-19 transmission when visitation occurs.

General guidelines for all visitation

- Visitors must comply with mask and social distancing requirements.
 - All visitors must wear well-fitting face masks while inside the facility, regardless of their vaccination status or personal history of COVID-19 infection.
 - Children under the age of 18 must always be accompanied by a guardian and must be able to comply with face covering and social distancing requirements.
- Visitors, during a given visit, must not be allowed to remain on-site when not actively visiting a resident.
- Visitors must only be allowed to visit the patient(s) they indicated in the visitor log during initial screening. **Visiting multiple patients within the same day should be strongly discouraged.**
- Visitors must not be allowed to congregate in an area of the facility that is not designated for visitation.
- Measures must be in place to manage visitor traffic and minimize face-to-face passing.
- When possible, designate specific entrances and exits for visitors that support unidirectional flow.
- Facilities are recommended to consider having visitors schedule an appointment for the visit to ensure the facility can safely accommodate the number of people and have enough staff to ensure safety precautions are monitored and enforced. **Continuous monitoring is not required unless indicated for resident safety.**
- **Facilities must not use scheduling for the purpose of limiting or discouraging visitation.**
- Facilities should maintain a 14-day supply of all personal protective equipment (PPE) that would be necessary to respond to an outbreak without dependence on public health stockpiles.
- Post clear signage if the facility is undergoing an active outbreak investigation. Signage must be clearly posted in the following places:
 - At all entrances, including screening area
 - In the visitation area (for indoor visitation spaces)
 - Anywhere else deemed appropriate by DC Health staff
- Greet visitors at a designated area at the entrance of the facility where a staff member must:
 - Screen all visitors and service providers.
 - Screen for fever and other symptoms of COVID-19 infection¹.
 - **Visitors who have symptoms or known close contact with a COVID-19 positive person within the last 14 days may not enter the facility, regardless of their vaccination status or personal history of COVID-**

¹ **Symptoms of COVID-19** may include: fever (subjective or 100.4 degrees Fahrenheit), chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea.

19 infection.

- Visitors must not be in a quarantine period due to exposure to a person with COVID-19 or because of travel.
- For full guidance on **Screening in a Healthcare Setting**, **Screening Tool Guidance**, and **Guidance for Travel**, visit coronavirus.dc.gov/healthguidance.
 - Ensure that visitors have masks that do not have exhalation valves, and that masks cover a visitor’s nose and mouth.
- Guidelines for physical contact between visitors and residents are outlined in subsequent sections of this document. If physical contact between visitors and residents occurs, staff should ensure that appropriate hand hygiene supplies are available and should educate visitors and residents on proper hand hygiene such that:
 - Residents know to perform hand hygiene immediately before and immediately after touching a visitor or touching their mask
 - Visitors know to properly perform hand hygiene immediately before and immediately after touching a resident or touching their mask.
- Maintain a daily visitor log with visitors’ full names, phone number, full home address, email, name, and room number of the person they are visiting and maintain records for 30 days to assist with contact tracing.
 - The facility must be able to furnish contact tracing data to DC Health (in accordance with [D.C. Official Code § 7-139 in Subchapter II. Prevention of Spread of Communicable Diseases](#)) within 12 hours of it being requested.
- Staff must ensure that visitor movement is limited in the facility (e.g., escorting of visitors to and from the resident’s room or designated visitation area).
 - Visitors must go directly to the resident’s room or designated visitation area and must not walk around different halls or areas of the facility.
 - **Facilities must be able to operationalize limiting visitor movement without limiting or discouraging visitation.**
- Deny entry to visitors or service providers who do not pass screening or who refuse to comply with entry requirements.
- Facilities must provide their visitation policy to DC Health upon request within 24 hours.
- Gatherings are permitted, provided that mask and physical distancing requirements are followed (based on the vaccine status of the resident and the visitors-see “Considerations for visits” sections on page 2 and 3).
 - Group size and activity space must allow for social distancing when indicated.
 - Social distance must be maintained, and masks must be worn if residents and visitors present are not fully vaccinated².

Residents who meet the following criteria must not participate in visitation³:

- Currently isolated due to COVID-19
- Currently isolated due to experiencing symptoms of possible COVID-19
- Currently quarantined because of exposure to COVID-19

Considerations for visits to fully vaccinated² residents (who are not immunocompromised⁴)

The following apply for visitors of fully vaccinated residents only:

- During an indoor visit, residents and their visitor(s) can choose to have close contact

² **Fully vaccinated:** A person is considered fully vaccinated 14 days after they complete a **primary** COVID-19 vaccine series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine). The **primary series** is the standard vaccine course before any extra (i.e., “booster”) doses.

³ These restrictions do not apply to compassionate care situations or those essential to support persons with disabilities.

⁴ **Immunocompromised** means having a weakened immune system due to a medical condition or from taking medications that suppress the immune system. This includes, but is not limited to: people on chemotherapy, people with blood cancers like leukemia, people who have had an organ transplant or stem cell transplant, and people on dialysis.

