

**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. 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](mailto:coronavirus.hai@dc.gov) for assistance on how to facilitate visitation safely.

**General guidelines for all visitation**

- Visitors must comply with mask and physical distancing requirements.
  - All visitors must wear well-fitting masks or respirators<sup>1</sup> while inside the facility as outlined in this guidance, regardless of their vaccination status or personal history of COVID-19 infection.
  - Children under the age of 18 must be accompanied by an adult guardian at all times.
  - Visitors unable to wear a mask (for example, those 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 risk<sup>2</sup> or outside. If the resident is unvaccinated, not up to date on their COVID-19 vaccine<sup>3</sup>, or immunocompromised<sup>4</sup> (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 during the initial screening. **Visiting multiple residents 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.
- **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.
  - Facilities must ensure physical distancing can be maintained when necessary. Large gatherings should be avoided.
  - 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.

<sup>1</sup> For the rest of this guidance, the term mask will be used to refer to either masks or respirators.

<sup>2</sup> For example, in the resident’s room or another private space

<sup>3</sup> 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)

<sup>4</sup> **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 must not require “call ahead” or use it for the purpose of limiting or discouraging visitation.**
- Facilities must have enough staff present to ensure safety precautions are monitored and followed.
- 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 areas.
  - 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 infection<sup>5</sup>.
    - **The following categories of visitors may not enter the facility:**
      - Visitors who have COVID-19 symptoms or known close contact with a COVID- 19 positive person within the last **14 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 settings<sup>6</sup>
      - Visitors who meet criteria to quarantine due to exposure to a person with COVID-19 or because of travel<sup>7</sup> and who have **not** met DC Health criteria for discontinuation of quarantine in healthcare settings.
    - For more information, see the following guidance documents at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance):
      - *Screening in a Healthcare Setting*
      - *Screening Tool Guidance*
  - Ensure that visitors have masks 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.
    - More information can be found at [cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html](https://cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/types-of-masks.html).
  - Deny entry to visitors or service providers who do not pass screening or who refuse to comply with entry requirements.
    - **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.
- Staff should ensure that appropriate hand hygiene supplies are available and should educate visitors and residents on proper hand hygiene such that:

<sup>5</sup> **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

<sup>6</sup> 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](https://coronavirus.dc.gov/healthguidance).

<sup>7</sup> For the latest travel recommendations, see [cdc.gov/coronavirus/2019-ncov/travelers/index.html](https://cdc.gov/coronavirus/2019-ncov/travelers/index.html).

- Residents know to perform hand hygiene immediately before and immediately after touching a visitor or touching their mask.
- Visitors know to perform hand hygiene immediately before and immediately after touching a resident or touching their mask.
- Maintain a daily visitor log with visitors' full names, date of birth (optional), 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.
  - 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.**
- Facilities must keep their visitation policy up to date and provide it to DC Health within 24 hours upon request.
- Gatherings that include visitors are only permitted if DC has **MODERATE** or **LOW** levels of community transmission (sustained for at least two weeks as per the CDC COVID-19 Data Tracker<sup>8</sup>):
  - Mask and physical distancing requirements must be followed (based on the vaccine status of the resident and the visitors-see **Considerations for visits** sections on page 4 and 5).
  - Group size and activity space must allow for physical distancing when necessary.
  - Physical distance must be maintained when indoors.
  - Masks must be worn indoors and anytime when residents or visitors present are not up to date on their COVID-19 vaccine as specified in this guidance.

### Visitation during quarantine, 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
  - Currently quarantined 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 risk<sup>2</sup>.
  - 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-ins<sup>9</sup> during the visit to ensure appropriate PPE use and to provide "just in time" teaching as

<sup>8</sup> The CDC COVID-19 Data Tracker can be found at [covid.cdc.gov/covid-data-tracker/#county-view?list..](https://covid.cdc.gov/covid-data-tracker/#county-view?list..)

<sup>9</sup> **Periodic check-ins** must **NOT** be interpreted as a need for continuous monitoring. Residents have the right to an unsupervised visit.

- 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 and may require quarantine or testing.
  - Inform visitors of quarantined residents that they should monitor themselves for symptoms for 10 days following the visit or until the resident is cleared (whichever is less). If a resident tests positive, visitors must be notified if the visitation took place during the resident's infectious period<sup>6</sup>.
  - For more information, see *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).
- **Facilities are no longer required** to notify DC Health of instances of visitation of COVID-19 positive residents; however, the following information must be available within 24 hours upon request:
  - Full names of visitors
  - All available contact information (for example, full address, phone number)
  - Date and duration of exposure

**Considerations for visits to residents who are up to date with their COVID-19 vaccine and not immunocompromised. The following apply for visitors of up to date residents only:**

