

CT LTCOP and DPH  
Nursing Home Visitation  
4/9/21



# Residents' Rights

Guaranteed by the 1987 Nursing Home Reform Law, requiring the nursing home “**promote and protect the rights of each resident**” with a strong emphasis on individual dignity and self-determination.

**A person living in a long-term care facility maintains the same rights as an individual in the larger community.**

## **Right to:**

- Receive appropriate care and assistance if a sensory impairment exists
- Participate in their own assessment, care-planning, treatment, and discharge
  - Attending an in-person care plan **is not a visit** and must include the care team
- To be free from mental and physical abuse, corporal punishment, involuntary seclusion, and physical and chemical restraints
- Right to Visits
  - By relatives, friends, and others of the residents' choosing
  - Private and unrestricted communication with any person of their choice
- Right to Make Independent Choices
  - Participate in community activities, both inside and outside the nursing home

# Ref: QSO-20-39-NH **REVISED 03/10/2021**

Visitation should be **person-centered**, consider the residents' **physical, mental, and psychosocial well-being**, and support their **quality of life**.

- Nursing homes should enable visits to be conducted with an adequate degree of **privacy**.
- Facilities should allow indoor visitation **at all times** and for all residents *except for a few circumstances*. (Guidance)
  - Compassionate care visits and visits required under federal disability rights law should be **allowed at all times**, for any resident (vaccinated or unvaccinated) regardless of the above scenarios.

## Access to the Long-Term Care Ombudsman

- 42 CFR § 483.10(f)(4)(i)(C) require Medicare and Medicaid- certified nursing home provide representatives of the LTCOP with immediate access to any resident. LTCOP representatives are **not** visitors.
- 42 CFR § 483.10(h)(3)(ii) also requires the Ombudsman access to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

## Required Visitation

- Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR § 483.10(f) (4) (v).
  - A nursing home **must** facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR § 483.10(f) (4), and the facility would be subject to citation and enforcement actions.

- 42 CFR §483.10 Resident Rights <https://www.law.cornell.edu/cfr/text/42/483.10>
- **(v)** The facility **must have written** policies and procedures regarding the visitation rights of residents, including those **setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation**, when such limitations may apply consistent with the [requirements](#) of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.
- **(vi)** A facility **must** meet the following requirements:
  - (A)** Inform each resident (or [resident representative](#), where appropriate) of his or her visitation rights and related facility policy and procedures, including any clinical or safety restriction or limitation on such rights, consistent with the [requirements](#) of this subpart, the reasons for the restriction or limitation, and to whom the restrictions apply, when he or she is informed of his or her other rights under this section.
  - (B)** Inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates, including, but not limited to, a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another [family member](#), or a friend, and his or her right to withdraw or deny such consent at any time.
  - (C)** Not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
  - (D)** Ensure that all visitors enjoy full and equal visitation privileges consistent with resident preferences.

# Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility 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 facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required by CMS or Executive Order

# Compassionate Care and Visitation

## End-of-Life situations

- In addition to family members, compassionate care visits can be conducted by an individual that can meet the resident's needs (clergy, lay persons offering religious support) regardless of vaccination status, positivity rate, or an outbreak
- Social distancing or follow infection prevention guidelines for personal contact
- If the resident is fully vaccinated, can have close contact incl. touch while wearing masks and using hand hygiene before and after
- Residents on Transmission-based precautions can have visitors with adherence to transmission-based precautions
- Visitors should physically distance from the residents and staff in the facility
  - Indoor visits should occur in a designated area or in the resident's room with no roommate present when possible
  - *Compassionate care visits can occur for residents on quarantine and isolation.*

# Outdoor Visitation

- Person-centered approach, adhering to core principles even when the resident and visitor are fully vaccinated
- Outdoor visitation can occur even during first round of testing when there is an outbreak (if resident not on quarantine)

*If there is a large outbreak or the facility needs resources, outdoor visitation may be suspended*

# Indoor Visitation

Should be allowed at all times (regardless of vaccination status) except:

- Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% **and** <70% of residents in the facility are fully vaccinated
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the 2 criteria to discontinue Transmission-Based Precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

