

VISITATION GUIDANCE FOR NURSING HOMES AND ASSISTED LIVING FACILITIES

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The following guidance for all long-term care settings should be used in conjunction with facility policies, relevant CMS guidance and requirements, as well as CDC recommendations. This means that visitation may look different throughout the state and throughout facility types and is dependent on many factors include the size of the facility, ventilation, number of staff and residents, room sizes within the facility, county positivity rates etc. Each facility should thoroughly read through all applicable guidance, determine, and implement an appropriate for visitation policy for their facility. All visitation must occur according to the "Core Principles of COVID-19 Infection Prevention."

Core Principles of COVID-19 Infection Prevention

1. Screening everyone entering the facility 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.
2. Hand hygiene (use of alcohol-based hand rub is preferred).
3. Face covering or mask (covering mouth and nose).
4. Social distancing at least six feet between persons, 12 ft for those who cannot wear a mask due to medical condition.
5. Instructional signage throughout the facility and proper visitor education on COVID-19 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)
6. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
7. Appropriate staff use of Personal Protective Equipment (PPE)
8. Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)
9. Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH and New Mexico State Guidance)

Indoor Visitation Plan

Outdoor visits remain the preferred visitation method. Visitation should only occur indoors when weather does not permit outdoor visits. Indoor visitation must meet the following requirements:

1. There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
2. Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;

3. Facility must ensure the designated visitation room is large enough to maintain appropriate social distancing and must limit the amount of visitors based on the size of the designated room;
4. Facilities must limit the duration of each visit to 1 hour;
5. Visitors are restricted from walking around the facility and can only go into the designated visitor room and immediately following the visit, must leave the facility through the designated exit; and
6. Visitation should occur ideally occur in a well ventilated room. Facility should get an HVAC assessment certifying the appropriate ventilation. If the building does not have an HVAC system, then look to open windows if/when possible to allow in outdoor air.

After the Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the LTCF and develops signs and symptoms of COVID-19 (as outlined above) within 5 days after visiting must immediately notify the LTCF. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) they were in contact with, and the locations within the facility they visited. Long-term care facilities should immediately screen the individuals who had contact with the visitor for the level of exposure.

When can our facility have visits?

Facilities should use the COVID-19 county positivity rate, found on the <https://cv.nmhealth.org/long-term-care-guidelines/> website to determine the allowable visitation.

Visitation Process Requirements

- ✓ Facilities must establish and maintain a schedule of visitation.
- ✓ Facilities must have a process for screening all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation (see details in section below).
- ✓ Locations for visitation (both indoor and outdoor) must be designated beforehand, and these locations must allow for at least 6 feet of space consistently between all visitors, staff, and resident at all times.
- ✓ Facilities must have adequate staff present to allow for safe transit of residents to the designated visitation location, in-person monitoring of visitation, and environmental cleaning and disinfection after visitation.
- ✓ Safe transport means that the resident should wear a facemask to prevent viral shedding and cannot be transported through any space where residents with suspected or confirmed COVID-19 are present.
- ✓ Monitoring visits is required and should be performed by a staff member trained in patient safety and infection control measures. Staff should be close enough to ensure compliance with visitation policy but also allow for privacy.
- ✓ Facilities should develop a process to inform and educate residents and visitors about the necessary precautions and periodically monitor visits for compliance.
- ✓ Facilities must have adequate personal protective equipment (PPE) to provide residents, staff, and visitors (who do not arrive with a cloth face covering) with a surgical facemask during the visit and during transit to/from the visitation site.
- ✓ Facilities should demarcate spaces for people to sit in the visitation area (both indoors and outdoors) and people may not move closer to each other while visiting. No physical contact is allowed. Mobile visitation (i.e., going on a walk or drive together) is not allowed.
- ✓ Staff must carry alcohol-based hand sanitizer with them to the visitation.

- ✓ Staff, resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask.
- ✓ Facilities must clean and disinfect all touched surfaces prior to and after each visit.
- ✓ Facilities must maintain a visitor log with contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be a need.
- ✓ Facilities are also encouraged to inquire prior to visits if the visitor is coming from a county with “high” positivity rate, and encourage visitation to occur when the county has a lower positivity rate.

Court-Appointed Guardians and Conservators

In order to report to the court and fulfill their legal duties, court-appointed guardians and conservators need to have access to the protected person(s) for whom they have been appointed, in order to accurately assess the living situation and overall well-being of the protected person(s). Facilities must work with professional guardians and conservators to facilitate monthly visitation, or the appropriate recurrence requested by the guardian or conservator, and to schedule a time for the visit. The facility shall ensure the guardian or conservator wears a face covering throughout the visit, and that the guardian or conservator only visits one protected person on a particular day. The facility must allow guardians and conservators to view the living quarters, bathroom, etc., of the protected person. Facilities should ensure that Core Principles of COVID Infection Prevention are followed throughout the visit.

Communal Dining

Any communal dining must follow the Core Principles of COVID Infection Prevention. Pursuant to the Visitation Guidance Chart below residents may eat at the same table with other residents. However, residents must maintain physical distancing (spaced by at least 6 feet), practice hand hygiene, and use of a cloth face covering or facemask while not eating. Providers should also consider limiting the sharing of condiments and utensils and ensure residents wash their hands before they enter the dining room, as well as staggering mealtimes where feasible.

VISITATION GUIDANCE CHART

	Low (<5%) = Visitation should occur according to the core principles of COVID 19 infection prevention and facility policies	Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies	High (>10%)
Social Visitation Outdoors	Designated visitation space, facility determines the frequency of visits	Designated visitation space, facility determines frequency of visits	Not Allowed
Social Visitation Indoors	Designated visitation space, only when weather restricts outdoor visitation	Designated visitation space, only when weather restricts outdoor visitation	Not allowed
Closed Window Visits	Allowed	Allowed	Allowed
Open Window Visits	Allowed	Allowed	Not Allowed
Compassionate Care (including End of Life) Visits	Allowed	Allowed	Allowed
Communal Dining	Yes, residents may eat in the same room with social distancing, hand hygiene and use of a face covering when not eating.	Yes, residents may eat in the same room with social distancing, hand hygiene and use of a face covering when not eating.	Not Allowed
Outdoor Activities	Yes, limited to no more than 10 people with face coverings and physical distancing	Yes, limited to no more than 5 people with face coverings and physical distancing	Not Allowed
Indoor Activities	Yes, no more than 50% capacity within the activity room	Yes, no more than 25% capacity within the activity room	Not Allowed
Beauty Salon Services	Yes, follow the salon guidance	Yes, follow the salon guidance	Not Allowed
Court Appointed Guardians & Conservators	Allowed	Allowed	Allowed

Penalties

Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4), and the facility may be subject to citation and enforcement actions.