

SOLANO COUNTY LONG-TERM CARE FACILITY COVID-19 GUIDANCE - VISITATION

SOLANO PUBLIC HEALTH | October 9, 2020

Purpose

The purpose of this document is to provide all long-term care facilities (LTCFs) operating in Solano County with guidance for visitation, beyond compassionate care situations, during the COVID-19 public health emergency.

Background

Visitation can be accomplished through different means. Regardless of how visits are conducted, there are core principles and best practices to reduce COVID-19 transmission in a facility:

- Appropriate use Personal Protective Equipment (PPE) by staff;
- Screening of all individuals (staff and non-staff) who enter the facility for signs and symptoms of COVID-19 – do not allow entry to individuals with symptoms (see table below for COVID-19 signs and symptoms);
- Effective cohorting of residents;
- Strict adherence on hand hygiene (washing hands often for 20 seconds or using an alcohol-based hand sanitizer);
- Frequent cleaning and disinfecting of frequently touched surfaces in the facility; including cleaning and disinfecting of visitation areas, if used, after each visit;
- Keeping at least a six-foot distance between persons;
- Appropriate use of mask or face covering by visitors, ensuring the mask/face covering covers the mouth and nose;
- Proper visitor education on infection control precautions and policies;
- Regular screening of staff and residents.

The above **core principles** should be adhered to at all times. Additionally, visitation should consider the residents' physical, mental and psychosocial well-being.

Visitors who are **not able to adhere** to the core principles outlined above should not be permitted to visit or asked to leave.

The risk of transmission can also be **further reduced** through the use of physical barriers, such as a clear Plexiglas divider.

Facilities may restrict visitation due to the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms or lack of adherence to proper infection control practices. Facilities, however, **may not** restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v).

Outdoor Visitation

Outdoor visitation is **preferred**, when feasible. Facilities can create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

When outdoor visitation is offered, facilities should have a process to:

- limit the number of visitors at any one time to ensure physical distancing is maintained;
- limit the number of individuals visiting one resident at the same time.

Indoor Visitation

Facilities should **accommodate** and **support** indoor visitation, including visits for reasons beyond compassionate care situations. Indoor visitation is allowed based on the following guidelines:

- There has been **no** new COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- Limit the **number of visitors** per resident at one time;
- Limit the **total number** of visitors in the facility at one time;
- Consider **scheduling** visits for a specified length of time to help ensure all residents are able to receive visitors;
- Limit visitor **movement** in the facility. Visitors should go directly to the designated **visitation area** or the **resident’s room**;
- If feasible, visits for residents who share a room should not be conducted in the resident’s room. However, for situations where there is a roommate and the health status of the resident prevents them from leaving the room, in-room visitation should be allowed as long as the core principles outlined above are adhered to;
- Ensure visitors adhere to the core principles above.

Visitor Testing

Visitor testing is encouraged if the county positivity rate is medium or high. If visitor testing is conducted, facilities may prioritize testing of visitors that visit regularly, although any visitor can be tested. Alternatively, facilities may also encourage, but cannot require, visitors to be tested, within 2-3 days, on their own prior to coming to the facility with proof of negative test results and date of test.

COVID-19 Signs and Symptoms

Signs and symptoms for screening and monitoring Visitors, Residents, HCP, and non-HCP

Screening process should include questions about symptoms consistent with COVID-19, including:

- Fever (either measured temperature > 100.0 °F or subjective)
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle pain or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Screening process should include a question about potential or known exposure to someone with COVID-19.

- An individual is considered exposed if they were within 6 feet of a positive case for 15 or more minutes.
- If potential exposure occurred during an aerosol generating procedure (i.e. open suctioning of airways, CPR, endotracheal intubation/extubation, non-invasive ventilation, etc.), any duration of time is considered prolonged. Based on limited available data, it is uncertain if aerosols produced during nebulizer administration or high flow oxygen delivery may be infectious.