## Facilities

- Consider the number of visitors per resident at one time and total number of visitors in the facility at one time
- Visits for residents who share a room should not 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, facilities should attempt to enable in room visitation while adhering to the core principles of COVID-19 infection prevention.
- Maintain distancing
- If resident is fully vaccinated, can have close contact with their visitor while wearing facemask and hand hygiene before and after contact

Visitors should physically distance from other residents and staff in the facility



# Indoor Visitation during an Outbreak

New onset case among residents or staff

- Immediately begin outbreak testing and suspend all visitation (except that required 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. The facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
  - 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 facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

# Regulations on Required Visitation

- F 563 §483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.
- (ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;
- (iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;
- (iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and
- (v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.

# Infection Mitigation Strategies

1. Symptom and Close Contact Screening
2. Source Control and IPC
3. Visitation- Indoor vs. Outdoor

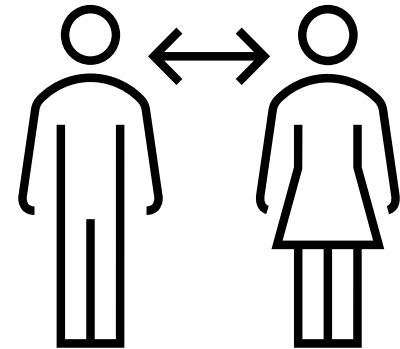
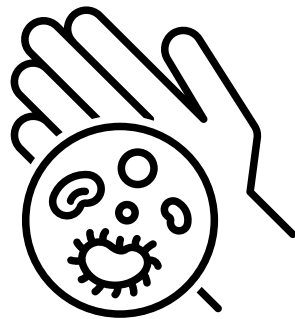
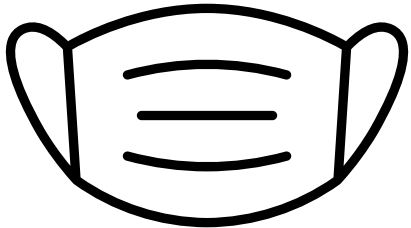
# Symptom and Close Contact Screening



- The first step to safe visitation is effective screening of **all** who enter the facility
  - Temperature check
  - Questions about **and** observations for signs and symptoms of COVID-19
  - Question of **close contact** with someone with COVID-19 infection in the previous 14 days
- This should be done regardless of the visitors' vaccination status

# Source Control and IPC Basics

- The next step in safe visitation is adherence to source control and infection prevention basics
  - **All visitors** should wear a well-fitting face mask
  - Hand hygiene
  - Physical distancing



# Indoor vs. Outdoor Visitation

- The final step in safe visitation is being aware of the where the **safest place** to hold visitation is
  - Visitation should be held outdoors whenever possible as increased ventilation can help reduce the risk of SARS-CoV-2 transmission
  - If it is not possible to hold visitation outdoors, a designated visitation area or the patients' room (with no roommate present) are the best indoor visitation options

# Definitions

## Outbreak testing trigger:

- Resident case with nursing home-onset OR
- Staff case with that staff being present in the facility during their infectious period

Outbreak testing *must* continue until 14 days from most recent positive case among staff and residents.

**Affected unit** = any unit where there could be undetected asymptomatic spread.

- Unit where a COVID-positive resident resided at time of COVID-19 onset OR
- Unit where a COVID-positive staff member worked during their infectious period

