

PALATINE NURSING HOME

Visitation During COVID-19 Pandemic

DATE/UPDATE: 2/26/21

Objective

The information contained in this directive supersedes and replaces previously issued guidance and recommendations regarding general nursing home (NH) visitation and aligns with CMS and CDC guidelines on such topic. Nothing in this directive should be construed as limiting or eliminating the nursing home's (NH's) responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor does it change the guidance previously issued relative to visitation for medically necessary or end-of life services.

Policy

Beginning February 26, 2021, nursing homes may expand visitation and/or activities under this revised guidance if able to continue following the core principles of infection control and prevention, under the following conditions:

1. Full compliance with both state and federal reporting requirements including COVID-19 focus surveys, daily HERDS, weekly staff testing surveys, and the federally required weekly submission of COVID-19 data to the National Healthcare Safety Network (NHSN).

2. The operator or designee must retain a copy of the revised facility's visitation plan at the facility where it is easily accessible and immediately available upon request of the Department or local health department. The plan must clearly articulate the space(s) to be used for visitation (outdoors and indoors) including the number of visitors and residents which could be safely socially distanced within the space(s). The plan must reference relevant infection control policies for visitors.

3. There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing as reported on daily HERDS submissions.

4. Visitors must be able to adhere to the core principles, including infection prevention and control policies, and staff are expected to provide monitoring for those who may have difficulty adhering to core principles.

5. Facilities must have policies widely communicated to residents, staff and visitors that limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.

6. Facilities should limit movement in the facility, including limiting visitors from walking around different halls of the facility. Instead, visitors should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room unless the roommates are spouses.

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7. Adherence to written screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds of such nursing home, including visitors, vendors, students and volunteers.

8. The number of visitors to the nursing home will not exceed twenty percent (20%) of the resident census at any time and the number of visitors and time allocated to visitation should take into consideration that many residents and their loved ones will want to avail of such visits.

9. Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.

10. Current COVID-19 positive residents, residents with COVID-19 signs or symptoms, and residents in a 14-day quarantine or observation period remain ineligible for in-person visits. In these instances, every effort should be made to accommodate visits using electronic devices and alternative visitation techniques.

11. The facility should use the COVID-19 county positivity rates, found on the CMS COVID-19 Nursing Home Data site (link can be found at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>) to determine when visitation should be paused. When the county positivity rate is high (>10%), visitation must only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies.

- Low (<5%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits). For county COVID-19 positivity rates below 5%, visitor testing will be conducted prior to each visit utilizing rapid testing.
- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits). Visitor testing is required. Visitor testing will be conducted prior to each visit utilizing rapid testing unless the visitor presents a negative test result from the last 72 hours prior to visit. Additionally, all visitors must adhere to all infection control practices.
- High (>10%) = Visitation must only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies. Facilities should offer rapid testing whenever possible.

12. The facility will provide any required testing to visitors by means of Rapid Antigen testing at no charge to the visitor or resident prior to each visitation.

a. The visitor will enter through a designated entrance 20 minutes prior to visit to complete screening and testing requirements.

b. Trained facility staff will perform the Rapid Antigen testing. Visitors will be asked to wait outside the facility while results process.

c. On receipt of negative test results, the visitor will be notified that visitation may commence.

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d. If test result is positive for COVID-19, the visitor will be made aware via phone call by the test provider.

e. Reporting to county and state entities, of all negative and positive Rapid Antigen test results, will be done by the DON/Infection Preventionist/Designee with 24 hours of test results.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID19 infection prevention, outdoor visitation can be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be encouraged to 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.

1. The facility will create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, the facility will have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).

Additional Guidelines

In addition to the above guidelines, the facility will follow the below recommendations in regards to visitation:

1. Adequate staff present to allow for personnel to help with the transition of residents, monitoring of visitation, and cleaning and disinfecting of areas used for visitation after each visit using an EPA-approved disinfectant.
2. Appropriate signage regarding facemask or face covering utilization and hand hygiene, and applicable floor markings to cue social distancing delineations must be in place at all times.
3. Screening for signs and symptoms of COVID-19 prior to resident access.
4. Documentation of screening must be maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing. Documentation must include the following for each visitor:
 - i. First and last name of the visitor;
 - ii. Physical (street) address of the visitor;

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- iii. Daytime and Evening telephone number;
 - iv. Date and time of visit; and
 - v. Email address if available
5. Adequate PPE must be made available by the nursing home to ensure:
- a. residents wear a face mask, if medically able to utilize a face covering during visitation.
 - b. Visitors must wear a face mask or face covering at all times when on the premises of the nursing home and maintain social distancing. The nursing home must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
6. The facility provides alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents and those individuals are able demonstrate appropriate use.
7. The nursing home will develop a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening to all visitors.

Other Visitation (End of Life, Compassionate Care)

End of Life

For residents in imminent end-of-life situations, the facility will allow 2 family members and/or legal representative(s) at a time as a support person who should be permitted at the bedside. The facility will have measures in place to allow for residents to spend time with loved ones at the end of life while protecting all staff and residents from exposure to COVID-19.

1. The facility currently defines imminent end-of-life situations as a resident who is actively dying, where death is anticipated within less than 72 hours.
2. Staff must screen the support person(s) for symptoms of COVID-19 (e.g., fever, sore throat, runny nose, cough, shortness of breath, muscle aches, or diarrhea) and conduct a temperature check prior to entering the clinical area using the same criteria as outlined in Policy: Health Checks for Health Care Personnel (HCP) and Other Facility Staff/Contracted Staff/Consultants.

Compassionate Care Visits

This guidance further clarifies that Compassionate Care Visits are permitted when visitation may not otherwise be permitted in accordance with the Department's current visitation guidance, and facilities may waive requirement of a visitor presenting a negative COVID-19 test prior to commencement of such visit under any of the below circumstances. Compassionate care visits should include:

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1. Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support.
2. Residents recently grieving the loss of a friend or loved one.
3. Residents who previously received in-person support and/or cueing from family for eating and drinking and are now experiencing dehydration and/or weight loss.
4. Residents who are exhibiting signs and symptoms of emotional distress including, but not limited to, seldom speaking or crying more frequently (when the resident had rarely cried in the past), refusing to participate in an activity or activities, staying in bed longer than usual, or exhibiting behavior considered abnormal for the individual.
5. Residents who receive religious or spiritual support from clergy or another layperson.

The situations above are not intended to be an exhaustive list. Additional compassionate care situations may be considered by the facility on a resident-specific basis. Testing should be encouraged, or facilitated wherever possible.