- (including touch) but must wear well-fitting face masks.
- During an outdoor visit, if the visitors are also fully vaccinated, residents and their visitor(s) can choose to have close contact (including touch) and to not wear masks.
 - Visitors must wear masks and maintain physical distance of 6 feet from healthcare personnel.
 - Visitors who want to remove their masks during outdoor visitation must verify their vaccination status to the facility (e.g., present a vaccination card, be able to verbally provide the exact date(s) and type of vaccination, have a doctor's note, etc.).
 - If any visitors are not fully vaccinated or have an unverified vaccination status, residents and the visitor(s) can choose to have close contact (including touch) during the visit (indoor or outdoor), but must wear masks.
 - Residents can choose to have close contact, however, maintaining physical distance of 6 feet remains the safest option.
 - Visitors must wear masks and maintain physical distance of 6 feet from other residents with the exception of facility-approved gatherings that take participants' vaccination status into account.
 - Participation in gatherings (including meals) with other residents and families can occur with the following considerations:
 - If all participants are verified to be fully vaccinated:
 - Masks are only needed when indoors.
 - Physical distancing is only required during meals when masks are removed (i.e., when actively eating or drinking).
 - If any participants are unvaccinated or have an unverified vaccination status, then all participants must wear masks and maintain six feet of physical distancing from others. If the activity includes a meal, masks must be worn when not actively eating or drinking.

Considerations for visits to unvaccinated, partially vaccinated, and immunocompromised residents

- Participation in visitation and gatherings (indoor or outdoor) can occur if residents and their visitors:
 - Wear well-fitting masks.
 - Maintain 6 feet of social distancing.
- Meals with an unvaccinated/partially vaccinated or vaccinated immunocompromised resident and their visitor(s) can occur outdoors if:
 - The visitor(s) wear a mask when not actively eating/drinking.
 - The visitor(s) remain at least 6 feet from the resident.
 - Other unvaccinated/partially vaccinated or vaccinated immunocompromised residents from the facility are not present.

Compassionate care visits

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations.

- Examples of other types of compassionate care situations include, but are not limited to:
 - 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.
 - A resident who is grieving for a friend or family member who has recently passed away.
 - A resident who needs cueing and encouragement with eating or drinking (that was previously provided by family and/or caregiver(s)), is experiencing weight loss or dehydration.

- 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).
- Compassionate care visits and visits required under federal disability rights laws **must be allowed at all times** regardless of a resident's vaccination status, local COVID-19 positivity rate, or an outbreak.
- Compassionate care visits should follow masking and social distancing as outlined in this guidance.
- For further clarification on compassionate care visits, see *QSO-20-39-NH Revised* at cms.gov/files/document/qso-20-39-nh-revised.pdf.

Safe visitation

- Outdoor visitation is still preferred over indoor when possible.
- Unvaccinated residents must **not** be allowed indoor visitation (except that required for compassionate care, essential personnel, and under federal disability rights law) if **both** ≤70% of facility residents are fully vaccinated **AND** the DC positivity rate is >10%.
- Facilities undergoing outbreak testing must be approved by the DC Health COVID-19 Healthcare Facility Team to continue/resume visitation. The following criteria must be met, at minimum:
 - Controlled transmission of COVID-19 within the facility (see 'Visitation during outbreaks' section below).
- Policies must be written to address:
 - The appropriate number of visitors per resident and per designated space
 - Scheduling of visitors in advance to avoid excessive congregation in the designated space
 - Education for visitors on appropriate hand hygiene practices
 - Use of alcohol-based-hand-rub before and after the visit and as needed for both visitors and residents
 - Screening of visitors and service providers
 - The facility's right to revoke, cancel or deny a scheduled visitation
 - A process for visitors to notify the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility
 - Appropriate masking for visitors and residents
 - Ability to practice 6 feet of social distancing (at least 6 feet between residents and visitors, when needed AND at least 6 feet between different resident-visitor groups).
 - Robust cleaning and disinfection of outdoor visitation area, as applicable

Prior to initiating indoor visitation

- Notify resident families that indoor visitation is occurring in the facility. The notification should include:
 - Precautions being taken to keep residents safe
 - Expectations and requirements for visits. Minimally, the notification should include:
 - A description of the symptom screening process
 - All terms of indoor and outdoor visitation, including mask and social distancing requirements, vaccination status, how to summon staff if needed, and what will cause a visitor to be denied entry
 - Steps that visitors must take before the visit, upon arrival, and during their visit
 - Terms for physical contact between visitors and resident
 - The possibility that visitors might be entering a facility when there is an active outbreak occurring

- Ensure the facility is meeting requirements for resident vaccination coverage if the community positivity rate is >10%.
 - Vaccination coverage among residents must be documented through the DC Health SNF/ALR Vaccination Survey.
- Visitors must not be required to be vaccinated. Visitors should be strongly encouraged to be fully vaccinated prior to their visit.
 - Visitors who want to remove their masks or have close contact during visitation must verify their vaccination status with the facility (e.g., present a vaccination card, be able to verbally provide the exact date(s) and type of vaccination, have a doctor's note, etc.)
 - Facilities are encouraged to maintain a log of routine visitors' vaccination status.
- Visitors must not be required to be tested prior to the visit. Facilities can encourage visitors get tested prior to their visit.
- Please note that tents with more than one (1) sidewall are considered indoors.

