

# SAFE VISITATION

## CMS QSO-20-39-NH

- 09/17/2020
- Based on a facility's structure and residents' needs, visitation can be conducted in:
  - Resident Rooms
  - Dedicated Visitation Spaces
  - Outdoors

## CORE PRINCIPALS & BEST PRACTICES

- Screening all who enter
- Hand Hygiene
- Face Covering
- Social Distancing
- Instructional Signage
- Cleaning & Disinfecting High Touch Surfaces & post visitation
- Appropriate Staff Use of PPE
- Effective Cohorting of Residents
- Resident & Staff Testing

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## PERSON CENTERED VISITATION

- Consider the resident's physical, mental, and psychosocial well-being.
- Support their quality of life.
- Provide for adequate privacy.
- The risk of transmission can be further reduced through the use of physical barriers such as Clear Plexiglass dividers, or curtains.

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## OUT DOOR VISITATION

- Outdoor visitation is preferred.
- It poses a lower risk of transmission due to increased space and airflow.
- Outdoor visitation should be held whenever practicable.
- Create accessible and safe outdoor spaces such as in courtyards, patios, or parking lots.
- Include the use of tents if available.
- Have a process to limit the number and size of visits occurring simultaneously.
- Have reasonable limits on the number of persons visiting any one resident at the same time.

## INDOOR VISITATION

Accommodate and Support Indoor Visitation based on the following guidelines:

- No new onset of cases in the last 14 days
- The facility is not conducting outbreak testing.
- Visitors should be able to adhere to the core principals.
- Staff should monitor for those who may have difficulty adhering to core principals.
- Limit the number of visitors per resident.
- Limit the total number of visitors in the facility at one time.

## INDOOR VISITATION

- Consider scheduling visits for a specified length of time.
- Limit visitors movement in the facility.
- Visits for residents who share a room should not be held in the resident's room.

## COVID -19 COUNTY POSITIVITY RATE

When the county COVID – 19 Positivity rate is:

- Low (<5%) or Medium (5 – 10 %) – Visitation Should Occur (Beyond compassionate care visits) according to core principals and facility policies.
- High (> 10%) – Visitation should only occur for compassionate care situations according to core principals and facility policies.
- County positivity rate does not need to be considered for Outdoor Visitation.

## VISITOR TESTING

- Is not required.
- Is encouraged in medium or high positivity counties if feasible.
- If so, you may want to prioritize visitors who visit frequently.
- You may also encourage visitors to be tested on their own and provide proof of a negative test with the date.

## COMPASSIONATE CARE VISITS

- A recently admitted resident is struggling with the change in environment and lack of family support.
- A resident who is grieving after the recent loss of a friend or family member.
- A resident who needs cueing and encouragement with eating or drinking and 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 they had rarely cried in the past).
- End-of-life situations.

## RESTRICTING VISITATION

Visitation may be restricted due to:

- The COVID – 19 positivity rate.
- The facility's COVID – 19 status.
- A resident's COVID – 19 status.
- Visitor symptoms
- A visitor's lack of adherence to proper infection control practices.
- Other relevant factors related to the COVID – 19 PHE.

## REQUIRED VISITATION

- Facilities may not restrict visitation without a reasonable clinical or safety cause.
- If a facility has had no COVID -19 cases in the last 14 days and the county positivity rate is low or medium, the facility **must** facilitate in person visitation.
- Residents who are on transmission based precautions for COVID – 19 should only receive visits that are virtual, or through windows, or in-person for compassionate care situations, with adherence to transmission based precautions.

## REQUIRED VISITATION

- Ombudsman – in-person access may not be limited without reasonable cause. (Infection control concerns) If it needs to be limited the facility should provide alternate means of communication with a resident.
- Protection & Advocacy Program Representatives should be allowed immediate access to residents.
- Health Care Workers who provide direct care to residents (Hospice, EMS, Dialysis, Lab, Radiology, Social Workers, clergy) must be permitted unless they have had an exposure or show symptoms. EMS personnel responding to an emergency do not need to be screened.



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## COMMUNAL ACTIVITIES AND DINING

- Communal activities and Dining may occur while adhering to Core Principles of COVID—19 Infection Prevention.
- Communal Dining – social distancing, minimal number of people at each table with at least 6 feet between individuals.
- Group activities – social distancing, hand hygiene, use of a face covering. Book clubs, crafts, movies, exercise, bingo.



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## OSDH NURSING HOME VISITATION GRID

- Created 12/10/20 as a tool to simplify the guidance provided in QSO-20-39-NH.
- It separates the guidance as it relates to your status - whether you are in outbreak status and what your county positivity rate is to give you a quick reference.
- <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/NH%20Visitation%20Grid%20LA-OK%2020201210.pdf>

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## THE HUG TUNNEL GUIDE



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The Hug Tunnel is shared as a creative way to host visitation. The reference does not constitute or imply its endorsement, or recommendation by OSDH.



## THE HUG TUNNEL TENT



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## USE OF CMP FUNDS TO AID IN VISITATION

- Facilities may apply for CMP funds to facilitate in-person visits.
- CMS will approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers to create a physical barrier to reduce the risk of transmission during in-person visits. Funding is limited to a maximum of \$3000 per facility.
- Contact: [LuvettaA@health.ok.gov](mailto:LuvettaA@health.ok.gov)

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## CDC GUIDANCE POST VACCINATION

- <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
- Interim Clinical Considerations for use of mRNA COVID-19 Vaccines Currently Authorized in the United States Released 02/10/21

## PUBLIC HEALTH RECOMMENDATIONS FOR VACCINATED PEOPLE

- Currently there is limited information on how much the vaccines might reduce transmission and how long protections lasts. The efficacy of the vaccines against emerging variants is not known.
- Vaccinated persons should continue to follow current guidelines to protect themselves and others - wear a mask, stay at least 6 feet away from others, avoid crowds, avoid poorly ventilated spaces, cover coughs and sneezes, wash hands often, follow workplace guidance including use of PPE and testing.

## PUBLIC HEALTH RECOMMENDATIONS FOR VACCINATED PEOPLE

- Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet the following criteria:
- Fully vaccinated (2 weeks post second vaccination in a 2 dose series)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure
- Watch for symptoms of COVID-19 for 14 days.

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## QUARANTINE FOR PATIENTS AND RESIDENTS IN HEALTHCARE SETTINGS

- Vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure.
- This exception is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings.

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# Thank you

Paula Terrel, RN  
Manager of Survey  
Long Term Care  
Protective Health Services  
Oklahoma State Department of Health  
paulart@health.ok.gov