

Elderwood of Scallop Shell at Wakefield

COVID-19 Facility Visitation Plan

06/26/2020

Revised 2/19/2021

Latest revision eff. 3/16/21 (CMS and RIDOH guidance updated March 2021)

Introduction

The facility must have a publicly posted visitation policy informing families, visitors and resident of their policy, including when visitation will be limited or restricted.

It is the policy of this facility to maintain a safe environment and mitigate opportunities of COVID-19 exposure (to our residents and staff) to the degree that is possible while assuring our residents are provided opportunity to have visits from loved ones.

As a general matter and following CMS and/or RIDOH Guidance for Visitation, (whichever is applicable) visitation is permitted (indoor and outside) however; the facility reserves the right to determine how visitation will be handled so as to ensure optimal safety and compliance with the most current infection control guidance.

COVID-19 Guidance for the Nursing Home and Assisted Living and CMS Memo QSO-20-39-NH revised March 10, 2021 shall be a guide. In addition, the RIDOH COVID-19 Visitation Guidance for LTC facilities updated and effective March 16, 2021 shall also be followed.

Although indoor visitation will be permitted, outdoor visitation is preferred.

All visitors must be screened and are required to wear a face covering that covers the nose and mouth at all times during visitation. If the visitor does not arrive with the proper face covering, the facility may choose to provide a surgical mask (or higher level of PPE as indicated) if supplies are adequate. If the proper face covering is not worn, the visit will not be allowed. Proof of visitor testing to ensure negative status is preferred 2-3 days prior to the visit and/or an antigen point of care test may be performed by the facility.

I. Screening Procedures:

Those visitors who have a pre-scheduled appointment, will be screened (questionnaire and temperature) upon each entrance into the facility and the proper PPE donned (the required PPE will be determined based on which area of the Facility the resident resides in);

- Indoor visitation should take place for non-infected asymptomatic residents who are not required to quarantine. If there is a need for a compassionate care visit for a resident who is isolating or quarantining; COVID-19 positive or quarantine conditions will require a higher level of PPE. The facility monitor will instruct the visitor (s) of the PPE required during the visit.
- Visitors may be allowed but visits must be scheduled in advance. If there is an extenuating circumstance in which there is no scheduled appointment, the facility Administrative team will take that under consideration.

- The hours of visitation will be determined by the Facility NHA and will be limited and scheduled in advance. The entrance for visitation will be designated and shared with the visitors in advance.
- Facilities shall limit the number of visitors per resident to two at one time. The visits shall be allowed for periods of at least 45 minutes and must be offered six days per week.
- The facility team must keep a daily log that contains the names and contact information of all visitors.

Indoor Visitation

Facilities should allow indoor visitation at all times (with a scheduled appointment) and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

- 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 criteria to discontinue Transmission-Based Precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

The facility must also ensure the following environmental factors are conducive:

- Ventilation systems are operating and serviced properly;
- Circulation of outdoor air is increased as much as possible;
- Appropriate filtration and adequate relative humidity (40-60%) are in place; and
- Outdoor visits are not possible.

Facilities shall limit the number of visitors per resident to two at one time. The visits shall be allowed for periods of at least 45 minutes and must be offered six times per week.

Indoor Visits during an Outbreak

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and ensure that the case is isolated and case contacts are quarantined in accordance with existing guidance and protocols. Suspension of all visitation on the outbreak unit will take place (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.
- If there are two or more cases, the facility must contact RIDOH for further guidance regarding visitation limits.

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

II. Physical Space, Distancing and Occupancy Limits

- For indoor visitation, visits shall be restricted to the resident's room or other designated area specifically used for visitation.
- If common areas/rooms are used for visitation areas, they cannot be simultaneously used for another activity/purpose.
- If common rooms are utilized for visitation, they should be as close to the visitation entrance as possible so as to avoid unnecessary wandering in the facility.
- If a common room/area is large enough to accommodate more than one resident and visitor simultaneously, then there must be space to accommodate 150 square feet per person present and areas should be clearly marked to allow residents and visitors clear guidance on where to sit.
- Please refer to the RIDOH guidance if an outdoor tent is to be used.
- If the visit is occurring in the resident's room, only one visitor is allowed per resident during the visit. An unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, the facility must attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing.
- A maximum number of two visitors is allowed per resident at one time if the visit occurs in a designated area that is not the resident's room.
- No matter the location of the visit, visitors must maintain a six-foot distance from staff and residents. The visitor and the resident may have brief physical contact (i.e. hand holding) if desired by both but the resident and visitor must use an alcohol-based hand sanitizer with at least 60% alcohol before and after contact; limit the duration of the close contact; embracing and hugging is allowed for brief periods of time as long as both individuals are wearing masks.
- The Facility team should take steps to map out spacing on the floor or with furniture (indoor and outdoor) that will allow for a visual reminder of six feet of distancing.
- A facility staff member will escort the visitor(s) to the designated area and monitor visits periodically so as to ensure the visitor(s) are complying with rules established and to ensure the resident is comfortable with the visit.

