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DATE: May 12, 2021

TO: Assisted Living Facilities

FROM: Tara Ragland, Director
Division of Licensing Programs

SUBJECT: Visitation in Assisted Living Facilities: Updated Tips and Best Practices 5/12/21

This memo is to inform you of updated guidelines for assisted living facilities (ALFs) to safely continue visitation during the COVID-19 pandemic public health emergency. This latest information contains updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination from the Centers for Disease Control and Prevention (CDC) now that COVID-19 vaccines have become available to ALF residents, staff and adults in Virginia.

This information focuses on ways to bring more families and friends of residents in ALFs together safely and encourages visitation. The information provided emphasizes the core principles of COVID-19 infection prevention, and best practices to consider when developing procedures and plans for visitation based on what the public health community knows about COVID-19 transmission at this point in time.

The attached document containing updated informational tips and best practices for visitation is posted on the VDSS webpage and supersedes previous recommendation memos. The previous memos will remain posted for facility reference.

Please contact your licensing inspector if you have any questions.
The guidelines in this document build upon what the public health community knows about COVID-19 transmission at this point in time and contains updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination from the Centers for Disease Control and Prevention (CDC).

These tips and best practices are for facility staff, contractors, essential personnel, residents, and other significant people meaningful to a resident’s life. 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. Facilities should allow responsible indoor visitation at all times and for all residents, regardless of vaccination status of the resident or visitor, unless certain scenarios arise that would limit visitation to compassionate care situations only (Section F in this document).

A. VISITATION RECOMMENDATIONS

- Visitation should be person-centered, consider the residents’ physical, mental, and psychosocial well-being, and support their quality of life.
- Visitors and residents (unless medically unable) are to properly wear a cloth face covering or mask (covering mouth and nose) for the duration of the visit and maintain a social distance or at least six feet between one another with the following possible exceptions:
  - When alone in the resident’s room or the designated visitation room and both the resident and all of their visitors are fully vaccinated*, residents and their visitors can choose to have close contact (including touch) and to not wear a mask.
  - A fully vaccinated resident can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to properly wear a cloth face covering or mask.
- Visitors should properly wear a well-fitting cloth face covering or mask and physically distance themselves from other residents, personnel, contractors, and staff that are not part of their group at all other times while in the facility.

*Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC’s Public Health Recommendations for Vaccinated Persons.

- Visitors, residents, and staff should adhere to the core principles outlined in Section B.
- Allow visitors only to COVID-19 negative and asymptomatic residents, or residents meeting the screening criteria.
- Designate a single point of entry to the facility to facilitate screening.
- Maintain a log of all visits to include the visitor’s name, contact information, and start/end time of visit in case contact tracing is required.
- Visitors should be notified about the potential for COVID-19 exposure in the facility and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of
• Designate a route to and from the visitation area to limit visitor movement in the facility. Visitors should not be permitted to walk around the facility. Instead, visitors should go directly to the designated visitation area and remain there for the duration of the visit.
• Facilities using dining areas for visitation should remove all items used for meal service from tables prior to using the space as a visitation area.
• Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.
• Visits for residents who share a room should not be conducted in the residents’ room. Where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
• Facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g. the ability to maintain social distancing, staffing considerations for monitoring visits).
• Facilities should continue to create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, and garden areas. Outdoor settings pose a lower risk of transmission due to increased space and airflow even when the resident and visitor(s) are fully vaccinated against COVID-19.
• Outdoor visit planning should take into consideration the weather (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), but also the individual resident’s health status (e.g., medical condition(s), COVID-19 exposure status), or a facility’s outbreak status.
• If necessary, schedule visits for a specified length of time to help ensure all residents are able to receive visitors.
• Facilities might need to limit the number of individuals visiting with any one resident at the same time to maintain any required physical distancing.

B. CORE PRINCIPLES

Practice the core principles of COVID-19 infection prevention regardless of how visits are conducted.

• Screen all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms). Deny entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor’s vaccination status).
• Upon entering and exiting the facility or visitation area, residents and visitors are to practice hand hygiene. The use of alcohol-based hand sanitizer (at least 60% alcohol) is preferred if hand washing stations are not available.
• Post instructional signage throughout the facility and provide 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).
• Clean and disinfect high frequency touched surfaces in the facility often, including in the designated visitation areas after each visit.

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for
preventing the spread of COVID-19, and should be adhered to at all times. 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. By following a person-centered approach and adhering to these core principles, visitation can occur safely.

C. WHEN TO PAUSE INDOOR VISITATION

- Indoor visitation can be conducted responsibly with adherence to core principles of COVID-19 infection prevention unless certain situations arise that would limit visitation to compassionate care situations only for:
  - Unvaccinated residents, if the COVID-19 county positivity rate is greater than 10% and less than 70% of residents in the facility are fully vaccinated;
  - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to continue transmission based precautions; or
  - Residents in quarantine, whether vaccinated or unvaccinated, until they have met the criteria to release from quarantine.

D. INDOOR VISITATION DURING AN OUTBREAK

An outbreak exists when a new case of COVID-19 occurs among residents or staff.

- When a new case of COVID-19 among residents or staff is identified, a facility should consult with their state or local health departments to ensure adherence to infection control precautions, obtain recommendations to reduce the risk of COVID-19 transmission, and to determine if there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility, and if visitation can still occur.

E. VISITOR TESTING AND VACCINATION

- While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.
- While not required, facilities may offer testing to visitors if feasible.

F. COMPASSIONATE CARE VISITS

The term “compassionate care situations” does not exclusively refer to end-of-life situations.

Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently moving to an assisted living facility, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” In addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.

Also, as noted above, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while both the resident and the visitor(s) are properly wearing a well-fitting face mask and performing hand-hygiene before and after. Visitors should physically distance from other residents and staff in the facility.

G. Useful information from VDH for Planning

- Review the COVID-19 positivity rates in your locality to help with planning.
- Virginia Department of Health (VDH) posts the number of positive COVID-19 Polymerase Chain Reaction (PCR) tests every Monday. Tracking the rate of disease transmission in a particular geographic area is useful for planning purposes, providing data-supported rationale. The data is not exclusive to long term care settings, and can be utilized for planning by any setting type.

Note: The CDC continues to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated.

H. Resources

Centers for Medicare and Medicaid Services
Fact Sheet-Updated Nursing Home Guidance -Revised Visitation Recommendations 3-10-21
Nursing Home Visitation Guidance Revised 3-10-21

Centers for Disease Control and Prevention
Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

These updated visitation recommendations, dated 5/12/2021, replace and previously issued recommendations from VDSS. This material is for use in planning and does not replace any Executive Order or guidance from the Virginia Department of Health.