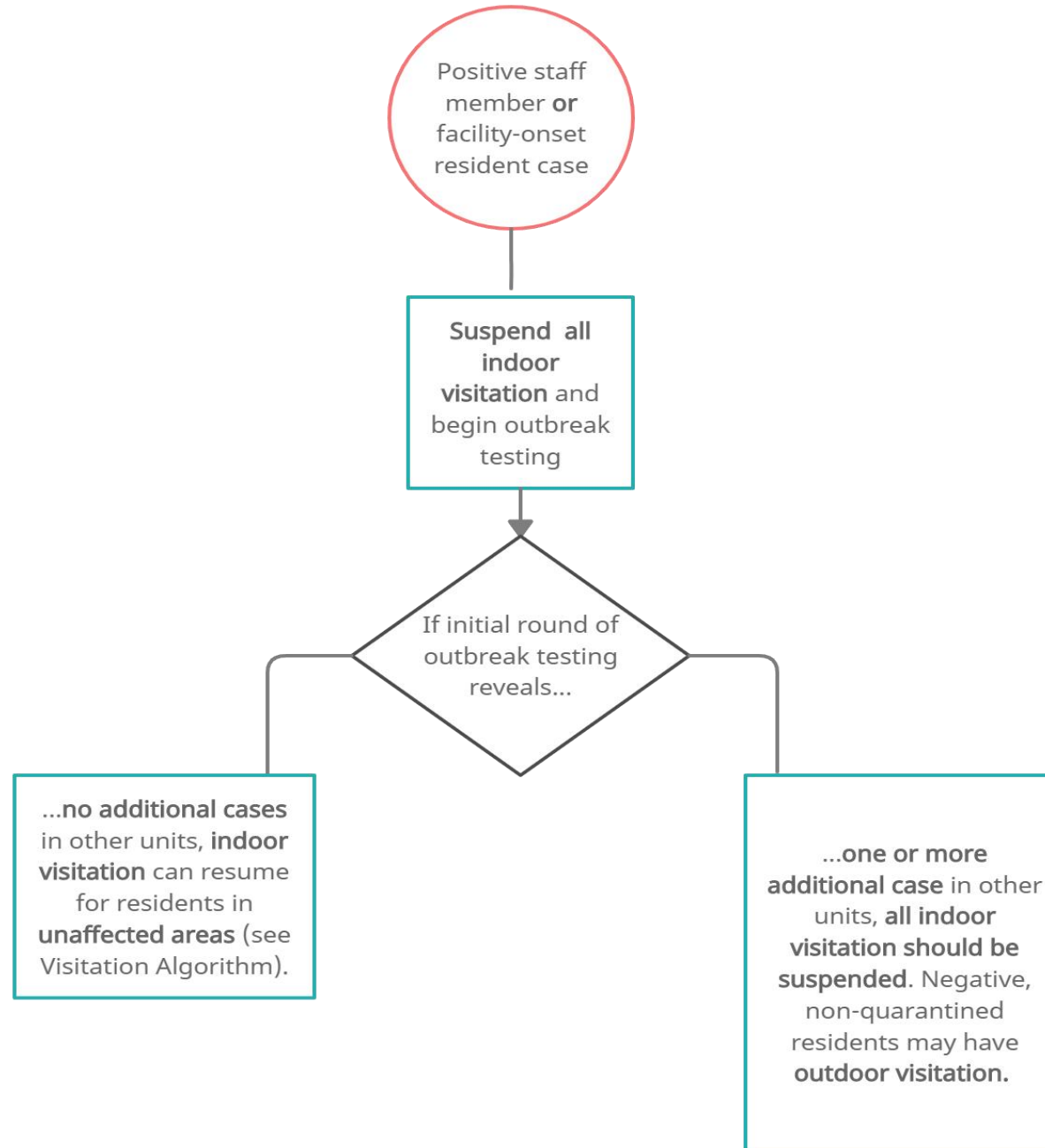
If the positive staff member worked on multiple units while infectious, any unit the staff member worked on during their infectious period is an affected unit.

**Unaffected unit** = any unit with no COVID-19 cases (staff or resident) identified during initial round of outbreak testing

