Congregate Care Visitation Guidance

Updated March 2021

The information contained in this COVID-19 Guidance supersedes previously issued guidance regarding visitation in congregate care sites in Rhode Island.

Background

The I/DD system has been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the I/DD population combined with the inherent risks of congregate living have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19.

In August 2020, BHDDH issued guidance specific to licensed congregate care sites and requested that sites develop a site-specific visitation plan in order to safely ease visitor restrictions. This visitor guidance balanced the importance of visitation with the need to protect residents, patients, staff, providers, and visitors. These plans addressed scheduling of visits, screening for COVID-19 symptoms, practicing social distancing, hand hygiene, wearing a cloth face covering or facemask (both residents and visitors) for the duration of their visit, physical location of the visit, cleaning and disinfecting, communication, and when to pause visitation.

The guidance was updated in November 2020 when COVID-19 cases and hospitalizations began increasing, prompting the strong recommendation that all BHDDH licensed congregate care sites institute a "NO VISITATION" policy, restricting visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.

While the COVID-19 vaccine has been shown effective in preventing or lessening symptomatic COVID-19 infection, at this time, not all residents and staff are fully vaccinated, making it possible for them to still become infected by visitors. In addition, the CDC and public health experts are evaluating if individuals can spread COVID-19, including new variants, even if they are vaccinated. Therefore, the CDC still recommends maintaining the practices that reduce the spread of COVID-19, such as wearing a mask, washing your hands, and maintaining 6 feet of physical distance from others.

We recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Residents may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. Residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends.

In light of this, the guidance regarding visitation to congregate care sites during the COVID-19 public health emergency is being revised. The information contained in this guidance supersedes and replaces previously issued guidance and recommendations regarding visitation. The guidance still emphasizes the importance of maintaining infection prevention practices given the continued risk of COVID-19 transmission.

Continued adherence to all safety measures and cooperation with surveillance testing whenever possible remains critically important.

Guidance

Each congregate care site will be actively engaged in implementing a plan that permits in-person visitation in such a manner that resident health and safety is protected to the maximum extent possible. Visitation can be conducted through different means based on a site's structure and residents' needs.

This guidance is consistent with the Centers for Disease Control and Prevention (CDC) guidance. Additionally, visitation should be person-centered, consider each resident's physical, mental, and psychosocial well-being, and support their quality of life. Congregate care sites should enable visits to be conducted with an adequate degree of privacy. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance.

In the guidance below, the term **"fully vaccinated"** refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.

- Sites that have not had any positive COVID-19 cases in the last 14 days **may not restrict visitations** "without a reasonable clinical or safety cause" consistent with CMS regulations. COVID screening, resident and staff testing, hand hygiene, physical distancing and environmental cleaning should remain in effect, and visitation should be allowed if there are no new cases within the previous two weeks. "Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation…"

- Sites should allow visitation 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** (note: compassionate care visits should be permitted). Providers should consider limiting indoor visitation if:

    - The town positivity rate is >10% and <70% of residents and staff in the site are fully vaccinated;

    - Resident(s), whether vaccinated or unvaccinated, have confirmed COVID-19 infection, until they have met the criteria to discontinue Transmission-Based Precautions; or

    - There are Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

- If a site identifies one new onset case (resident or staff), the site should ensure that the case is isolated and case contacts are quarantined in accordance with existing guidance and protocols.

General In-Person Requirements

All of the following are required for in-person visitation:

- **Screening** of all who enter the site for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
- **Face covering** or mask (covering mouth, nose, and chin)
  - Wear a mask that fits snugly but comfortably over your nose, mouth, and chin without any gaps.
    - **Great protection:** N-95, KN-95, or KF-94 mask
    - **Good protection:** Medical procedure (paper) mask that fits
    - **OK protection:** Cloth mask made of a tightly woven, breathable fabric that's at least two layers thick and fits
- **Physical distancing** at least six feet between persons
- Residents and visitors should not travel through any space designated as COVID-19 care space
- **Cleaning and disinfecting** high frequency touched surfaces (e.g. tables) in the site often, and designated visitation areas after each visit
- Meet all Rhode Island Department of Health quarantine requirements
- Staff use of Personal Protective Equipment (**PPE**), as indicated

Additionally, all of the following are recommended for in-person visitation:

- **Frequent hand hygiene** (use of alcohol-based hand rub is preferred)
- **Two visitors** maximum per resident
- Visits scheduled **in advance**
- **Brief physical contact:** The CDC continues to recommend sites, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, separation and isolation have taken a toll, and 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, they can choose to have close contact (including touch such as hand holding or a hug) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the site.

Indoor Visits

- Sites should consider how the number of visitors per resident at one time and the total number of visitors in the site at one time (based on the size of the site) may affect the ability to maintain the core principles of infection prevention. If necessary, sites should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.

- During indoor visitation, sites should limit visitor movement in the site.

- If a common room is used simultaneously by more than one resident for visitation, there should be enough space to support physical distancing and decrease the interactions between those who are present.

- Provide proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable site practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)

Outdoor Visits

- While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated* against COVID-19.

- Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits.

- When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

- For outdoor visits, sites should create accessible and safe outdoor spaces for visits.

End-of-Life and Compassionate Care Visits

- Compassionate care visits should always be permitted. Compassionate care visits do not exclusively refer to end-of-life situations. Other types of compassionate care situations include, but are not limited to:
    - A resident, previously living with family and recently being admitted to a congregate care setting, is struggling with the change in environment and lack of physical family support.
    - A resident, who used to talk and interact with others, is experiencing emotional distress and is seldom speaking.

Virtual Visitation

- While in-person visits must generally not be restricted, congregate care sites should use alternative electronic methods for virtual communication between residents and visitors as much as possible.

- All congregate care sites should have a process to allow for remote communications between a resident and a virtual visitor (e.g., video call applications on cell phones or tablets) even after in-person visits resume.

COVID-19 Testing

- RIDOH encourages COVID-19 testing of persons visiting congregate care residents. Congregate care sites that wish to test visitors may utilize antigen point of care test kits or encourage visitors to use traditional PCR testing available at www.portal.ri.gov.

- Resident and staff testing are conducted in accordance with state regulations.

Vaccination

- Generally, full immunity from the vaccine develops about seven to 14 days after the final dose. While vaccination mitigates loss of life and greatly reduces the odds of getting very sick from COVID-19, further research is required to determine if a vaccinated person can continue to carry and spread the disease. Therefore, residents and visitors should continue to practice hand hygiene, social distancing, masking, and use PPE, as appropriate.