

Visitation Guidance

OUTDOOR VISITATION

- Always the preferred method because lower risk of transmission due to increased space and airflow.
- Occurs regardless of outbreak status except for residents in isolation for COVID-19.

INDOOR VISITATION

- Indoor visitation should be allowed at all times.
- Must be conducted in a manner that adheres to the core principles of infection prevention and control and does not increase risk to other residents.
- The policies and procedures for face coverings and masks are based on nationally accepted standards, public health recommendations, and circumstances in the provider's building.
- If the resident is in transmission-based precautions, the visitor should be alerted to this prior to the visit. Visits must occur in the residents room. The nursing home can provide PPE for the visitor but is not required to do so.
- When a provider does not require masking for source control, individuals should be allowed to wear a mask or respirator based on personal preference.
- Source control is recommended for individuals in healthcare settings who have suspected or confirmed COVID-19 or other respiratory infection and/or had close contact or a higher-risk exposure with someone with COVID-19 infection, for 10-days after their exposure.

INDOOR VISITATION DURING AN OUTBREAK

- Visitors must be aware of an outbreak investigation in the nursing home and potential risks of visit.
- Visits should ideally occur in the resident's room with the resident and visitor utilizing well-fitting source control (if tolerated) and physical distance (if possible) during the visit.
- While an outbreak investigation is occurring, visitor movement in the building shall be limited.
- Visitors should physically distance themselves from other residents and staff, when possible.

VISITATION BY STATE AGENCIES

- Must be **allowed at all times**, regardless of outbreak or vaccination status.

CORE INFECTION PREVENTION AND CONTROL PRINCIPLES

- Nursing homes should provide guidance about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close-contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance.
- Hand Hygiene, including the use of ABHR.
- Face covering or mask and physical distancing.
- Post visual alerts at the entrance and in strategic places. These alerts should include instructions about current IPC recommendations.
- Cleaning and disinfecting high-frequently touched surfaces, including designated visiting areas after each visit.
- Appropriate staff use of PPE.
- Effective cohorting of residents.
- Resident and staff testing conducted according to nationally accepted standards.

Resources: CMS. (2023, May 8). *QSO 20-39-NH-Revised, Nursing Home Visitation—COVID-19 (Revised)*. <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

CDC. (2023, May 8.) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>