Facility leadership should read full details in CMS and CDC guidance

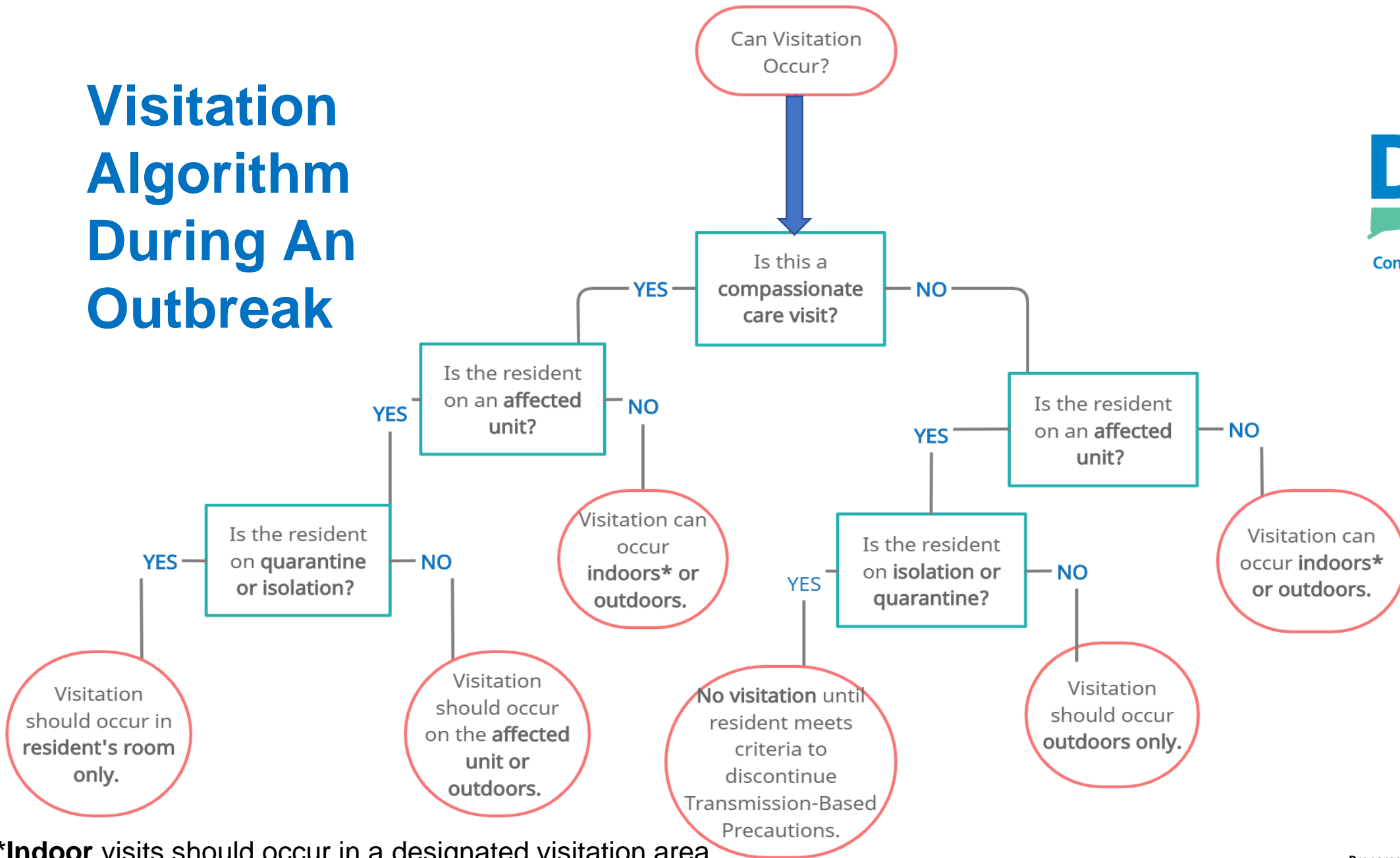
- CMS Visitation Guidance: [QSO-20-39-NH Revised](#)
- CDC IPC Guidance in response to COVID-19 Vaccination: [Infection Control After Vaccination](#)

# Initiating Outbreak Testing



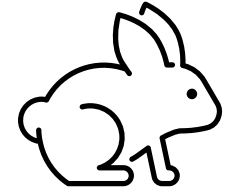
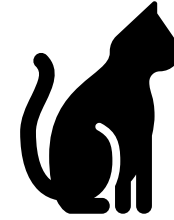
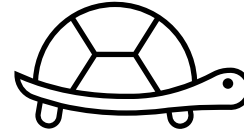


# Visitation Algorithm During An Outbreak



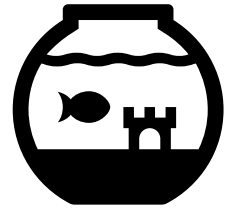
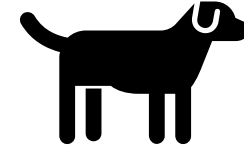
\***Indoor** visits should occur in a designated visitation area or in the resident's room with no roommate present when possible

# Can Pets Visit?



- Up to your facility policy!

