

Visitation Guidelines for Long-term Care Facilities

Updated 09/23/2020

In this document, “long-term care facilities or “facilities” means both comprehensive care facilities (nursing homes) and residential care facilities (licensed assisted living). Other Indiana Department of Health guidance documents may use different definitions for these terms.

OVERVIEW

- June 24:** Residents may leave facilities for routine and preventive healthcare visits. Beautician and barber services are now permitted in facilities.
- June 29:** Updated visitation guidelines are issued and released to the public via the LTC newsletter and posted on the Indiana Department of Health coronavirus website.
- July 4:** Facilities who are not under restriction due to new facility-onset of cases must allow outdoor visitation and may start offering indoor visitation.
- July 17:** Facilities must offer at least four hours of visitation daily including evening and weekend hours, unless the facility is under visitor restrictions due to a new facility-onset COVID-19 case. The four hours may be a mixture of outdoor and indoor visitation unless weather prevents outdoor visitation.
- Sept 17:** Facilities must follow revised CMS guidelines for expanded visitation and definitions for compassionate care.

GUIDING PRINCIPLES

Precautions and restrictions put in place at long-term care facilities to mitigate the spread of the COVID-19 and protect residents should be balanced against residents’ need for increased socialization and visitation and their physical and mental wellbeing.

Key Community Indicators: Community COVID-19 status indicators

- 14-day trend in COVID-19 cases and hospitalizations in the facility’s community
- Community spread mitigation as directed in forthcoming Indiana’s Back on Track Stage 5 Guidelines

Key Facility Indicators: New facility-onset cases and positive staff cases

- New facility-onset COVID-19 cases in the facility in the last 14 days
 - **Resident:** New onset COVID-19 cases in the facility do not include a resident who is admitted to the facility whose status is COVID-19 positive or unknown and who develops COVID-19 in 14-day quarantine period.
 - “New facility-onset COVID-19 resident case” is defined as a resident who contracts COVID-19 within the facility without prior hospitalization or other outpatient/external facility-based health service within the last 14 days. New facility-onset cases in residents do not include any new admission with a known COVID-19 positive status or unknown COVID-19 status but who became positive within 14 days after admission.
 - Facilities that accept new admissions and practice effective transmission-based precautions to prevent transmission of COVID-19 for 14 days after admission are not required to test residents upon admission or within a specified period of time upon admission to continue internal activities or visitation from family/the community. Facilities that want to end transmission-based precautions sooner than 14 days



after admission may follow the Centers for Disease Control and Prevention's (CDC's) [test-based strategy](#) for the end of transmission-based precautions.

- If a new admission develops signs and symptoms of COVID-19 the facility should test the resident for COVID-19. As stated above, the timeframe after admission will determine whether a COVID-19 positive result is considered new facility-onset.
- **Positive Staff Cases:**
 - Because staff may contract COVID-19 outside of the facility, a new COVID-19 positive staff member does not count as a new facility-onset case. Such cases, however, must still be reported to the state Department of Health as new facility cases.
 - The new staff positive will be contact traced by the local health department (LHD) or the state Department of Health for outside the facility contacts. For exposure control within the facility, the infection preventionist will use the tools in the COVID IP Toolkit for assisting with potential risk for exposure and control for outbreak surveillance.
 - Long-term Care (LTC) Respiratory Surveillance Line List
 - Long-term Care (LTC) Respiratory Surveillance Outbreak Summary
 - Staffing assignment sheets that correspond with LTC Line Lists
 - Any resident or staff who spent more than 15 minutes closer than 6 feet without the use of masks (either resident or staff) should be quarantined for 14 days. (Staff may work in COVID-positive unit as stated in previous guidelines.)
 - This does not prohibit other residents from continuing with visitation.
 - If any of the close contacts tests positive for COVID-19, then this would be considered facility-onset due to outbreak exposure control and the 14-day would start at the time of the last contact with the positive staff member.
 - If more than one staff member tests positive in the same shift and/or unit this would be considered a "[New Facility-Onset COVID-19 Case](#)" and 14 days would start.

