



VISITATION REQUIREMENTS

Federal regulation regarding visitation:

Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42CFR 483.1(f) (4). A nursing home must facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated above. **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 would be subject to citation and enforcement of actions.**

42 CFR § 483.10 - Resident rights:

(f) Self-determination. The resident has the right to, and the facility must promote and facilitate, resident self-determination through the support of resident choice, including but not limited to the rights specified in paragraphs (f)(1) through (11) of this section.

The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.

State Regulations Regarding Visitation:

- **Comprehensive Care: Nursing Homes:**

410 IAC 16.2-3.1-8 Access and visitation rights Authority: IC 16-28-1-7 Affected: IC 16-28-5-1

Sec. 8. (a) Residents have the right to choose with whom they associate. The facility shall provide reasonable visiting hours for at least nine hours a day. The hours shall be posted in a prominent place in the facility and made available to each resident. Policies shall also provide for emergency visitation at other than posted hours.

(b) The resident has the right, and the facility must provide immediate access to any resident by the following: Immediate family or other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time.

- **Residential Care: Assisted Living:**

410 IAC 16.2-5-1.2 Residents' Rights Authority: IC 16-28-1-7 Affected: IC 4-21.5; IC 12-10-5.5; IC 12-10-15-9; IC 16-28-5-1(cc) Residents have the right to choose with whom they associate. The facility shall provide reasonable visiting hours, which should include at least twelve (12) hours a day, and the hours shall be made available to each resident. Policies shall also provide for emergency visitation at other hours. The facility shall not restrict visits from the resident's legal representative or spiritual advisor, except at the request of the resident.

Unless noted otherwise, this guidance is to be followed by all long-term care facilities (nursing homes and licensed residential facilities). All resident visits should be conducted following the core principles of infection prevention. Facilities must continue to promote vaccination for all HCP and all new admissions. **Full vaccination for visitors is**

preferred, when possible; however, visitation may not be denied based on vaccination status. Irrespective of vaccination status, visitors should be restricted from visiting based on their screening if they have current COVID-19 infection, symptoms of COVID-19 or prolonged contact with someone with COVID in the past 14 days or in quarantine for any other reason.

Send letters or emails to families and post signs at entrances reminding them of the importance of getting vaccinated, recommendations for source control and physical distancing, and any other facility instructions related to visitation, including not to visit if they have any of the following:

- A positive viral test for COVID-19
- Symptoms of COVID-19
- If they meet criteria for quarantine (exposure to a person with COVID-19 in past 14 days)

Outdoor Visitation

- Facilities should create accessible and safe spaces for outdoor visitation.
- Outdoor visits **must** continue except during inclement weather or resident health status (medical condition or COVID-19 status). When conducting outdoor visitation, all appropriate infection control and prevention practices should be followed. **Facility COVID-19 outbreak status is not considered a reason to suspend outdoor visitation.**

Indoor Visitation

- **Indoor visitation must be allowed at all times. *See below restrictions during outbreak testing time**
- CDC's guidance for nursing homes **should continue to be adhered to at all times.**
 - [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes \(CDC 9.10.21\)](#)
- **Facilities may not limit frequency, duration, or number of visitors nor require advanced scheduling of the visit.**
- **In a semi-private room,** if a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident's room, if possible. For situations 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 infection prevention. In that case, the privacy curtain should be pulled.
- **In a private resident's room,** a resident may have any number of visitors at one time as space allows. Additionally, there should be no limit on the number of visits a resident can have per day or per week, including if it is the same visitor coming daily. While there is no limit on the number of visitors a resident can have, the space needs to be large enough to ensure physical distancing.
 - [QSO-20-39-NH REVISED \(CMS 11.12.21\)](#)

***Indoor Visitation during an Outbreak (this section only pertains to SNF/NFs facilities required to conduct outbreak testing):**

When a new case of COVID-19 among residents or staff is identified, a facility should conduct an investigation and begin outbreak testing.

- It is safer for visitors to not enter during the outbreak investigation, but they must still be allowed in the facility if the resident wishes to have visitors. The visitors should be made aware of the potential risks and the need to



adhere to the core principles of COVID-19 infection prevention. If the visitor chooses to visit, they should wear a face covering (regardless of vaccination status) and visits should be in the resident room.

