



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 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 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.

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). Outdoor visits are not permitted for residents with confirmed COVID-19 infection or in quarantine.
- **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](#)
- **Length of visitation should not be limited.** (The number of visitors can be restricted to allow social distancing to no fewer than two visitors at a time per resident if in semi-private rooms.) In semi-private room, more than one visitor/per resident must be allowed if desired but must be able to ensure social distancing. The privacy curtain should be pulled. In a private resident's room, a vaccinated resident may have any number of vaccinated 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.
- **Facilities must always allow indoor visitation and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission.** These scenarios include limiting indoor visitation for:
 - Unvaccinated residents, if the LTC facility's COVID-19 county positivity rate is >10% **and** <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 discontinue transmission-based precautions (TBP); or
 - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
 - [QSO-20-39 NH Revised \(CMS 4.27.21\)](#)
 - [Considerations for Interpretation of Antigen Tests in LTC Facilities \(CDC 1.15.21\)](#)

***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 begin outbreak testing and suspend all indoor visitation immediately (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing. For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19



cases. Visitors who resume visitation in the unaffected areas of the facility should be notified of potential exposure, and signage should be placed in the facility regarding the outbreak in the particular unit.

- If the first round of outbreak testing **reveals one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), then facilities should suspend visitations for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing, meaning every 3-7 days until no new COVID-19 case is identified in a 14-day period.

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:

- Visitors should be able to adhere to the Core Principles of Infection Control in this document. Visitors that do not adhere to the core principles 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. Visits for residents who share a room should not be conducted in the resident's room, if possible, unless the roommate is moved to another area of the long-term care facility during the in-room visit. While visits in designated visitation areas are still encouraged, in-room visits may occur in long-term care facilities for any reason while adhering to the core principles of COVID-19 infection prevention.
- 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 [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination \(CDC 4.27.21\)](#). Visitors should continue to physically distance from other residents and staff in the facility.



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 when the positivity rate is more than 10%, even if the resident is in TBPs (Yellow or Red Zone). Such circumstances include but are not limited to:

- End-of-life situations
- A resident, who was living with his/her family before recently being admitted to a nursing home, struggling with the change in environment and lack of physical family support
- A resident grieving after a friend or family member recently died
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), who is experiencing weight loss or dehydration
- A resident, who used to talk and interact with others, experiencing emotional distress, seldom speaking, or crying more frequently (when the resident rarely cried in the past)
- A resident's relative or other loved one is the essential caregiver

PERSONAL SERVICES, ACTIVITIES AND COMMUNAL DINING

The Core Principles of Infection Control 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**, i.e., facemask and/or eye protection as noted for county positivity rates $\geq 5\%$ when providing direct care within 6 feet of the resident. When the county positivity rate is $> 5\%$ HCP will continue to wear facemask/eye protection indoors when providing direct care within 6 feet of a resident.

- **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 \(CMS 4.27.21\)](#)
 - [Updated Healthcare Infection Prevention and Control Recommendation in Response to COVID-19 Vaccination \(CDC 4.27.21\)](#)

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.
- **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 should be avoided.
 - [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 Control with residents and family member who assists with transfers should be kept in mind to limit to < 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](#), corresponding [Science Brief](#) and [recommendations for healthcare providers](#).