CONTINUED INFECTION PREVENTION

As long-term care facilities move to a reopened phase in resident care, it is expected that COVID-19 infection prevention and control measures should remain in place as long as the virus is present in epidemic levels and until a vaccine is available and can be widely administered. The following measures would be maintained until guidance is otherwise issued by the Indiana Department of Health:

- Long-term care facilities maintain an updated COVID-19 Preparedness Checklist.
- Continued universal mask use by all staff (medical grade masks) and visitors (cloth is acceptable).
- Residents to wear mask (cloth is acceptable) when they leave their rooms, as tolerated, unless otherwise outlined below.
- Continue to maintain social distancing of at least six (6) feet between residents and staff as much as possible.



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- Continue staff screening and temperature checks at the start of each shift and do not permit entry if symptoms are present. All staff should adhere to the federal CDC's [Return to Work Criteria](#) if symptoms are present or the staff member is confirmed COVID-19 positive. However, those facilities with active COVID-19 cases can continue to employ COVID-positive staff who are asymptomatic in the COVID-dedicated areas of the facility.
- Continue visitor screening and temperature checks; do not permit entry if symptoms are present.
- Continue monitoring residents for signs and symptoms daily and increase monitoring if a resident becomes symptomatic.
- Cohort residents within a facility if COVID-19 cases are confirmed, as outlined in the Indiana Department of Health's Standard Operations Procedures for cohorting strategy and utilize dedicated staff for COVID positive units (https://www.coronavirus.in.gov/files/IN_COVID-19%20IP%20Toolkit%20ISDH_6.3.2020.pdf).
- Facilities should then adhere to the CDC's Discontinuation of Transmission-Based Precautions guidance prior to moving a resident off of the isolation unit (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>).
- A COVID-positive symptomatic person (staff and residents) meets the criteria for discontinuation of transmission based precautions for COVID-19 when (a) ten (10) days have passed since the person's first day of symptoms, (b) the person has had improved respiratory symptoms, and (c) the person has been fever-free for 24 hours without use of fever reducing medications. For persons who test positive but are asymptomatic, ten (10) days must have passed since the day the test was taken.
 - Affected staff are free to return to work and residents may resume activities.
 - These persons do not need to be tested again they are currently not considered infectious based on current knowledge.
 - Staff who test positive again may continue to work, and residents may continue with activities, provided they have met the isolation guidelines stated above.
- Adherence to strict hand hygiene should continue for all, particularly staff, including when entering the facility and before and after resident care.
- Staff should continue to wear appropriate personal protective equipment (PPE), beyond universal mask use, as needed.
 - Gloves: Use non-sterile gloves upon entry into a resident's room for direct care and change gloves if they become torn or when visibly soiled while in the resident's room. Remove and discard gloves when leaving the resident's room and immediately perform hand hygiene after removal of gloves.
 - Gowns: For conservation of gowns, the same gown can be used in the COVID units for Droplet-Contact precautions unless they become visible soiled or wet. Gowns should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of the staff, including dressing, changing linens, bathing, wound care, changing briefs or assisting with toileting, and device care or use.
- Continue focused and frequent environmental cleaning on all high touch surfaces with approved disinfectants according to the manufacturer's instructions and recommendations.



- Limit performance of aerosol-generating procedures on confirmed or presumed COVID-19 positive residents unless medically necessary. CDC guidance for aerosol-generating procedures should be followed for infection control measures and the appropriate PPE, including keeping the door closed throughout the procedure and disinfecting all surfaces following the procedure.

VISITATION

Visitation Guidance prior to Sept. 17

Unless a long-term care facility is under visitor restrictions due to a new facility-onset COVID-19 case, the state Department of Health requires that long-term care facilities provided at least four hours per day of visitation, including evening hours, consistent with state Department of Health guidelines. Facilities must provide outdoor visitation and may also allow indoor visitation consistent with guidelines.

