



## **Covid-19 Visitation Policy for SNF and ALF**

The information contained in this policy supersedes and replaces previously issued guidance and recommendations regarding visitation.

At the screening area, provide a copy of the visitation guidelines and orally explain the process, including how long the visit will be, rules for infection control, and termination of the visit if these rules are not followed.

If there are any facility acquired cases of Covid-19 in a resident or staff in the last 14 days, the center will not offer indoor or outdoor visitation. This will be evaluated following a period of 14 days with no positive cases of a resident or staff member.

Facilities should use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site as additional information to determine how to facilitate indoor visitation:

County Positivity Rates from CMS Covid-19 Nursing Home Data site will be reviewed and adjusted on the 2<sup>nd</sup> and 4<sup>th</sup> Monday's of the month and following the guidance as previously posted for increasing and decreasing testing.

- Low (less than 5%) = Visitation should occur according to the core principles of COVID19 infection prevention and facility policies (beyond compassionate care visits)
- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- High (10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

The County Positivity Rate will not be considered with outdoor visitation.

Facilities will still restrict visitation due to the COVID-19 county positivity rate, the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factor related to the COVID-19 PHE.

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. This restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines.

Visitation is only allowed for residents who are not Covid-19 positive.

All visits should be held outdoors whenever practicable. 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), or a facility's outbreak status, outdoor visitation should be facilitated routinely. Create accessible and safe outdoor



### **Covid-19 Visitation Policy for SNF and ALF**

spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

Facility guidelines should provide that food may not be passed between residents and visitors during the visit. Guidelines should also state that visitors who want to bring food during the visit should inform the facility in advance and provide the food in a container that can be disinfected for the facility staff to provide the resident.

If the visitor develops symptoms of COVID-19 or is exposed to someone exhibiting symptoms of COVID-19 within 14 days of a visit to the facility, immediately notify the facility so that it can take precautions to monitor others for symptoms. Do not arrange a visit if, within 14 days prior to a visit, you have COVID-19 or have been exposed to someone with COVID-19.

If, at any time the facility experiences an outbreak of COVID-19 (defined as one case for resident or staff), the facility will review the visitation policy and update as necessary.

There will be no more than one Outdoor, one Indoor and one Compassionate Care visit occurring simultaneously.

Visits must be may be canceled at any time by the facility for inclement weather, or failure of visitors to comply with process.

Each facility must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). For example, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility must allow the individual entry into the nursing home to interpret or facilitate, with some exceptions. This would not preclude nursing homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:

- Maintain visitor log for any indoor or outdoor visits
- Screening of all who enter the facility or outdoor visits for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms. Visitors who meet any of the following screening criteria must leave the nursing facility and reschedule the visit:



### **Covid-19 Visitation Policy for SNF and ALF**

- fever defined as a temperature of 100.4 Fahrenheit and above, or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
- signs or symptoms of COVID-19, including 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;
- contact in the last 14 days with someone who has a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or is ill with a respiratory illness; or
  - international travel within the last 14 days.
- 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 COVID19 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 COVID-19 care)

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.

Visitors will remain in their vehicle until assigned visiting time and will then come to the front of the center to be screened before visitation begins.

Requiring visitors to remain in the designated visitation area for the arranged time.

No more than two persons visiting a resident at any time, Indoor or Outdoor.

Reminding adult visitors that they are responsible for ensuring that a child visitor complies with visit requirements. Child visitors must be able to stay within the designated visitation area, wear a face covering or facemask during the entire visit. Children must be at least 16 years of age to participate in visitation. A child does count as one of the two allowed visitors during an outdoor or indoor visit.



