



COLORADO
Department of Public
Health & Environment

COVID-19 GUIDANCE

Mandatory Visitation Requirements for Residential Care Facilities

As described in the [Fifth Amended Public Health Order 20-20](#), all residential care facilities, including those which do not meet the criteria for indoor visitation, **must allow entry and may not deny entrance for the following services:**

- Essential health care service providers.
 - This includes but is not limited to physicians, hospice, and home health staff of all disciplines, along with other types of both medical and nonmedical health care and services.
 - Essential health care services providers must be screened and tested in accordance with the surveillance and outbreak testing prescribed in the [Fifth Amended Public Health Order 20-20](#)
 - Essential health care service providers must either produce a negative COVID-19 test within the prescribed testing frequency the facility is following or submit to facility testing.
- Religious exercise.
 - Screening is required. Testing is strongly encouraged, but must not be required.
- Adult Protective Services
 - Screening is required. Testing is strongly encouraged, but must not be required.
- Long Term Care Ombudsman.
 - Screening is required. Testing is strongly encouraged, but must not be required.
- Designated Support Persons.
 - Support service providers must be screened and may be offered testing in accordance with the surveillance and outbreak testing prescribed in the [Fifth Amended Public Health Order 20-20](#)
- Compassionate Care Visitation.
 - Screening is required. Testing is strongly encouraged, but must not be required.
- Emergency medical and service personnel.
 - Neither screening nor testing is required.
 - Emergency medical and service personnel shall not be delayed from response or

access in relation to responding and carrying out their duties.

This guidance outlines the revised requirements for indoor visitation in residential care facilities serving older adults and people with disabilities. Facilities should continue to encourage visits in [outdoor environments](#) if weather permits and the resident is able to participate.

The facility must be in compliance with all public health orders as part of the implementation for this guidance. Residential care providers must routinely evaluate and update their visitation policies and procedures as guidance, facility resources, and the degree of community spread changes. Individual facilities may be required to enact stricter requirements based on their local COVID-19 community transmission levels, but may not waive any of these requirements.

Indoor visitation criteria

Family and friends

Residential facilities must implement indoor visitation for family and friends in accordance with all of the following six criteria.

1. Positivity

- The facility must be located in a county that has less than 10% average two-week positivity rate as determined by the [COVID-19 Colorado dial dashboard](#). Facilities should check the two-week positivity rate on Fridays to determine visitation for the following week.

2. Surveillance and outbreak testing

All facilities must implement ongoing COVID-19 surveillance testing and perform outbreak testing as required for all staff and residents. At a minimum, surveillance testing for staff must be provided weekly. Additionally, the facility must implement weekly surveillance testing for all residents who have left the premises to interact with individuals outside of the facility in the last 14 days.

- Surveillance and outbreak testing shall be conducted utilizing polymerase chain reaction (PCR) tests; however, as needed, other types of tests may be approved by CDPHE for this purpose.
- “Staff” are defined as employees, consultants, contractors, volunteers, students, caregivers, and others both within and external to the facility who provide care and services to residents. Ancillary non-medical services include hairstylists, barbers, cosmetologists, estheticians, nail technicians, and massage therapists. Providers of health care or ancillary non-medical services for residents of the facility must either participate in the facility’s surveillance testing, or **provide evidence of negative PCR test results within the preceding week or within the last three days if the Facility is required to conduct twice weekly testing, see [Fifth Amended Public Health Order 20-20](#).**
- Facilities must have procedures in place to address residents, staff, and others who refuse

testing. Procedures should ensure that staff who have signs or symptoms of COVID-19 and refuse testing are prohibited from entering the building until the [CDC return to work criteria are met](#). If outbreak testing has been triggered and a staff member refuses testing, the staff member should be restricted from the building until all of the procedures for outbreak testing have been completed.

- Staff and residents (or resident guardians/representatives) may exercise their right to decline COVID-19 testing. Facilities must have written infection control policies and procedures in place to address staff and residents who refuse COVID-19 testing.
 - Staff refusing testing shall be excluded from the facility for 14 days while facility-wide testing is implemented. If one or more persons are identified as having COVID-19, the staff should continue to be excluded from the facility for 14 days or until the outbreak is resolved, whichever is longer.
 - If a resident refuses testing during an outbreak, they shall be quarantined until the outbreak is resolved, and staff shall care for the individual using full personal protective equipment (PPE) effective against COVID-19.
- For outbreak testing, the facility must utilize PCR tests. All staff and residents must be tested, and all staff and residents that test negative must be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. Staff and residents who have tested positive for COVID-19 do not need to quarantine or get tested again for up to 3 months as long as they do not develop symptoms. Those that develop symptoms again within 3 months should be tested if no other cause for their symptoms can be confirmed. All individuals should participate in surveillance and outbreak testing if it has been more than 3 months since they have recovered from COVID-19. Facilities may use additional testing modalities at their discretion for more frequent or expansion of testing. Additionally, facilities must follow all outbreak testing requirements as outlined in the [testing requirement guidance](#).