- Use similar precautions for animals



- Do not let pets/service animals interact with sick people
- Pets should not be allowed to roam freely around the facility, including in common areas and cafeteria
- When possible, both handler/resident **and** service animal/pet should stay at least 6 feet away from others
- People sick with COVID-19 should **avoid contact with pets and other animals**

# Should We Test Visitors?

- Up to your facility policy!
- Can help prevent the spread of COVID-19
- **Neither testing nor vaccination should be required as a condition of visitation.**
- **Consider prioritizing testing for those who visit regularly.**
- **If conducting on-site testing, a provider must be responsible for ordering the test, reporting results (positive and negative), and overseeing provision of guidance to visitors on their results**
- **Encourage visitors to get tested on their own** prior to visiting (e.g., within 2-3 days)
- **Encourage visitors to get vaccinated** as soon as possible.

# Visitation Vignettes

# Scenario A

Mrs. Jones, who is fully vaccinated resides on Unit A and shares a room with Miss Smith. Mrs. Jones's daughter, who is not fully vaccinated would like to resume a routine Thursday night LOA to her home for dinner. Arrangements have been made for Mrs. Jones to attend the dinner at her daughter's home on 4/8/21. The morning of 4/8/21, during the weekly staff testing, it was identified a staff person assigned to only Unit B had positive results for COPVID 19. What happens next and can Mrs. Jones go to dinner at her daughter's home on 4/8/21?

- Facility initiates facility wide testing of both residents and staff;
- Results are anticipated to be returned in 48 hours;
- Resident and family educated re potential risks to both resident and her family;
- Resident may continue with her dinner plans;
- Upon her return, a risk assessment will be completed;
- As part of the risk assessment, vaccinated resident who did not have a **significant known exposure** would not have to quarantine and would return to her room with Miss Smith; and
- If the family discovers that a family member subsequently tests positive, they should communicate that to the nursing home.

# Scenario B

Green Acres nursing home is currently having renovations to the kitchen. The renovations contractors are included in the facility weekly testing of facility personnel. During the weekly testing the week of March 15, the facility identified the electrician for the project has tested positive. The facility's last outbreak was February 1, and on March 10, the facility invited visitors back to the facility for indoor visitation. Can indoor visitation continue?

- Compassionate Care visits continue regardless of the outbreak;
- Testing of all residents and facility personnel commences and shall be completed in 48 hours;
- Routine Indoor visitation is suspended until all test results are back;
- Testing is completed within 48 hours and has identified a positive dietary worker who delivers trays to Unit A and Unit B. Unit C trays are delivered by a different staff person;
- All residents and staff on Unit A and Unit B are negative; and
- Indoor visitation will resume on Unit C, however indoor visitation on Unit A and Unit B are suspended until a period of 14 with no new incidence on Unit A and Unit B.

# Scenario C

Mrs. Selander (responsible for herself), a resident of Bright Sky Retreat (certified nursing home), is partially vaccinated and wants to go to lunch and to the hairdresser when she goes out for a second dose of Moderna on April 15. Can she go and if so, what will happen upon her return.

- Yes, she can go, however prior to her departure, the facility shall provide Mrs. Selander education regarding the risks associated with the visit to the restaurant and the hairdresser and the potential risk of exposure and transmission of Covid-19. Mrs. Selander will also be informed of the risk of exposure during her outing, the risk assessment that will be completed when she returns and based on the risk assessment, the potential for quarantine;
- Upon her return, the facility will conduct a risk assessment and because she has just received her second dose ( 2 weeks has not transpired)
- Risk factors:
  - Did the visit include a child who attends day care
  - Were there any individuals in the lunch group who were known to be unvaccinated;
  - Was the hairdresser vigilant about source control;
  - Known compliance with the Core Principles of Infection Control;
  - Distancing of tablemates and tables in the restaurant;