

Visitation Guidance

Updated 11/18/21

The guidance below provides reasonable ways a nursing home can safely facilitate in-person visitation to address the psychosocial needs of residents. **If your state releases state-specific guidance or nuances to this guidance, follow your state's direction.**

The facility needs to follow the core principles and best practices that reduce the risk of COVID-19 transmission:

- Screening of all who enter the facility. Those with a positive viral test for COVID-19 **in the last 10 days**, COVID-19 symptoms, or who currently meet the criteria for quarantine, **not up to date with COVID-19 vaccination** with exposure to COVID-19 at < 6 feet for > 15 minutes **in the last 10 days** should not enter the facility..
- 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)
- Clean and disinfect high frequency touched surfaces in the facility often, and designated visitation areas each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH)

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.

Outdoor Visitation

- Outdoor visitation is preferred when the resident and/or visitor are not **up to date with all recommended COVID-19 vaccine doses**.
Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), outdoor visitation should be facilitated routinely.
- Facilities should identify safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

Required Indoor Visitation

Per 42 CFR § 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," would constitute a potential violation*

- Facilities should accommodate and support indoor visitation at all times for all residents.
- Facilities may not limit the frequency or length of visits, number of visitors, or require advance scheduling of visits.
- Visits should adhere to the core principles of COVID-19 infection prevention and not increase risk to other residents.
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- If a resident's roommate is **not up-to-date with all recommended COVID-19 vaccine doses** or immunocompromised, visits should not be conducted in the resident's room. If the resident's health status prevents the resident from leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of infection prevention.
- All residents and visitors should wear masks and physically distance, at all times and regardless of vaccination status, when COVID-19 community transmission level is substantial to high.
- Masks and physical distancing are always recommended during visits **particularly if the resident or visitor is at increased risk for severe disease or not up-to-date with all recommended COVID-19 doses.**
- **Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and may have close contact (including touch) with their visitor.**
 - **Residents (or their representative) and their visitors, who are not up-to-date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.**
- Visitors should always wear masks when around other residents or healthcare personnel.
- Although not recommended, residents who are on transmission-based precautions can still receive visitors. These visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident prior to the visit.
- Surveyors should be permitted to enter the facility unless they have a positive viral test, signs or symptoms of COVID-19, or currently meet the criteria for quarantine. Surveyors should not be asked for proof of vaccination as a condition of entry.

Indoor Visitation During Outbreak

- When a new case of COVID-19 among residents or staff is identified, immediately begin outbreak testing.
- While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility.
- Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.
- Visits should ideally occur in the residents room during an outbreak investigation and both the resident and visitor should wear masks.
- Facilities may contact their local health authorities for guidance on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.
- All healthcare workers must be permitted to come to the facility as long as they are not subject to a work exclusion or showing signs of COVID-19.
- EMS does not need to screen, so they can attend to an emergency without delay.

Visitation Scheduling and Limitations

- Visitors are not required to schedule visits ahead of time, but you may choose to offer a scheduling option.
 - Schedule visits using the Society's [online visitation scheduling website](#).
- Communicate with visitors when possible:
 - Provide instructions on where to park, which entrance and exit to use
 - Entrance and exits designated for visitors should be supervised
 - Screening conducted upon entry for all visitors using the [visitor screening log](#).
 - Provide hand sanitizer; [safe visit guidelines](#) must be understood by all visitors and consequences of violating them would stop the visitation.
 - **Visits for residents who share a room should not be conducted in the resident's room if the resident's roommate is unvaccinated or immunocompromised.**
 - 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.
 - Residents may to be transported by staff member to designated visitation area if not in a private room.
 - Visitors bringing items for resident should have item labeled or speak with staff member to request labeling
 - All visitors should be notified of the facility outbreak status upon visit

NOTE: 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

Visitor Testing and Vaccination

- While not required, facilities in counties with substantial or high levels of community transmission may offer visitor testing, if feasible.
 - Facilities not offering testing should encourage visitors to be tested on their own before coming to the facility (e.g. within 2-3 days)
- Visitors should be educated and encouraged to become vaccinated.
- Facilities may ask visitors about their vaccination status. Disclosure of vaccination is not a requirement of visitation. Those that choose not to disclose should wear a mask at all times.

Compassionate Care Visits

Compassionate care visits are always allowed. They will become rare since visitation is now allowed at all times for all residents.

Access to the Long-Term Care Ombudsman or Federal Disability Rights Laws Protection and Advocacy Programs.

- Facilities are required to provide representatives of the Office of the State LTC Ombudsman and P&A representatives with immediate access to any resident.
- If an ombudsman or P&A representative is planning a visit to a resident on transmission-based precautions or a resident not up-to-date on recommended COVID-19 vaccine doses in a county where the community transmission level is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting and the visit should take place in the residents room.
- The facility must facilitate an alternate form of communication if requested by the ombudsman or resident.

- Facilities must comply with federal disability laws. For example, if communicating with individuals who are deaf or hard of hearing, it is recommended to use a clear mask or mask with a clear panel. Face coverings should not be placed on any one with trouble breathing or who is unable to wear a mask.

Communal Activities, Dining, and Resident Outings

- Communal activities and dining may occur while adhering to the core principles of infection prevention.
- Facilities must permit residents to leave the facility as they choose.
- Residents/their representative should be reminded to follow all recommended infection prevention practices including wearing a mask, physical distancing, and hand hygiene and to encourage those around them to do the same.
- Upon return from an outing
 - Screen the resident for signs or symptoms of COVID-19
 - If the resident or family reports possible close contact with COVID-19, test the resident for COVID-19 regardless of vaccination status. Place on quarantine if not **up-to-date with all recommended COVID-19 vaccine doses**.
 - If the resident develops COVID-19 symptoms test the resident and place on transmission-based precautions.
 - Facilities may test residents **who are not up-to-date with all recommended COVID-19 vaccine doses** without symptoms if they leave the facility for prolonged periods, such as over 24 hours.
 - Facilities may quarantine residents **who are not up-to-date on all recommended COVID-19 vaccine doses** who leave the facility if, based on assessment of risk, uncertainty exists about their adherence to recommended infection prevention practices.
 - Monitor residents for signs and symptoms of COVID-19 daily.
 - **Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC. Please note that there are exceptions to quarantine, including for residents who are up-to-date with all recommended COVID-19 vaccine doses.**