

Guidebook: Outdoor Visitation for Long-Term Care Facilities
June 29, 2020

Regional Task Force for COVID-19 in LTC

While COVID-19 continues to represent a substantial risk to older adults and those with underlying medical conditions, isolation of those in nursing facilities has the potential to create mental and physical consequences for residents. Thus, it is critical to weigh the risks and benefits of visitation with these persons. The following guidelines were created based on recommendations from the CDC, CMS, and others.

Given what we know about COVID-19 at this time, outdoor visits are the safest option. We recognize there will be some limitations related to weather that are unpredictable and unavoidable.

The determination of readiness to open for outdoor visitation in the State of Kansas lies with the Public Health Department at the county level. This determination includes requirements related to safety and monitoring plans in the facility, community rates of spread, and healthcare resources in the region. Please be advised that these things fluctuate and the county may, at any time, determine it necessary to resume a no-visitor policy.

The policies set forth for outdoor visits are not applicable to compassionate care visits as outlined by KDADs and CMS. Compassionate care situations may include imminent end of life circumstances as determined by clinical or hospice care team, visits for shared grieving regarding the death of family or friends, or sudden change in clinical condition that is not associated with imminent death but which may benefit from family visitation (e.g. significant loss of function abilities, development of significant behavioral change or weight loss associated with appetite changes). These situations should be carefully considered by the medical director of the community, infection control designee and administrative staff and may warrant consultation with the public health department.

Facilities are encouraged to continue using technology to augment visitation.

Preparation for Outdoor Visits

In preparation for outdoor visits, facilities must develop and submit a plan that includes social distancing, symptom screening, maximum number of visitors per day and scheduling information to the county.

The space used for outdoor visits must not limit the current outdoor spaces that are being used for residents and should be in a geographically different area. Visitors should not walk through the facility to access the space.

The space must include semi-private areas for persons to meet with their loved ones and use a 12-foot grid such that persons can pass between others without encroaching on their 6-foot distancing space. Persons should be provided a place to sit that is physically distanced from the nursing home resident. Please see attached diagram on page 5 as an example.

All furniture used in the visits should be disinfected between each visit per the requirements on that cleaning product. The product must be active against COVID-19 and other standard bacteria and viruses. A tent or other shaded structure without wall can be erected to accommodate weather. Fans should not be used as this may further increase risk of exposure to COVID-19. Consider a controlled environment for the resident that is separate from the visitor's space. This may be possible in a portico or double door entry.

Any local codes already in place regarding occupancy and other building codes should be considered as well.

Eligibility for Visits

Residents are eligible for visitation if they are able to be transported to the outdoor space and are not under isolation precautions for COVID-19 or other infectious diseases. Residents in isolation will not be eligible for outdoor visits. This includes those in their first 14 days of admission to a facility.

Facilities are required to strategize ways to help immobile and even bed-bound residents to be transported to the space, as able. This may mean a decreased number of visitors during that visitation time for purposes of maintaining physical distancing. Those residents whose cognitive status may impair their ability to remain in a defined area will require an assigned staff member as their guide during the visit.

Visitors may visit their loved ones with the following restrictions:

- Visitors under age 12 years must be in the control of adults who bring them and must also comply with social distancing requirements.
- Pets must be demonstrably under the control of the visitor bringing them in.
- Visitors must pass all screening as defined below and have had no symptoms for at least 14 days.

Visitors must wear a face mask (cloth or surgical) at all times that is covering their mouth and nose.

Scheduling Process

Facilities should create a scheduling process that includes time slots throughout the day and on weekends. There should be visit times beyond regular business hours to accommodate family members. Visitors must call ahead to arrange a visit and, at that time, should be provided with information on the terms of the visit in writing. This information can be distributed through email, a webpage, or a letter by mail. This same information should also be available when the visitor arrives for the visit and the visitor should review and provide their signature. This documentation should be retained by the facility for 12 months. The information should include:

- Information on COVID-19 including how to minimize spread, risk to both their individual resident and risk to other residents in the facility.
- Instructions on self-screening
- Details on how physical distancing will be used in the visit, including restrictions against close contact such as hand holding and hugs
- Information on mask requirements
- Instructions on where and when to arrive and the steps that will be taken upon arrival.

It is the obligation of the facility to ensure all residents who have visitors are able to see those visitors, which may require visits to be less frequent than some visitors would prefer.

Visit Processes

All visitors must be screened prior to entering the facility to ensure they have not had symptoms of COVID-19 or high-risk exposures in the past 14 days. There should be one entry and one exit point for visitors that does not require them to enter the residential area of the facility. A detailed questionnaire should be administered and include travel to high-risk locations, symptoms as listed by CDC and recent exposures for COVID-19. The visitor's temperature should also be measured prior to entering the outdoor space and recorded. Information from all visitors should be collected and stored in a safe manner for 12 months.

Visitors and residents must wear masks over their mouths and noses for the duration of the visit. Hand hygiene should be observed prior to entering the area of the resident and after leaving the same area.

Due to the risk of exposure and spread of COVID-19, holding hands, hugging, kissing, or other physical contact is not allowed during visits.

Each resident can have 2 visitors during each session, lasting 15 minutes to 1 hour as determined by the facility's availability.

A guide person from the facility staff should accompany all visitors to the designated location. A second facility staff should remain in the visitation area at all time. This person is responsible for re-direction of visitors or residents as necessary to reduce exposure and spread of COVID-19 and to be available for questions that may arise.

If a visitor or resident chooses to exchange materials (e.g. gifts, clothing, etc.), this should be done through a staff member to limit breaching physical distancing requirements.

Facilities retain the right to deny outdoor visitation at any time though we encourage explanation of reasoning for denial of visitation and attempt to re-try visit if possible at another time.

Reference Diagram: Example of outdoor spacing for physical distancing

