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Subject: Visitation in Assisted Living Facilities: Tips and Best Practices- Updated Visitation Considerations during the Holidays
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COMMONWEALTH of VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

DATE: November 16, 2020

TO: Assisted Living Facilities

FROM: Tara Ragland, Director
Division of Licensing Programs

SUBJECT: Visitation in Assisted Living Facilities: Tips and Best Practices- Updated
Visitation Considerations during the Holidays

The number of COVID-19 cases is increasing in Virginia and across the country. This trend emphasizes the need for increased diligence when planning for visitation in assisted living facilities (ALF), especially as cooler weather and the holidays approach. The attached document provides informational tips and best practices for visitation in assisted living facilities (ALF) during this public health emergency.

VDSS recognizes the impact of COVID-19 on the population you serve. Continual separation from family, loved ones and friends has taken a physical and emotional toll on residents. As providers, you have the challenging job of balancing the need to physically separate residents from one another and loved ones to keep them safe, while finding ways to connect, celebrate, stay positive and adjust to an environment where distancing, sanitizing, and mask wearing are routine. The information provided emphasizes the core principles of COVID-19 infection prevention, and best practices to consider when developing procedures and plans for visitation.

Visitation Considerations during the Holidays

- The Virginia Department of Health (VDH) has gathered information and factors to consider when making decisions about holiday celebrations. These considerations and recommendations are [available here](#).

- The Centers for Disease Control and Prevention (CDC) has provided information, recommendations, and resources for holiday celebrations and small gatherings. These recommendations and information are [available here](#).

Please contact your licensing inspector if you have any questions.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS
Visitation in Assisted Living Facilities: Tips and Best Practices
November 16, 2020

The guidelines in this document build upon what the public health community knows about COVID-19 transmission at this point in time. These tips and best practices are for facility staff, contractors, essential personnel, residents, and other significant people meaningful to a resident's life.

A. GENERAL

Visitor Safety and Contact

- 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.

Use 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.

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 or observations about signs or symptoms). Deny entry of those with signs or symptoms.
- 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.
- 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.
- Maintain a social distance of at least six feet between one another.
- 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.

C. OUTDOOR VISITATION

Outdoor visits pose a lower risk of transmission due to increased space and airflow, and should be routinely facilitated.

- Visits should be held outdoors whenever possible.
- 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.
- Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.
- Facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).
- Limit the number of individuals visiting with any one resident at the same time.

D. INDOOR VISITATION:

Accommodation and support for indoor visitation, including visits for reasons beyond compassionate care situations, is encouraged when outdoor visitation is not feasible, and based on the facility's ability to implement certain guidelines.

- Indoor visitation can occur when there has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
- Visitors, residents, and staff should adhere to the core principles outlined in Section B.
- Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.
- 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, physical space and staffing consideration for monitoring visits).
- Schedule visits for a specified length of time to help ensure all residents are able to receive visitors.
- Designate a route to and from any indoor 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.
- Tables and furnishings not being used in a designated visitation area should be clearly marked as "Out of Service" or removed.
- 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.