

Health and Rehabilitation Center

POLICY AND PROCEDURE VISITATION POLICY – INFECTION CONTROL DATE: REVISED

INTENT:

It is the policy of the facility to conduct visitation in accordance with CMS requirements [QSO 20-39-NH](#) and in accordance with state and national guidelines, including s. 408.823(2)(c), Florida Statutes.

PROCEDURE:

1. Visitation will be conducted in a manner that is person-centered, considering the residents' physical, mental, and psychosocial well-being, and support their quality of life.
2. Visitors will be provided guidance on the visitation requirements for the facility; currently no limitation on time limit or #s of visitors, for visitation however visitation should be in accordance with the wishes of the resident and resident roommate, if applicable.
3. Facility will post visual alerts e.g. signs posters at the entrance and in strategic places such as elevators and waiting areas and cafeterias. These alerts should include instructions about current IPC recommendations (e.g. when to use source control). Infection control education will also be provided via a "handout" at the receptionist desk.
4. Visitors are not required to show proof of vaccination or immunization.
5. Screening will not be conducted for visitors. PPE will be provided, upon request.
6. Staff adherence to visitation policies and procedures will be monitored by the infection control nurse and Director of Nursing/designee.
7. Visitors who have symptoms of respiratory infection or other symptoms that may be associated with COVID are asked to defer their visit until 10 days after symptom onset, symptoms have improved, and they have been fever free for at least 24 hours.

8. Visitors who have tested positive for COVID19 in the last 10 days are asked to defer their visit until at least 10 days have passed since their positive test, symptoms have improved, and they have been fever free for at least 24 hours.
9. Visitors who have had close contact with someone who is known to have COVID19 are asked to wear a mask at all times for the 10 days post close contact while in the facility, including when they are with the person they are visiting. If the visitor cannot wear a mask or is moderately to severely immunocompromised, then they are asked to defer non-urgent visits until at least 10 days post-exposure.
10. If a resident is on transmission-based precautions, their visitors are educated on the risks of visiting and on what personal protective equipment (PPE) that is recommended for them to wear when they are in the resident room. Instructions on how to don and doff the PPE will also be provided to the visitor as needed.
11. When community transmission is high, all visitors are asked to wear a mask while in the facility. When visiting alone in the resident room or designated visitation area, masks may still be removed per the resident's preferences as long as no other residents are put at risk (i.e., must be socially distanced from other residents in the facility).
12. Visitors going onto outbreak units or if there is a facility-wide outbreak, visitors are to wear a mask while on the affected unit/in the facility, socially distance from others, and go directly to the visitation area/resident room and not go to other parts of the facility.
13. Visitors are asked to perform hand hygiene upon entry into the facility.
14. Outdoor visits pose less risk for transmission and space will be made available for outdoor visits (weather permitting).
15. Indoor visits may occur in designated visitation area or in the resident room. During peak times of visitation and large gatherings (e.g., parties, events) physical distancing will be encouraged. During the holidays when there may be high volume of visitors, the facility may ask visitors to schedule their visitation times.
16. Visitation may occur regardless of vaccination status and regardless of a resident being on transmission-based precautions.
17. Close consensual physical contact may occur between the resident and visitor.
18. When community transmission is high, visitors may eat with a resident if the resident (or representative) and the visitor are aware of the risks and adhere to the core principles of infection prevention. Eating in a separate area is preferred, however if that is not possible,

then the meal could occur in a common area as long as the visitor wears a mask, except while eating or drinking.

19. In rare circumstances when an outbreak may be uncontrolled and the facility has been working with the local health department to stop the outbreak, visitation may be paused at the direction of the health department. If the outbreak is severe enough to warrant pausing visitation, it would also warrant a pause on accepting new admissions (as long as there is adequate alternative access to care for hospital discharges). For example, in a nursing home where, despite collaborating with the health department over several days, there continues to be uncontrolled transmission impacting a large number of residents (e.g., more than 30% of residents became infected), and the health department advised the facility to pause visitation and new admissions temporarily.
20. The facility will notify residents, their representatives, and family members if and when there are changes to visitation procedures due to an uncontrolled outbreak in the facility. In the event of visitation limitations, the facility will support remote means of communication via use of electronic devices.
21. In-person visitation is always allowed under the following circumstances, unless the resident objects:
 - a. End-of-life situations.
 - b. A resident who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
 - c. The resident is making one or more major medical decisions.
 - d. A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
 - e. A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - f. A resident, client, or patient who used to talk and interact with others is seldom speaking.
22. A resident may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. Essential caregivers may have in-person visitation for at least 2 hours daily in addition to any other visitation authorized by the provider. Essential caregivers are not required to provide necessary care to the resident
23. If a visitor does not comply with visitation policies and procedures, visitation may be suspended.
24. This policy will be easily accessible to all visitors (i.e., webpage, etc.).

References:

Centers for Medicare & Medicaid Services, Department of Health and Human Services. State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (October 2022 Revision) F563 – Right to Receive/Deny Visitors. 42 C.F.R. §483.10(f).