III. Scheduling and Duration of Visits

- All visits are scheduled in advance. Unannounced visits are not acceptable and will result in the visitor(s) being turned away. If there is an extenuating circumstance in which there is no scheduled appointment, the facility Administrative team will take that under consideration after an opportunity to have a conversation with the visitor(s) and resident (when able).
- Visits will be kept to 45-60 minutes per occurrence. The frequency of visits (for the same resident and/or same visitor(s)) will be based on the facility's staffing levels and ability to effectively schedule the visit, screen the visitors, escort the visitors, and monitor the visits. Consideration must be given to

assuring we are meeting the needs of all residents under our care. The Social Service team, NHA and any other staff member involved in visitation planning will meet routinely to ensure we are responding timely to any and all requests for visitation. A system will be devised to monitor the frequency of requests and to ensure fairness to all residents and visitors requesting ongoing visitation.

- The facility may limit visitors to only those individuals essential to the resident's optimal well-being and care.

IV. Cleaning and disinfecting procedures

- In addition to routine environmental cleaning, high touch surfaces shall be cleaned and disinfected at least once every four hours. The facility will maintain a facility-wide list and schedule of those items and surfaces classified as high touch with evidence of cleaning and disinfecting.
- High touch surfaces in visitation areas will be cleaned after each visit.
- Any shared equipment or commonly touched surfaces (furniture in dining rooms, shared workstations and the like shall be cleaned and disinfected after each use and/or no less than every 4 hours).

V. Personal Protective Equipment (PPE) and face coverings

- A cloth face covering is required for visitors and residents. Surgical face masks are preferred.
- If a visitor arrives without a face covering, the visit may be declined until suitable facial covering can be obtained. The facility may offer a disposable mask if PPE inventory is adequate.
- The visitor and the resident may have brief physical contact (i.e. hand holding) if desired by both but the resident and visitor must use an alcohol-based hand sanitizer with at least 60% alcohol before and after contact; limit the duration of the close contact; embracing and hugging is allowed for brief periods of time as long as both individuals are wearing masks.

VI. Hand hygiene

- It is expected that all visitors perform hand hygiene upon entry to the facility or to the outside visitation area. Either soap and water or alcohol-containing hand gel (with at least 60% alcohol) shall be available and used. Visitors will perform hand hygiene again before exiting the visiting area and leaving the facility, and all hand hygiene will be witnessed and documented by facility staff.

VII. Communications/Education

- Signage must be posted at the entrance of the Facility instructing visitors of the following:
Visits must be scheduled in advance or cannot take place.
- If the visitor does not pass the screening process and/or presents with symptoms of COVID-19, the scheduled visit will not be allowed.
- Visitors are encouraged to be tested prior to visiting (2-3 days prior) or a Rapid swab (POC) can be done by the facility. Visitors are also encouraged to be vaccinated. Neither testing nor vaccination is mandated but is highly encouraged.
- Prior to the beginning of the visit, the visitor must be instructed on hand hygiene, limiting surfaces touched, and proper use of PPE.
- Visitors must be instructed on wearing the face covering (mask) while in the facility.

- Visitors must be aware of performing hand hygiene upon entrance and prior to exiting the Facility.
- Visitor shall be made aware that visitation presents risk of transmitting COVID-19 (or other communicable disease) to the resident and that COVID-19 can be transmitted by asymptomatic individuals.
- Visitors shall be advised to monitor themselves for symptoms of COVID-19 for 14 days after their visit. If symptoms occur visitors shall be advised to isolate at home, contact their physician and to notify the Facility. The Facility staff will screen individuals of reported contact and follow up accordingly with DOH and other necessary steps.
- Other means of non-in-person visitation methods should continue to be encouraged (i.e. FaceTime, Video chats, telephone call and so on).

VIII. Other considerations

- A staff member trained in infection control measures and resident safety shall be assigned to monitor the visits.
- A new outbreak (two or more cases) will require notification to DOH so that the Facility visitation plan can be reviewed, and a new temporary plan implemented after guidance has been provided by DOH.
- The Facility Administrator reserves the right to revise the visitation policy should any unforeseen circumstances arise requiring changes be made.
- The facility reserves the right to end the visit any time the visitor is not following the established rules or is making the resident uncomfortable in any way (or the resident requests the visit end).

State Regulatory Considerations

References: RIDOH Guidance for Visitation at Nursing Homes and Assisted Living, August 27, 2020, COVID-19 Visitation Guidance for Long-Term Care Facilities ,effective February 19, 2021, March 16, 2021 CMS Memo QSO-20-39-NH- revised March 10, 2021.