### **Covid-19 Visitation Policy for SNF and ALF**

The Facility will need to request a facility visitation designation. A facility must submit a completed Long-term Care Regulation (LTCR) form 2194, COVID-19 Status Attestation Form, including a facility map indicating which areas, which include enclosed rooms such as bedrooms or activities rooms, units, wings, halls, or buildings which accommodate COVID-19 negative, COVID-19 positive, and unknown COVID-19 status residents, to the Regional Director in the LTCR Region where the facility is located. A facility with previous approval for visitation does not have to submit Form 2194 and a facility map, unless the previous visitation approval has been withdrawn, rescinded, or cancelled.

To receive a facility visitation designation, a facility must demonstrate:

- there are separate areas, which include enclosed rooms such as bedrooms, or activities rooms, units, wings, halls, or buildings for resident cohorts who are COVID-19 positive, COVID-19 negative or unknown COVID-19 status;
- separate staff are working in the separate areas, units, wings, halls, or buildings for residents who are COVID-19 positive, COVID-19 negative or unknown COVID-19 status;
- there have been no confirmed COVID-19 cases for at least 14 consecutive days in staff working in the area, unit, wing, hall, or building which accommodates residents who are COVID-19 negative;
- there have been no facility-acquired COVID-19 confirmed cases for at least 14 consecutive days in residents in the COVID-19 negative area, unit, wing, hall, or building;
- staff are designated to work with only one resident cohort and the designation does not change from one day to another;
- evidence upon HHSC request of daily screening for staff and residents, if a testing strategy is not used; and
- if a facility has had previous cases of COVID-19 in staff or residents in the area, unit, wing, hall, or building which accommodates residents who are COVID-19 negative, HHSC LTCR has conducted a verification survey and confirmed the following:
  - All staff and residents in the COVID-19 negative area, unit, wing, hall, or building have fully recovered;
  - the facility has adequate staffing to continue care for all residents and monitor visits permitted by this section; and
  - the facility is in compliance with infection control requirements and emergency rules related to COVID-19.

A facility must provide instructional signage throughout the facility and proper visitor education regarding:

- the signs and symptoms of COVID-19 signs;
- infection control precautions; and
- other applicable facility practices (e.g. use of facemask or other appropriate PPE, specified entries and exits, routes to be designated visitation areas, hand hygiene).



### **Covid-19 Visitation Policy for SNF and ALF**

A facility with a facility visitation designation may allow outdoor visits, and plexiglass indoor visits involving residents and personal visitors. The following requirements apply to all visitation allowed under this subsection:

- Visits must be scheduled in advance and are by appointment only.
- Appointments for visitation can be made between 8:00- 5:00pm to ensure staff are available for screening and supervision during visitation unless otherwise authorized by the Administrator.
- Visitation appointments must be scheduled to allow time for cleaning and sanitation of the visitation area between visits.
- Outdoor visits, essential caregiver visits, and plexiglass indoor visits are permitted only for residents who are COVID19 negative as can be accommodated by the facility.
- Closed window visits and end-of-life visits are permitted for residents who are COVID-19 negative, COVID-19 positive, or unknown COVID-19 status as can be accommodated by the facility.
- Physical contact between residents and visitors is prohibited, except for essential caregiver and end-of-life visits.
- Visits are permitted where adequate space is available that meets criteria and when adequate staff are available to monitor visits. Essential caregiver visits and end-of-life visits can take place in the resident's room or other area of the facility separated from other residents. The facility must limit the movement of the visitor through the facility to ensure interaction with other residents is minimized.
- The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit, except visitors participating in a closed window visit.
- The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.
- The facility must ensure physical distancing of at least six feet is maintained between visitors and residents at all times and limit the number of visitors and residents in the visitation area as needed to ensure physical distancing is maintained. Essential caregiver and end of life visitors do not have to maintain physical distancing between themselves and the resident they are visiting but must maintain physical distancing between themselves and all other residents, staff, and other visitors.
- There will be no more than one Outdoor, one Indoor and one Essential Caregiver visit occurring simultaneously. Indoor and outdoor visits are limited to 15 minutes at one time.
- Subsequent visits for that resident will be scheduled after all residents are given the opportunity for one visit either indoor or outdoor.
- Visits may be canceled at any time by the facility for inclement weather, or failure of visitors to comply with process.
- Cleaning and disinfecting of the visitation area, furniture, and all other items must be performed, per CDC guidance, before and after each visit.
- The facility must ensure a comfortable and safe outdoor visiting area for outdoor visits, considering outside air temperatures and ventilation.