Visitors for residents in TBP:

While not recommended, visitation can still be allowed for a resident in transmission-based precautions (TBP) or quarantine. The visit should occur in the resident's room, and the resident should wear a well-fitting mask (if tolerated). Prior to the visit, the visitor should be made aware of the potential risk of visiting and the precautions necessary to visit the resident.

Facilities must instruct all visitors entering the TBP room to wear proper PPE. IDOH has made PPE available for LTC facilities to order specifically for visitors. Visitor PPE may be obtained from through the [Langham portal](#). Facilities are encouraged to check PPE inventory at least once a week to ensure adequate processing and transit time for delivery of PPE supplies. Facilities may offer well-fitting masks and other appropriate PPE; however, facilities are not required to provide PPE for visitors.

Privacy:

- Long-term care facilities should enable visits to be conducted with an adequate degree of privacy. Privacy will inherently be limited when the visit is occurring in an open visitation space within the facility. Visitation within resident rooms, when feasible under this guidance, offers a greater degree of privacy.
- Long-term care facilities are not required to perform continuous observation/supervision of each visitor and visitation to maintain compliance with core principles of infection control. If a long-term care facility has reason to believe that a visitor may not adhere to core principles of infection control, the facility may choose to employ periodic and frequent or continuous observation/supervision of the visitor and visitation as necessary to protect the health and security of residents and staff. Communication by the long-term care facility to the visitor(s) and resident(s) concerning the reasons for observation/supervision of the visitor and visitation is strongly encouraged.

Visitors:

If community transmission is substantial to high for the facility, all residents and visitors (regardless of vaccination status) must wear masks and physically distance at all times.

In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face masks and physically distance, particularly if either is at increased risk for severe disease or is unvaccinated. If the resident and all of their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear masks and to have physical contact.

Visitors should wear masks when around other residents or healthcare personnel (regardless of vaccination status).

- Visitors should adhere to the core principles of infection prevention. Visitors who do not adhere to the core principles should not be permitted to visit or should be asked to leave the facility.
- Facilities should limit movement of the visitors in the facility. For example, visitors should not walk around different halls of the facility, unless taking a resident on a walk around the facility for less than 15 minutes. It is



encouraged to have walks outside as much as possible and avoid any other visitors with using > 6 feet social distancing when possible.

- Visitors should go directly to the resident's room or designated visitation area.
- Physical touch is still allowed for residents, but both resident and visitors should wear a well-fitted face mask, social distance (maintaining at least 6 feet between people) and practice hand hygiene before and after the visit. Since there is no substitute for physical contact, such as the warm embrace between a resident and their loved one, if the resident is fully vaccinated, he or she can choose to have close contact (including touch) with their visitor in accordance with the CDC's [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(CDC 9.10.21\)](#). Visitors should continue to physically distance from other residents and staff in the facility.
- Unvaccinated residents may also choose to have physical touch based on their preferences and needs. In this situation, unvaccinated residents and their visitors should be advised of the risks of physical contact prior to the visit.
- Facilities can offer testing to visitors in counties with substantial or high community transmission. If testing is not offered, facilities should encourage visitors to be tested on their own at a provider site 2-3 days prior to visiting. [Testing information](#), including a map of available test sites, is on the Indiana Department of Health website.
- Visitors should be encouraged to become vaccinated. Visitors may be asked about their vaccination status, but they are not required to be tested or vaccinated as a condition of visitation. If the visitor declines to disclose their vaccination status, they should wear a mask at all times. [Vaccine information](#) and locations are also available online.

Compassionate Care Visitation including Essential Family Caregiver (EFC):

Visitation **must** be allowed in compassionate care circumstances regardless of the resident's vaccination status, including during outbreak testing, and even if the resident is in TBP (Yellow or Red Zone). With the changes to the visitation guidelines allowing visitors at all times, circumstances in which only compassionate care or EFC visits needing to be allowed would be rare, but could include:

- End-of-life situations
- A resident is severely immunocompromised and the number of visitors needs to be kept to a minimum
- A resident's relative or other loved one is the essential caregiver

Access to the Long-Term Care Ombudsman and Protection and Advocacy Programs:

If the ombudsman or representatives from protection and advocacy programs are planning to visit a resident who is in TBP or quarantine, or an unvaccinated resident in a nursing home in a county where the level of community transmission is substantial or high in the past 7 days, the resident and representative should be made aware of the potential risk of visiting and the visit should take place in the resident's room.