- During an indoor visit, residents and their visitor(s) can choose to have close contact (including touch), but the visitor must wear a mask.
- During an outdoor visit, if the visitors are also up to date with their COVID-19 vaccine, residents and their visitor(s) can choose to have close contact (including touch) and to not wear masks.
  - Visitors must maintain physical distance of 6 feet from healthcare personnel, other residents, and other groups of visitors.
- If any visitors are not up to date on their COVID-19 vaccine or have unverified vaccination status, residents and the visitor(s) can choose to have close contact (including touch) during the visit (indoor or outdoor), but visitors must wear masks indoors **unless** the visit occurs in a separate space away from others that does not place other residents at risk<sup>2</sup>.
  - Although residents can choose to have close contact, maintaining physical distance of 6 feet remains the safest option.
  - Visitors must wear masks indoors and maintain physical distance of 6 feet from other residents (indoors and outdoors) with the exception of facility-approved gatherings that take participants' vaccination status and level of community transmission into account.
- Visitors who are not up to date on their COVID-19 vaccine or who have unverified vaccination status can share a meal indoors with an up to date resident if the meal occurs in a separate space away from others that does not place other residents at risk<sup>2</sup>.
- Participation in gatherings (indoor or outdoor - including meals) with other residents and visitor(s) can occur with the following considerations if DC has **MODERATE** or **LOW** levels of community transmission (sustained for at least two weeks as per the CDC COVID-19 Data Tracker<sup>8</sup>):
  - If all participants are verified to be up to date on their COVID-19 vaccine:
    - Masks are only needed when indoors.
    - Physical distancing is required indoors during meals when masks are removed (i.e., when actively eating or drinking).
  - If any visitors are unvaccinated or have an unverified vaccination status, then all participants must wear masks and maintain six feet of physical distancing from others. Indoor activities that include meals (i.e., when a mask must be removed) in

this scenario must not be allowed.

**Considerations for visits to residents who are unvaccinated, partially vaccinated, not up to date on their COVID-19 vaccine, or immunocompromised (regardless of vaccination status)**

- Unless resident-centered or meal exceptions apply (see below), residents in this category and their visitors must maintain 6 feet of social distancing (indoors or outdoors) and all wear masks indoors during visitation. While not required, masks are still recommended as the safest approach during outdoor visits.
- Meals with residents in this category and their visitor(s) can occur outdoors with the following considerations:
  - Visitors are recommended to wear masks when not actively eating/drinking.
  - Visitors must remain at least 6 feet from the resident.
  - Other residents who are unvaccinated, not up to date on their COVID-19 vaccines, or immunocompromised (regardless of vaccination status) must not be present.
- Resident-centered exceptions:
  - Residents and their visitors can choose to have **close contact (including touch)** during an indoor or outdoor visit, but for indoor visits they must all wear masks unless the visit occurs in a separate space away from others that does not place other residents at risk<sup>2</sup>. 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.
  - Meals with residents in this category and their visitor(s) can occur indoors if:
    - The meal occurs in a separate space away from others that does not place other residents at risk<sup>2</sup>.
    - The resident is educated on the risks, especially if the visitor is also not up to date on their COVID-19 vaccine, and the conversation is documented in the resident's medical record.
- Participation in **gatherings** (including meals) with other residents and visitor(s) can occur outdoors with the following considerations if DC has **MODERATE** or **LOW** levels of community transmission (sustained for at least two weeks as per the CDC COVID-19 Data Tracker<sup>8</sup>):
  - All participants are recommended to wear masks.
  - Visitors must maintain 6 feet of distance from the resident they are visiting.
  - Groups [e.g., a resident and their visitor(s)] must maintain six feet of distance from other groups (regardless of vaccination status of people at the gathering).

**Safe visitation**

- Outdoor visitation is still preferred over indoor when possible.
- Policies must be written to address:
  - The appropriate number of visitors per designated space
  - Education for visitors on appropriate hand hygiene practices (including 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
  - 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 physical distancing during visitation (at least 6 feet between residents and visitors when necessary **AND** at least 6 feet between different resident-visitor groups).
- Robust cleaning and disinfection of visitation areas, as applicable.

### 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:
    - A description of the symptom screening process
    - All terms of indoor and outdoor visitation, including mask and physical distancing requirements, vaccination status, how to summon staff if needed, and what will cause a visitor to be denied entry
    - Steps that visitors must/should 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 or an outbreak investigation is in progress.**
- Visitors should be educated and strongly encouraged to stay up to date on their COVID-19 vaccine. Facilities may ask visitors about their vaccination status; **however:**
  - 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.
  - **In order to protect other residents and healthcare personnel:**
    - Visitors who want to remove their masks for gatherings that take vaccination status into account or to share a meal with a resident in an indoor common area), must verify their vaccination status with the facility.
    - Visitors who decline to disclose their vaccination status must wear a mask at all times, except as specified in this guidance.
  - 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 OR offer a point of care/rapid test on arrival (supplies permitting) if DC has **HIGH** levels of community transmission (sustained for at least two weeks as per the CDC COVID-19 Data Tracker<sup>8</sup>).

### During indoor visitation

- Visitors must comply with appropriate masking and physical distancing requirements during the entire visit, as per **Considerations for Visits** sections on page 4 and 5. Visitors must be limited to the designated visitation area.
- Visitors must only visit the resident they intend to visit at the designated visitation location.
- Visitors must wear masks and maintain 6 feet of physical distance if they participate in any group activities (regardless of vaccination status).
- Residents are strongly recommended to wear masks at all times during visits, including the transition to and from a visitation location.
- 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 number of visitors allowed must not exceed the capacity of the space to accommodate physical distancing requirements.
- 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 attempt to 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 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 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.

### **Guidelines for after indoor or outdoor visitation**

- Instruct 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 (for example, light switches, elevator buttons, door handles) in the facility at least once per 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 10 days of a visit, and recommend the visitor(s) seek testing.

The guidelines above will continue to be updated as the outbreak evolves. Please visit [coronavirus.dc.gov](https://coronavirus.dc.gov) regularly for the most current information.