### **Covid-19 Visitation Policy for SNF and ALF**

- For outdoor visits, the facility must designate an outdoor area for visitation that is separated from residents and limits the ability of the visitor to interact with residents.
- A facility must provide hand washing stations, or hand sanitizer, to the visitor and resident before and after visits, except closed window visit.
- The visitor and the resident must practice hand hygiene before and after the visit, except visitors participating in a closed window visit.

The following requirements apply to plexiglass indoor visits:

- The plexiglass booth must be installed in an area of the facility where it does not impede a means of egress, does not impede or interfere with any fire safety equipment or system, and does not offer access to the rest of the facility or contact between the visitors and other residents.
- Prior to using the booth, the facility must submit for approval a photo of the plexiglass visitation booth and its location in the facility to the Life Safety Code Program Manager in the LTCR Region in which the facility is located.
- The visit must be monitored by facility staff for the duration of the visit.
- The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.
- The visitor must wear a facemask or face covering over both the mouth and nose throughout the visit.
- The facility shall limit the number of visitors and residents in the visitation area as needed.
- One visit with the plexiglass booth will occur at one time for 15 mins.

If, at any time after facility visitation designation is approved by HHSC, the area, unit, wing, hall, or building accommodating residents who are COVID-19 negative, or facility-wide facilities that received visitation designation experiences an outbreak of COVID-19, the facility must notify the Regional Director in the LTCR Region where the facility is located that the area, unit, wing, hall, building or facility no longer meets visitation criteria, and all visitation, except a closed window visit, end-of-life visit, or visits by persons providing critical assistance including essential caregivers as must be cancelled until the area, unit, wing, hall, building or facility meets the criteria.

If an executive order or other direction is issued by the Governor of Texas, the President of the United States, or another applicable authority, that is more restrictive than this rule or any minimum standard relating to a facility, the facility must comply with the executive order or other direction.



## **Covid-19 Visitation Policy for SNF and ALF**

### **Essential Caregiver Visits**

The facility IDT (Interdisciplinary Team) will approve essential care giver visits based on the resident's status, and/or change of condition and/or decline in condition.

Emergency rule defines an Essential Caregiver visit as A personal visit between a resident and an essential caregiver as described in subsection (e) of this section. An essential caregiver visit is permitted in all facilities for COVID-19 negative and unknown COVID-19 status residents.

Essential caregivers, as defined in the emergency rules, must have a negative COVID-19 test result from a test performed no more than 14 days before the first essential caregiver visit. Tests accepted are PCR or Antigen tests. Antibody tests are not accepted. Negative test result is the responsibility of the essential caregiver and not the centers responsibility. Subsequent testing will follow the county positivity rates based on CMS data released.

County Positivity Rates from CMS Covid-19 Nursing Home Data site will be reviewed and adjusted on the 2<sup>nd</sup> and 4<sup>th</sup> Monday's of the month and following the guidance as previously posted for increasing and decreasing testing.

- Low (less than 5%) = Monthly
- Medium (5% – 10%) = Weekly
- High (10%) = 2x weekly

A family member or other outside caregiver, including a friend, volunteer, private personal caregiver or court appointed guardian, who is at least 18 years old, designated to provide regular care and support to a resident.

Each visit is limited to two hours, unless the assisted living facility can only accommodate a visit for a shorter duration or that it can accommodate a longer duration and adjusts the duration of the visit accordingly.

There may be up to two permanently designated essential caregiver visitors per resident. Only one essential caregiver at a time may visit a resident. Each visit is limited to two hours, unless the facility can only accommodate a visit for a shorter duration or that it can accommodate a longer duration and adjusts the duration of the visit accordingly. The visit may occur outdoors, in the resident's bedroom, or in another area in the facility that limits visitor movement through the facility and interaction with other residents.