If communicating with individuals who are deaf or hard of hearing, it is recommended to use a clear mask or mask with a clear panel. Face coverings should not be placed on anyone who has trouble breathing or is unable to wear a mask due to a disability or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.



PERSONAL SERVICES, ACTIVITIES AND COMMUNAL DINING

The core principles of infection prevention should be the guiding principles for any activity that directly relates to the health and safety of the individual residents more activities resume as a response to vaccinations in the communities. Activities are still encouraged however, all persons should mask indoors regardless of vaccination status, maintain social distancing and continue to practice hand hygiene frequently. HCP will continue to **wear source controls so long as they are indoors**. When community transmission is substantial to high, HCP will wear facemasks at all times. During substantial to high community transmission, HCP must wear eye protection when providing direct care within 6 feet of a resident in the green zone and at all times in the yellow and red zones.

- **Salon: A hairdresser may come in if the person wears a mask, eye protection when indicated and serves customers following the infection control measures below and with environmental cleaning of the chair and instruments between clients.**

Using the IDOH Guidance for [Personal Services](#) in long-term care. All residents in the salon should wear a well-fitted procedure facemask. The hairdresser should wear a well-fitting procedure mask that covers the mouth and nose. Eye protection should be used when there is risk of splash or spray for the hairdresser. The residents may have a towel over eyes when hair is washed. Consider fans used to blow air away from the hairdresser and resident when blow dryer is in use. It is recommended to have one resident at a time have these services in the salon. If space allows, more than one fully vaccinated resident may get salon services at the same time; however, all individuals in the room must wear a mask and residents should socially distance. Blow dryers should be blowing away from any other person in the room.

- **Pools and Gyms: Residents may use exercise pools and have swim therapy activities, use gyms, and have OT/PT as directed.**

Exercise is both important for the physical and mental health and well-being of individuals and should be allowed if can be done safely.

- The facility needs to limit the use to **one individual at a time in the gym or therapy pool** if space is small and must wipe down equipment and surfaces with approved antiviral disinfectants after each individual use.
- In the larger fitness centers or gyms, facilities may allow **more than one individual at a time** if they maintain >6 feet apart on equipment or in area, continue to wear a mask, perform hand hygiene and disinfect equipment and surfaces between resident use. All residents, regardless of vaccination status, must wear well-fitting face masks. **HCP will continue to wear source control**. If the resident is in rehabilitation status upon admission to the facility and is in 14-day quarantine TBPs due to **not being fully vaccinated**, then one resident at a time is allowed in the therapy gym for medical rehabilitation. HCP should be in TBP PPE; full gown, N95 mask, eye protection and gloves. Resident should wear procedure mask and gloves. Equipment must be disinfected with compatible COVID-19 disinfectants after use and the **room remain empty for an hour afterward before allowing another resident in the gym for therapy**.
- If residents in rehabilitation units are in 14-day quarantine in TBP for asymptomatic COVID-19 and need to get to the skilled therapy gym, they may go when there is one HCP and one resident: both in full gown, glove, surgical mask for resident and HCP N95 mask and eye protection. Equipment must be



disinfected with compatible COVID-19 disinfectants after use and the **room remain empty for an hour afterward before allowing another resident in the gym for therapy.**

- If the facility has free standing swimming pools that are used for exercise classes consider the CDC guidance and follow the core principles of infection control and social distancing including masking when appropriate while in the water: [Guidance for Public Pools, Hot Tubs, and Water Playgrounds During COVID-19 \(CDC 2.01.21\)](#)
 - Masking is not required when swimming laps.
 - Masking and 6 feet social distancing (length of typical pool noodle l) when doing stand-up exercise classes.
 - Discard worn or wet mask and use clean mask.
 - Wear masks to and from the pool area. Encourage staff and residents to have extra masks in case of getting the first mask wet.
- **Therapy Pets:** Therapy pets may be brought to the facility and may be held. Therapy pets should not be pet or held by COVID-19 positive residents or those residents in TBP. Residents should use hand sanitizer before and after contact with therapy pets. Pet therapy for a resident's own pet(s) can be allowed if they are limited to the resident's pet in the same household.
 - [Animals and COVID-19 \(CDC 08.05.21\)](#)
- **Communal Dining and Activities:**

Who may not participate in communal dining and activities?

