

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. **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. Since these measures may not account for every scenario, facilities with additional questions should reach out to their assigned DC Health Technical Advisor or coronavirus.hai@dc.gov for assistance on how to facilitate visitation safely. **DC Health may provide stricter guidance for visitation based on outbreak specific recommendations. Facilities must still follow CMS visitation requirements ([cms.gov/files/document/qso-20-39-nh-revised.pdf](https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf)) even if not explicitly described in this document.**

General guidelines for all visitation

- If possible, indoor visitation should be limited to individuals who can comply with masking and physical distancing¹ when required (including younger children).
 - **At a minimum, all visitors must wear well-fitting masks or respirators² in any area where it is required for staff, regardless of their vaccination status or personal history of COVID-19 infection.**
 - Visitors unable to wear a mask (for example, children under 2 years old) are still able to visit as long as the visit takes place in a separate space away from other people at the facility that does not place other residents at risk³ or outside. If the resident is unvaccinated, not up to date on their COVID-19 vaccine⁴, or immunocompromised⁵ (regardless of vaccination status), the facility must:
 - Educate the resident on the risks of the visit.
 - Document the interaction in the resident’s medical record.
- Visitors must only be allowed to visit the resident(s) they indicated in the visitor log on arrival. **Visiting multiple residents within the same day should be strongly discouraged.**
- **Facilities may not limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling.**
 - Visits should be conducted in a manner consistent with the core principles of COVID-19 infection prevention and in a manner that does not increase risk for other residents or healthcare personnel.
 - Spaces where indoor visitation occurs must allow for physical distancing when necessary.
 - Physical distancing during peak visitation times and large gatherings should be encouraged.
 - Visitors should maintain a physical distance of 6 feet from healthcare personnel, other residents, and other groups of visitors.

¹ While not required, physical distancing remains the safest option, especially for patients who are not up to date on their COVID-19 vaccine or who are immunocompromised.

² For the rest of this guidance, the term mask will be used to refer to either masks or respirators.

³ For example, in the resident’s room or another private space

⁴ A person is considered **up to date** with their COVID-19 vaccine after they have received all recommended doses of the vaccine, including all recommended booster doses. For current information, see *Stay Up to Date with Your COVID-19 Vaccines* at [cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html)

⁵ **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.

- Facilities may suggest that visitors call ahead prior to visitation (for example, during peak hours or when visitation space for larger groups may be limited) to:
 - Avoid potential delays in waiting for a space to become available.
 - Minimize the amount of time that visitors are on site and not actively visiting a resident.
- **Facilities must not require “call ahead” or use it for the purpose of limiting or discouraging visitation.**
- Post clear signage if the facility is undergoing an active outbreak investigation. Signage must be clearly posted in the following places:
 - At all entrances.
 - Anywhere else deemed appropriate by DC Health staff.
- Facilities must establish a policy or process to:
 - Ensure that everyone is aware of recommended infection control practices in the facility.
 - Place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places, about hand hygiene, respiratory hygiene (including mask requirements) and cough etiquette.
 - Consider dating alerts to demonstrate that they reflect current recommendations.
 - Ensure that everyone entering the facility is made aware that **the following categories of visitors are not permitted:**
 - Visitors who have COVID-19 symptoms⁶ or a known close contact with a COVID-19 positive person within the last **10 days**, *regardless* of their vaccination status or personal history of COVID-19 infection.
 - Visitors who have had a positive COVID-19 test and have **not** met DC Health criteria for discontinuation of isolation in healthcare settings⁷.
- If facilities choose to screen visitors:
 - **EMS personnel do not need to be screened and must be allowed to respond to an emergency without delay.**
 - While surveyors (e.g., HRLA or CMS) may still be screened, they must **NOT** be restricted access based on vaccination status, nor be asked or required to provide proof of vaccination as a condition of entry.
- Facilities should strongly consider keeping a daily visitor log that includes the resident being visited to assist with outbreak investigations as needed.
- When the facility is undergoing an outbreak investigation, staff must ensure that visitor movement is limited in the facility.
 - Visitors must go directly to the resident’s room or designated visitation area and must not walk around in different halls or areas of the facility.
 - **Facilities must be able to operationalize limiting visitor movement without limiting or discouraging visitation.**
- Facilities must keep their visitation policy up to date and provide it to DC Health within 24 hours upon request.

Visitation during empiric transmission-based precautions, isolation, or during an outbreak.

- While not prohibited, visitation for residents who meet the following criteria should be strongly discouraged:
 - Currently isolated due to COVID-19
 - Currently isolated due to experiencing symptoms of possible COVID-19

⁶ **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

⁷ For details, see *Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings* at coronavirus.dc.gov/healthguidance.