Essential caregiver visitors do not have to maintain physical distancing between themselves and the resident they are visiting but must maintain physical distancing between themselves and all other residents and staff.

The resident must wear a facemask or face covering over both the mouth and nose (if tolerated) throughout the visit.



## **Covid-19 Visitation Policy for SNF and ALF**

The facility must develop and enforce essential caregiver visitation policies and procedures, which include:

- a testing strategy for designated essential caregivers;
- a written agreement that the essential caregiver understands and agrees to follow the applicable policies, procedures, and requirements;
- training each designated essential caregiver on proper personal protective equipment (PPE) usage and infection control measures, hand hygiene, and cough and sneeze etiquette;
- wearing a facemask and other appropriate PPE recommended by CDC guidance and the facility's policy while in the facility;
- expectations regarding using only designated entrances and exits as directed;
- limiting visitation to the outdoor visitation area, the resident's room, or other area of the facility that limits the visitor's movement through the facility and interaction with other residents;
- facility staff must escort the essential caregiver from the facility entrance to the designated visitation area at the start of each visit; and facility staff must escort the essential caregiver from the designated visitation area to the facility exit at the end of each visit.

The facility must:

- inform the essential caregiver of applicable policies, procedures, and requirements;
- approve the visitor's facemask and any other appropriate PPE recommended by CDC guidance and the facility's policy or provide an approved facemask and other PPE;
- maintain documentation of the essential caregiver visitor's agreement to follow the applicable policies, procedures and requirements;
- maintain documentation of the essential caregiver visitor's training as required
- maintain documentation of the date of the last COVID-19 test as reported by the essential caregiver;
- document the identity of each essential caregiver in the resident's records and verify the identity of the essential caregiver by creating an essential caregiver visitor badge;
- maintain a record of each essential caregiver visit, including:
  - the date and time of the arrival and departure of the essential caregiver visitor;
  - the name of the essential caregiver visitor;
  - the name of the resident being visited; and
  - attestation that the identity of the essential caregiver visitor was confirmed; and
  - prohibit visitation by the essential caregiver if the resident has an active COVID-19 infection.

The essential caregiver must:

- wear a facemask over both the mouth and nose and any other appropriate PPE recommended by CDC guidance and the facility's policy while in the facility;





### **Covid-19 Visitation Policy for SNF and ALF**

- have a negative COVID-19 test no more than 14 days before the first essential caregiver visit, entry in the facility;
- sign an agreement to leave the facility at the appointed time unless otherwise approved by the facility;
- self-monitor for signs and symptoms of COVID-19; (E) not participate in visits if the designated essential caregiver has signs and symptoms of COVID-19, active COVID-19 infection, or other communicable diseases; and (F) not participate in visits if the resident has an active COVID-19 infection.

Approved visitation designation for a facility is not required for visits by persons providing critical assistance including essential caregivers.

Subsequent Essential Caregiver visits for that resident will be scheduled after all residents meeting criteria for Essential Caregiver are given the opportunity for one visit.

Refer to the End of Life Policy for End of Life circumstances.

ref: QSO-20-39

I understand and agree to follow the applicable policies, procedures, and requirements as it relates to Indoor, Outdoor and/ or Essential Caregiver Visitation.

Resident Name: \_\_\_\_\_ Room #: \_\_\_\_\_

1<sup>st</sup> visitor Printed Name: \_\_\_\_\_ 1<sup>st</sup> Visitor Signature: \_\_\_\_\_

2<sup>nd</sup> Visitor Printed Name: \_\_\_\_\_ 2<sup>nd</sup> Visitor Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time of Visit: \_\_\_\_\_

Staff Member Authorizing Visit Printed Name: \_\_\_\_\_

Staff Member Authorizing Visit Signature: \_\_\_\_\_ Date: \_\_\_\_\_