Updated Visitation Guidance as of Sept. 17 ([CMS Memorandum](#): Nursing Home Visitation- COVID-19)

- All facilities are mandated to provide outdoor visitation unless they have an outbreak and while outbreak testing continues. If there are other circumstances that the facility would like the Indiana Department of Health to consider, please notify us immediately. Outdoor visitation is preferred when possible.
- All facilities should support and accommodate indoor visitation (especially for inclement weather and when residents are unable to go outside due to their medical condition) unless;
 - There has been a new case in the last 14 days and the facility is currently doing outbreak testing.
 - The county positivity rate (according to the CDC-provided [positivity rates](#)) is >10%
- Visitation should be allowed in compassionate care circumstances, including during outbreak testing and when the positivity rate is >10%. Such circumstances included 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, is struggling with the change in environment and lack of physical family support
 - A resident who is grieving after a friend or family member recently passed away.
 - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), 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 the resident rarely cried in the past).
 - A resident's relative or other loved one is an essential caregiver for the resident.

- **Outdoor Visitation**

If a staff member is confirmed COVID-19 positive before any confirmed new facility-onset COVID-19 resident cases are confirmed, then the facility may resume outdoor visitation after the facility has completed contact tracing related to the confirmed positive staff member and any exposed residents are quarantined. If any of the contact traced residents or another staff member from the same shift and/or unit tests positive, then visitation must stop and the 14 days starts over again (see definition of new facility-onset COVID-19 cases).



- **Indoor Visitation**

Indoor visitation was permitted to resume as of July 4. As of July 17, waiver guidelines were updated to require four hours per day of visitation, including evening hours, if there has not been a new facility-onset COVID-19 case in 14 days. A facility can therefore create a policy for length of visits, the number of visitors per resident, and the number of visitors at any one time. Consideration should be given to staffing availability, PPE stocks, and resident needs.

Other requirements include:

- There have been no new facility-onset COVID-19 resident cases in the past 14 days.
- Visitation is limited to COVID-negative or COVID-recovered residents, as defined by the resident meeting the CDC's guidance for discontinuation of transmission-based precautions. Exception for compassionate care circumstances.
- The facility has proper PPE for residents, staff, and visitors, although visitors are encouraged to bring their own masks to help conserve facility supplies.
- The facility notifies residents and their representatives of its intention to resume visitation, outlining the guidelines below.
- The facility ceases indoor visitation if a new facility-onset COVID-19 resident case is confirmed in the facility. Fourteen (14) days must pass without a new facility-onset of a COVID-19 case occurring among residents prior to visitation beginning once again.
- The facility ceases indoor visitation when the county positivity rate is >10% according to CDC calculations.
- If a staff member is confirmed COVID-19 positive before any confirmed new facility-onset COVID-19 resident cases are confirmed, then the facility may resume indoor visitation after either of the following: the facility has completed contact tracing related to the confirmed positive staff member and the contacts are quarantined.
- Facilities are also strongly encouraged to cease indoor visitation if it is highly likely there has been COVID-19 exposure in the facility, even if testing has not been conducted or completed yet.

- **Visitors shall:**

- Participate in and pass a symptom screening and temperature check. Facilities shall also require visitors to sign in and attest to their current COVID-status and symptoms. A log should be taken of visits, which should include name, contact information and start and end time of visit.
- Wash their hands or utilize an alcohol-based hand rub upon arriving at the facility.
- Wear a mask at all times while visiting.
- Maintain at least 6 feet physical distance from all residents in the facility.
- Utilize the routes indicated by the facility to travel to and from the visitation area.
- Children are permitted to visit. Visitors with children must be able to manage them, and children must be able to wear a face mask during the entire visitation. Children younger than age 2 are not required to wear a mask per CDC guidance.
- Visitors who do not follow these criteria may have the privilege of visitation revoked.

- **Staff shall:**

- Educate on proper PPE use and visitation polices.