- Currently on empiric transmission-based precautions (formerly quarantine) because of exposure to COVID-19
- Housed on a unit experiencing an outbreak
- If visitation occurs, facilities must:
 - Educate both the visitor(s) and the resident about the potential risks of the visit.
 - Document the education/conversation and the details of the visit (for example, duration of the visit, adherence to PPE use) in the resident’s medical record.
 - Ensure that the visit occurs in a separate space away from others that does not place other residents at risk³.
 - Ensure additional protocols are in place for cleaning if a private space outside of the resident’s room is used.
 - Provide **all** necessary PPE for the visit.
 - Visitors should not be issued N95 respirators as they are not appropriately fit-tested; however, they are permitted to wear an N95 if they bring one.
 - Staff must be available for periodic check-ins⁸ during the visit to ensure appropriate PPE use and to provide “just in time” teaching as needed.
 - Inform visitors of the associated risks.
 - Inform visitors that visiting a COVID-19 positive resident longer than 15 minutes cumulatively in a 24-hour period is considered an exposure.
 - Inform visitors of residents on empiric transmission-based precautions that they should monitor themselves for symptoms for 10 days following the visit or until the resident is cleared (whichever is less).
 - For more information, see **Guidance After Exposure to a Person Confirmed to have COVID-19: Precautions, Quarantine and Testing** at coronavirus.dc.gov/healthguidance.

Resident centered considerations

- Residents and their visitors can choose to have **close contact (including touch)** during an indoor or outdoor visit.
- For indoor visits, all visitors must wear masks when required (see page 1) unless the visit occurs in a separate space away from others that does not place other residents at risk³. In this case, facilities should:
 - Educate both the visitors and the resident about the potential risks of unmasked physical contact.
 - Document the education/conversation and the details of the visit (for example, duration of the visit) in the resident’s medical record.
- Although residents can choose to have close contact, maintaining physical distance of 6 feet remains the safest option.

Safe visitation

- While both indoor and outdoor visitation are permitted, outdoor visitation is preferred when possible.
- Provide adequate and easily accessible access to soap and water and alcohol-based hand rub (ABHR) with 60-95% alcohol.
- Policies must be written to address:
 - The appropriate number of visitors per designated space.
 - A process for visitors to notify the facility if they develop fever or symptoms consistent with COVID-19 within 10 days of visiting the facility.
 - Appropriate masking for visitors and residents.
 - Physical distancing during visitation (at least 6 feet between residents and

⁸ **Periodic check-ins** must **NOT** be interpreted as a need for continuous monitoring. Residents have the right to an unsupervised visit.

- visitors when necessary **AND** at least 6 feet between different resident-visitor groups).
 - Robust cleaning and disinfection of visitation areas, as applicable.
- Facilities must have enough staff present to ensure safety precautions are monitored and followed.

Preparing for visitation

- Notify resident families about visitation policies and procedures. The notification should include information about:
 - Precautions being taken to keep residents safe.
 - Expectations and requirements for visits. Minimally, the notification should include:
 - Steps that visitors must/should take before the visit, upon arrival, and during their visit.
 - **The possibility that visitors might be entering a facility when there is an active outbreak occurring or an outbreak investigation is in progress.**
- Visitors should be educated and strongly encouraged to stay up to date on their COVID-19 vaccine.
 - Visitors **must not be required** to disclose their vaccination status or show proof of vaccination as a condition of visitation or entry to the facility.
 - Visitors must **not be required** to be tested prior to the visit. Facilities can encourage visitors to get tested prior to their visit OR offer a point of care/rapid test on arrival if they choose.

During indoor visitation

- Ensure that visitors have masks, when required, that cover their nose and mouth, and that do not have exhalation valves.
 - If visitors do not have an appropriate mask, facilities must provide them one when masking is required.
 - More information can be found at [cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html).
- **Visitors must wear masks (when required) and maintain 6 feet of physical distance if they participate in any indoor group activities (regardless of vaccination status).**
- Residents are strongly recommended to wear masks at all times during indoor visits, especially when source control is required for staff.
- Limit indoor visitation to areas that allow for appropriate physical distancing. Use of a designated space is preferred as a site for visitation.
 - The space must have proper ventilation. Bring in fresh air by opening windows or doors as much as possible.
 - The space must be used 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 visitation area must only be used by one resident/visitor(s) group at a time.
 - Activity areas commonly used by residents are not recommended to be used for visitation unless there is no other option.
- Facilities should enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
 - Visits for residents with a roommate who is not up to date on their COVID-19 vaccine or who is immunocompromised (regardless of vaccination status) should not be conducted in the resident's room, if possible.
 - While not preferred, visits for residents with a roommate who has a health condition which prevents them from leaving the room **must still be allowed while adhering to the core principles of COVID-19 infection prevention.**

- If visitation occurs in a resident's room:
 - The resident or the person authorized to make decisions for the resident must have given or 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.
 - Visitors must wear a mask if a roommate is present when masking for visitors is required (see page 1).
 - Cleaning and disinfection of the room should occur immediately after the visit is completed.

Guidelines for after indoor or outdoor visitation

- Remind the visitor and resident to clean their hands with alcohol-based hand sanitizer upon completing the visit.
- Clean and disinfect indoor visitation spaces frequently, and between visitor groups.
- No other residents should be allowed in an indoor visitation area until a visitor group exits the area and the area has been cleaned and disinfected.

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