During indoor visitation

- Visitors must comply with appropriate masking and social distancing requirements during the entire visit, as per consideration sections above (page 2 and 3).
- Visitors must be limited to the designated visitation area.
- Visitors must only visit the resident they intend to visit at the designated visitation location.
- Residents are strongly recommended to wear masks at all times during visits, including the transition to and from the indoor visitation location.
- Limit indoor visitation to areas that allow for appropriate social distancing. Use of a designated space is preferred as a site for visitation.
 - The space must have proper ventilation (open windows, etc.).
 - The space must be reserved for the residents and their designated visitors only.
 - There must be specified entries, exits, and pathways to the dedicated space that minimizes exposure to other residents.
 - The number of visitors allowed must not exceed the capacity of the space to accommodate social distancing requirements.
 - The visitation area must only be used by one resident/visitor(s) group at a time (see consideration sections on page 2 and 3).
 - Activity areas commonly used by residents (e.g., dining rooms) are not recommended to be used for visitation unless there is no other option.
- Facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
 - Visits for residents who share a room should not be conducted in the resident's room with the other resident physically present, **if possible**.
 - Visits for residents with a roommate who has a health condition which prevents them from leaving the room, **must still be allowed**.
- If visitation occurs in a resident's room:
 - The resident must have given express permission to receive a visitor.
 - Visitors must not sit or lay on a resident's bed.
 - Visitors must treat each roommate as having a separate zone.
 - Visitors must not enter the roommate's zone except as required for entry or exit of the room.
 - Privacy curtains must be drawn to limit direct contact.
 - Visitors must not use resident facilities, including restrooms. Visitors should be directed to restrooms that are not used by residents.
 - Cleaning and disinfection of the room should occur immediately after the visit is completed.

Considerations for visitors

- Visitors must wear masks during the entire visit and maintain 6 feet from the resident, unless it is an outdoor visit, and the resident is fully vaccinated (see “Considerations for visits” sections on page 2 and 3).
- Visitors must be limited to the designated visitation area.
- Visitors must wear masks and maintain 6 feet of social distance if they participate in any group activities.
- Visitors may participate in meals if they and the resident they are visiting are fully vaccinated (see considerations sections on page 2 and 3)

Guidelines for after indoor or outdoor visitation

- Have the visitor and resident clean their hands with alcohol-based hand sanitizer upon completing the visit.
- The space designated for visitation must be cleaned and disinfected between visitors.
- The facility must clean (and disinfect as needed) high touch surfaces (e.g., light switches, elevator buttons, door handles) in the facility at least once a shift.
- No other residents should be allowed in the indoor visitation area until visitations are completed and the area is cleaned and disinfected.

Notification of a COVID-19 exposure

- The facility must provide all visitors with contact information and additional instructions for notifying the facility should they test positive for COVID-19 within 14 days of their visit.
- Facility staff must notify visitors of outbreaks on the unit where the resident resides, should such an event occur within 14 days of a visit, and recommend the visitor(s) seek testing.

Visitation during outbreaks

- When the number of new cases of COVID-19 among residents or staff meets DC Health’s definition of an outbreak (as defined in [“COVID-19 Outbreak Investigation and Reporting Requirements”](#)) **OR** if in collaboration with DC Health, an outbreak is suspected after contact tracing, risk assessment, and/or investigation, the facility must:
 - Immediately begin outbreak testing
 - Implement DC Health recommendations,
 - Suspend all visitation (except that required for compassionate care, essential personnel, and under federal disability rights law), until at least one round of facility-wide testing is completed.
- Visitation can resume based on the following criteria:
 - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility must suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
 - For example, if the first round of outbreak testing reveals two more COVID- 19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
 - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.
- If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then the facility must suspend visitation for all residents

- (vaccinated and unvaccinated), until:
- The facility has undergone at least two rounds of facility-wide surveillance testing in residents and staff (spaced 3-7 days apart) for 14 consecutive days
AND
 - No additional cases were identified in staff and residents.
- Areas undergoing outbreaks (units, floors, etc.) must have clear and appropriate signage and other markers (e.g., closed doors, floor markings, etc.) to ensure visitors do not inadvertently enter the outbreak area.

The guidelines above will continue to be updated as the outbreak evolves. Please visit coronavirus.dc.gov regularly for the most current information.