3. Outbreak-free

- The facility must not be experiencing a current COVID-19 outbreak as determined by state or local public health.
- The facility must not have any other ongoing infectious disease outbreak, such as flu or norovirus.
- All new or readmitted residents, along with those that have left the facility overnight must be isolated in a private room or separate area within the facility for 14 days to observe for symptoms of COVID-19.
 - Residents who have been discharged from the hospital and have not yet met the

criteria to discontinue transmission-based precautions for COVID-19 should continue to be isolated in a separate COVID-19 wing, unit, or private room of the facility with dedicated staff. Only residents with a confirmed COVID-19 test should be located in an isolation area.

- Residents who require observation or isolation should not participate in indoor or outdoor visitation, communal dining, or group activities, until they meet the criteria to be removed from such precautions.

4. Personal protective equipment (PPE) supply

Facilities must maintain a 14-day supply of all necessary personal protective equipment (PPE) that would be necessary to respond to an outbreak, without dependence on state or local public health stockpiles.

5. Staffing and staff training

Facilities must maintain adequate staffing levels. The levels of staffing must be sufficient to assure continued responsiveness to residents' needs while simultaneously accommodating the terms of indoor visitation and adequate monitoring for adherence to required infection control measures, such as testing, screening of all incoming facility-related health care and service personnel, visitors, residents and staff, handwashing, masks, and physical distancing.

Facilities must ensure that staff are trained and routinely updated on the most current infection control principles and protocols for the prevention, response, and control of COVID-19. It is recommended that all facilities provide ongoing staff training through online modules offered by [CDC Project FirstLine](#). CDPHE also created a handbook for [visitation, testing, and activities](#).

Indoor visitation requirements

Prior to initiating indoor visitation

- Notify your [local public health agency](#) that the facility is beginning indoor visitation in accordance with the [Fifth Amended Public Health Order 20-20](#) requirements and this guidance for indoor visitation.
- Notify resident families and friends that indoor visitation is occurring in your facility. The notification should include:
 - Precautions being taken to keep residents safe.
 - Expectations and requirements for visits.
 - A description of the symptom screening process.
 - A recommendation for self-quarantine for a period of 14 days prior to visitation along with a recommendation that the visitor obtain testing for COVID-19 prior to the visit.

- A recommendation for completing a COVID-19 test within 48 hours of the scheduled visit. CDPHE recommends a PCR test, but other testing types may be considered.
 - The terms of indoor and outdoor visitation requirements, including masks, physical distancing, and other infection control requirements; how to summon staff if needed; and what will cause a visitor to be denied entry (i.e. the facility is in outbreak status).
 - Steps visitors must take before, upon arrival, and during their visit.
- Ensure the staff are routinely screening staff and residents at least daily for COVID-19-related symptoms.

When indoor visitation begins

- Limit indoor visitors to those that comply with the required infection control measures for visitation.
- Limit individual resident visits to 45 minutes.
- Require visitors to schedule an appointment for the visit to ensure the facility can safely accommodate the number of people and have enough staff to monitor compliance with required prevention activities.
- Screen all visitors.
 - As part of the screening process the facility must obtain information that visitors are fever-free, symptom-free, and have no known exposure to COVID-19 within the past 14 days.
- Collect visitors' full names and contact information.
 - Facility staff must notify recent visitors and service providers of increased COVID-19-related symptoms or outbreaks on the unit where the resident resides, should such an event occur within 14 days of a visit, and recommend the visitor(s) seek testing.
- Greet visitors at a designated area at the entrance of the facility where a staff member must:
 - Perform temperature check and [symptom screening](#).
 - Document the visitor's contact information and the results of the screening. This [example form](#) may be used to document the information.
 - Ensure the visitor has a face mask or cloth face covering that does not have an [exhalation valve](#), and ensure the mask covers the visitor's nose and mouth.
 - Have the visitor clean their hands with alcohol-based hand sanitizer.
 - Escort the visitor to the designated visitation area.
- Limit indoor visitation to common spaces, such as activity areas or dining rooms that allow for appropriate physical distancing according to the [distancing space calculator](#), proper ventilation (open windows, etc.), and cleaning and disinfection between visitors.
 - Internal group gatherings, such as dining and group activities, should be restricted in these areas during visitation to prevent potential exposure to other residents.
 - For smaller facilities, such as those in residential home-like structures and/or those with limited room ventilation systems, indoor visitation must be limited to one visitor for one

resident at a time with no congregating of individuals or groups of residents or visitors in the area being used for indoor visitation.

- Resident rooms should only be used for visitation as an accommodation for residents who cannot access a common area being used for indoor visitation.
- Require visitors to wear masks which cover their nose and mouth during the entirety of the visit.
 - Residents should wear masks which cover their nose and mouth unless it is medically contraindicated.
- Deny entry to visitors who do not pass screening or who refuse to comply with any of the indoor visitation requirements set forth in this guidance.

Additional requirements for ancillary service providers

Ancillary non-medical services, including hairstylists, barbers, cosmetologists, estheticians, nail technicians, and massage therapists, must:

- Provide services in the resident's room or in a separate room that is appropriately disinfected between uses.
- Must wear appropriate PPE and follow appropriate infection control measures prior to, during, and after each resident encounter.
- Comply with the policy and procedures regarding infection control, and abide by all other precautions and restrictions imposed on their profession that would be required in any setting.