- Vaccinated and unvaccinated residents with COVID-19 infection or in TBP because of suspected COVID-19 until they have met criteria to discontinue TBPs.
- Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine.
- Facilities in outbreak testing until they have completed one round of testing. If the first round of testing reveals no additional COVID-19 cases in other areas of the facility, then dining and activities may resume for residents in areas with no COVID-19 cases. If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas of the facility, then communal dining and activities should be halted in all areas of the facility.
- If activities and dining are halted, they may be resumed 14 days after the last positive test.
 - [QSO-20-38-NH REVISED \(CMS 4.27.21\)](#)
 - [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic \(CDC 9.10.21\)](#)

In recognition of the impact and increased staffing requirement for social isolation, communal dining and activities can occur under these conditions:

- Facilities can adhere to physical distancing, such as being seated at least 6 feet apart.
- Dining area is environmentally cleaned before and after each group comes to the area.
- Residents should be offered hand hygiene before and after activities and dining.
- Residents should not share food, drinks or other personal items during dining.



- Caregivers in the dining area should wear masks and perform hand hygiene before assisting residents with eating and between each resident that they assist.
 - Caregivers should perform hand hygiene after leaving the resident's room if assisting him/her there.
 - Family and visitors may join communal dining during their visit while adhering to the core principle of infection prevention.
- **Church services:** Facilities can allow church services indoors with social distancing and masks according to the Core Principles of Infection Prevention. Encourage medium and large services to be held outdoors as weather permits. Singing is higher aerosol producing, so it is considered a high-risk activity. Recommend singing outdoors when feasible. Indoor singing is not prohibited. All singers should wear a well-fitted mask and be distanced greater than 6 feet when singing.
 - [Considerations for Events and Gatherings \(CDC 5.20.21\)](#)
 - **Entertainment:** Facilities should encourage outdoor entertainment first as weather permits. Facilities can allow entertainers indoors with social distancing and masks according to the core principles of infection prevention. When entertainment is indoors, shouting or singing is a high-risk activity and is not recommended. If singing occurs indoor, all singers should wear a well-fitted mask and be distanced greater than 6 feet when singing.
 - [Considerations for Events and Gatherings \(CDC 5.20.21\)](#)
 - **Excursions: (leaving the facility for greater than 24 hours in duration e. g. family home, wedding, funeral)** Upon return, this resident would be considered a re-admission for screening purposes. Excursions should not occur during outbreak testing.

When reviewing the core principles of infection prevention with residents and family member who assists with transfers should be kept in mind to limit to fewer than 15 minutes cumulative over the course of the 24-hour period for the excursion. Include regardless of vaccination status, a review of social distancing and masking in the community to cover both nose and mouth and frequent hand hygiene. Encourage outdoor activities as much as possible. Avoid crowded places and poorly ventilated spaces.

- Refer to [COVID-19 Clinical Guidance](#), New Admissions/Readmissions on pages 5-6.
- **Medical Appointments:** Residents can attend medical appointments both routine and preventive outside of the facility. The following is recommended for infection control:
 - For those residents leaving for a necessary appointment, including dialysis three times per week, facilities should take infection control precautions to minimize the risk of transmission of COVID-19 (giving the resident a surgical mask to wear while attending the appointment and performing hand hygiene before and after the appointments).
 - Based on these infection control precautions provided for the residents' transport, as well as the infection control precautions in place in the physician offices, ED, community vaccine sites, and dialysis centers, it is **not recommended to place resident in transmission-based precautions upon return to the facility**. Facilities will continue to monitor these residents for signs and symptoms of COVID-19 per protocols for all other COVID naive



residents in the facility and consider frequent COVID testing for screening for residents who go in and out of the facility routinely.

- **Residents** who routinely leave the facility for dialysis may be offered a private room, if possible, or a semiprivate room with a roommate who has not had high exposure risk for COVID-19. **Note: A private room is not required but may be recommended as added infection control, should the facility have this space.** These residents do not require TBPs; however, due to being at high risk, these residents should be monitored closely for symptoms and should be tested routinely based on the community transmission.
- Refer to [COVID-19 Clinical Guidance, Residents Leaving the Building, page 5-6](#).

ADDITIONAL RESOURCES

1. Additional details on the updated nursing home visitation guidance released 04.27.21: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19-revised>
2. Read the CDC's expanded [Interim Public Health Recommendations for Fully Vaccinated People \(9.1.21\)](#), corresponding [Science Brief \(9.15.21\)](#) and [recommendations for healthcare providers](#).