- Ensure residents wear a mask when visitors are present.
- Designate certain areas inside and outside the facility that will be utilized for visitation and determine proper space considerations.
- Visits in a private resident room should be established for bedbound residents or those who for health reasons cannot leave their rooms. Accommodations should be made for bedbound residents with roommates so safe visitation can occur.
 - Visitation in outdoor spaces should continue to be prioritized.
 - If indoor spaces are utilized, increased social distancing and other protective measures such as physical barriers may be considered, as is use of privacy curtains.
- Create a route for visitors to travel to and from the visitation areas.
- Disinfect visitation areas after each use.
- Recommend facilities utilize scheduling to ensure proper PPE and staffing are available.

PERSONAL SERVICES AND ACTIVITIES INSIDE THE FACILITY Q&A

With the partial reopening of many businesses, the state Department of Health has received several questions about whether similar services would be allowed to return to long-term care facilities. **The guiding principle has been that if the service is essential and directly relates to the health and safety of the individual residents, then it can be allowed as long as infection-control practices (screening, masks, handwashing) can be employed.** More is known about the SARS-CoV-2 virus and proper infection control practices can prevent the spread of COVID-19. Based on that information, the following resident services are allowed:

- **Salon: Can a hairdresser come in if they are wearing a mask and serving only one customer at a time with environmental cleaning of the chair and instruments between clients?**
Yes, using the state Department of Health Guidance for [Personal Services](#) in Long-Term Care.
- **Stand-alone Gym/ Swim area: Can residents use gym equipment or have swim therapy activities?**
Yes. Exercise is both important for the physical and mental health and wellbeing of individuals and should be allowed if can be done safely. The facility needs to limit the use to **one individual at a time on each piece of equipment, or therapy pool**, and must wipe down equipment with approved antiviral disinfectants after each individual use.
- **Therapy Gyms for OT/PT: Can more than one resident be in the therapy gym at one time?**
Yes. Facilities must assure that they provide 6 feet for physical distance in the therapy gym with resident/residents and staff wearing masks. The equipment must be wiped down with approved antiviral disinfectants after each use.
- **Dentist/Podiatry Visits: *Routine and preventive visits can resume* in addition to the emergent and urgent care that has already being provided. They, like any outside visitor, should be screened for symptoms and wear appropriate PPE while in the facility.**
- **Construction or Maintenance Vendors: If a facility needs construction or maintenance, an infection preventionist must review and approve the proposed work before it starts to ensure proper use of infection control environmental controls. Infection preventionist in the building will use their policies and provide written guidance for these controls.**



- **Therapy Pets:** Therapy pets can be brought to the facility. COVID-19 positive patients should not pet or hold the therapy pets, but they may be petted by residents not in COVID-19 precautions. Residents should use hand sanitizer before and after contact with therapy pets.
- **Communal Dining and Activities:** In recognition of the impact and increased staffing requirement for social isolation, communal dining/activities can occur under these conditions:
 - No new facility-onset cases of COVID-19 in the last 14 days.
 - COVID-19 recovered residents can resume communal dining despite facility active status if able to cohort these residents. Proper social distancing precautions still need to be in place.
 - 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 dining and after returning to their room.
 - 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 to eat and between each resident that they assist.
 - Caregivers should perform hand hygiene after leaving the dining area or the resident's room if assisting him/her there.

Leaving the Facility

Are there any changes to the state Department of Health's recommendation that residents not be allowed to leave the facility unless for emergent medical needs (e.g., hospital or dialysis)?

Yes, outbreak guidance changes over the course of time in regards to infection control risks and level of community prevalence. The following has been updated to add also the Infection Control Guidance:

- **Excursions:** Independently mobile residents may leave the facility provided they take proper precautions with physical distancing, hand hygiene and mask wearing. They do not need require transmission-based precautions but should be monitored for symptoms. Residents who are not independently mobile may be escorted on outdoor excursions if all precautions are taken (i.e., social distancing of at least 6 feet, masks and hand hygiene).
- **Appointments:** Residents can attend medical appointments both routine and preventive outside of the facility. Telehealth should still be used in appropriate situations. Should residents go to doctor appointments outside the facility, ER visit or dialysis visits, the following is recommended for infection control:
 - **Necessary Appointments/ Dialysis:** For those residents leaving for a necessary appointment, including dialysis 3 times per week, facilities should take infection control precautions to minimize the risk of transmission of COVID-19 (e.g., giving the resident a surgical mask to wear while attending the appointment, and performing hand hygiene before and after the appointments).

These infection control precautions provided for the residents' transport, as well as the infection control precautions in place in the physician offices, ED and dialysis centers, allow the state at this time to **not recommend Transmission Based Precautions (Contact-Droplet) or quarantine for 14 days 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.



- **Dialysis residents** who frequently go out of the facility, may be offered a private room, if possible, or a semi-private room with a roommate who has not had high exposure risk for COVID-19. (I.e. waiting on test results from an exposure or symptomatic 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 transmission-based precautions however, due to being at high risk these residents should be monitored closely for symptoms.
- **Funerals and Weddings:** Residents who are attending a funeral or wedding are not required by the state Department of Health or CDC to be in 14-day quarantine upon return. The facility should however assure they provide infection control precautions for the resident, instruct them to wear a facemask at all times in public, physical distance of 6 feet, as much as possible if with multiple family members whom they are not already living with, and perform hand hygiene before and after removal of mask, or touching face, nose or eyes. Consider providing them with clean disposable tissues and avoid the reuse of cloth handkerchief for tears.
- **New Admissions or Re-admissions:** CDC recommends managing the **unknown COVID-19 status** for all new admissions or re-admissions to the facility. (Examples of readmissions are those who are admitted from extended hospital, or those who have gone on family stays that extend over a period of days during the COVID-19 outbreak).
 - **Unknown COVID-19 Status:** CDC recommends facilities create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. CDC allows for **options that may include placing the resident in a single-person room in the general population area or in a separate observation area so the resident can be monitored for evidence of COVID-19.**
 - Residents can be transferred out of the observation area to the general population area of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission).
 - Testing at the end of this period could be considered to increase certainty that the resident is not infected but is not required.
 - If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation.
 - All [recommended PPE](#) should be worn during care of newly-admitted or re-admitted residents under observation for unknown COVID status; this includes use of facemask, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. **Cloth face coverings are not considered PPE and should not be worn by healthcare provider when PPE is indicated.**
 - **Known COVID-19 Positive Status:** Re-admitted residents who are known positive for COVID-19 and who have not met the CDC guidance for removal of transmission-based precautions should be placed in the COVID-19 unit, and continue (droplet-contact) precautions until recovered.

Resources: *Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.htm>).

Outdoor Visits and COVID-Positive Staff

On June 3, 2020, the Indiana Department of Health issued guidance for outdoor visits. Under that original guidance, outdoor visitation can start only if there have been “no new COVID cases that originated within the facility, including those involving residents or staff, within the last 14 days.” The guidance also states that “new COVID admissions to a facility would not constitute a facility-onset COVID case.”



This document, including the Visitation Guidelines for Long-Term Care at pages 1-5 above, updates and clarifies how facilities should handle visitation when they have COVID-19 positive staff. **Staff members who test positive need to be contact traced.**

- A healthcare provider (HCP) who tests positive in a COVID-19 free building for 14 days, does not assume there is COVID-19 transmission within the building. This can be community acquired.
- Outdoor visits are allowed for the facility if a HCP tests positive and there is no transmission within the facility.
- The facility should do contact tracing within the building with this HCP who tested positive and monitor any residents exposed by placing in 14-day quarantine. The resident is not considered a close contact if the staff and resident were both masked and the staff was practicing proper infection precautions. The resident should still be monitored for symptoms but does not need to quarantine.
- Should any resident or other HCP in the building then become symptomatic or test COVID-19 positive, then the 14-day period to hold on outdoor visits begins again.
 - COVID-19 recovered patients may still visit and will not be subject to the 14-day period.
 - Additionally, if there is good cohorting of residents and staff and the staff or residents for example between two buildings did not have contact with one another, then only the building with the positives needs to suspend visitation.