



Updated Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings (Adult Care Homes, Behavioral Health/IDD, Intermediate Care Facilities, Psychiatric Residential Treatment Facilities)

July 16, 2020 (replaces version dated June 26, 2020)

Preventing transmission of respiratory pathogens (including COVID-19) in residential care settings requires adherence to, and application of, ongoing strong infection prevention practices and policies including environmental and engineering controls, administrative controls, safer work practices, and personal protective equipment (PPE). CDC outlines these principles and practices for [assisted living facilities](#) and other [residential care facilities](#).

We appreciate the efforts of our families, residents, staff and providers across the state in responding to the COVID-19 Crisis. Ensuring the health and safety of residents has been challenging and required tremendous work on the part of facility management and frontline staff. Residents and families have also been challenged by the inability to have in person visits and participate in indoor activities. We recognize that these activities are important to the overall health and well-being of residents and their families. We also recognize that residential care facilities are at risk of experiencing outbreaks of COVID-19 and the residents of these facilities are often in a high-risk category for serious complications from COVID-19. **Outdoor visitation is recommended at this time.** We strongly encourage the continued use of technology to keep connected as much as possible. To balance the needs of families and residents to see each other in person with the need to protect residents from COVID-19, and the need to provide a safe environment with the rights of their residents, this guidance outlines criteria for allowing visitation, communal dining and other indoor activities.

This guidance applies to adult care homes, behavioral health/IDD, intermediate care facilities, and psychiatric residential treatment facilities (PRTF) **with 7 or more beds**. Facilities with 6 or fewer beds should refer to “Guidance for Smaller Residential Settings Regarding Visitation, Communal Dining, Group and Outside Activities” available [here](#). This guidance does not apply to skilled nursing facilities, including combination homes that have adult care home beds.

Conditions for Easing of Restrictions

As a facility is making decisions regarding how and when to ease restrictions on visitation, communal dining, group and inside activities, the facility should balance the need to provide a safe environment with the rights of their residents to the greatest extent possible.

There is not a “one size fits all” approach to easing restrictions and each facility must evaluate the risks and benefits and the actions that the facility must take in order to ease restrictions. The facility’s policies and procedures related to infection prevention and the easing of

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restrictions, and any changes in those plans, are to be communicated with residents, families, and guardians. Information on the policy and evaluation of factors used to determine the policy should be documented and available for administrative or regulatory agencies upon request.

Minimum conditions for easing of restrictions include:

- Facility must not be listed on the N.C. DHHS COVID website as having an ongoing outbreak.
 - NOTE: If a new facility acquired case occurs, revert back to restrictions until no new facility onset cases have occurred within 28 days.
- Facility has a written testing plan and action plan based on testing in place. Facilities should:
 - Pre-identify a community partner or laboratory vendor to conduct testing in the event of a case or outbreak and confirm availability.
 - Determine who will collect specimens.
 - All facilities with one or more cases of COVID have conducted testing of all residents and staff; appropriate actions have been taken to minimize further transmission
- Facility has an updated written Infection Control or Preparedness plan for COVID-19 that can be made available to the appropriate overseeing agency upon request.
- Facility must have a written plan which outlines their facility's policy on visitation, communal dining, and group activities and communicate it with families, residents, and staff.
- Identify designated locations conducive to visiting that allows for social distancing and limits visitor movement within the facility.
- Facility must be able to maintain staffing levels without resorting to crisis capacity strategies.
- Facility has access to adequate personal protective equipment (PPE) without resorting to crisis capacity strategies.

If the conditions above are met, the facility should keep in mind these requirements for planning visitation, communal activities, or group activities.

General Requirements

- Adequate staff must be present to allow for personnel to help with transition of residents, monitoring of visitation and other activities, and wiping down areas after each use.
- The physical layout of the facility and visitation spaces must allow for appropriate social distancing of at least 6 feet between residents and visitors for any type of activity including visits, communal dining, or group activities.
- Any structures built or structural modifications made to the facility (including any outdoor space) to facilitate visitation, communal dining, or group activities cannot violate any N.C. Building Code, Life Safety Code, or any other building safety ordinance. Any modifications to the indoor or outdoor space of a facility to accommodate safe visitation, dining and activities must be pre-approved by the DHSR Construction Section.
- Facility must conduct daily screening for temperature check, [presence of symptoms](#), and [known exposure to COVID-19](#) of all residents and staff
- Each facility should assure that residents are able to safely transition (with assistance if necessary) from their room to the visitation or activity location and remain safe in the designated location.

- Residents should not be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present. Residents should wear a face mask or face covering while moving through the facility.
- Residents should wear a face covering (if tolerated) at all times when not in their room.
- Residents showing any signs of respiratory illness should not participate in visitation, communal dining or other group activities.

Visitation

- **Outdoor visitation is recommended at this time.** Facilities may consider indoor visitation if outdoor visitation is not feasible but visits should be considered on a limited basis as needed or for [compassionate care situations](#) and should follow the guidelines below.
- Prioritization for visitation should be considered for residents with emotional distress, or when health and well-being are exacerbated by visitation restrictions.
- A facility should accommodate visitation to the greatest extent possible for each resident. The facility may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week visitation may occur.
- Facility should require scheduling of visits in advance and visits should be dependent on availability of suitable space and sufficient staffing and PPE at the facility to meet resident care needs.
- Facility must ensure appropriate personal care and supervision are provided for the safety of the resident by taking into consideration the needs of the resident and the situation. Some of these factors to be considered may include but are not limited to: the need for sunscreen, hydration, plan for supervising residents with wandering or other behaviors, appropriate clothing for the weather, and conditions or medications that may cause the resident to be heat-sensitive.
- Facility must establish procedures for conducting pre-visit orientation to, and screenings of, visitors to include presence of symptoms and known exposure to COVID-19, and ensure visitors bring and wear a mask for face covering.
- Visitor must be screened for fever or and other symptoms associated with COVID-19 (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) prior to resident being transported to the designated space
 - Visitors must cooperate with the facility's screening process at each visit and attest to not having signs or symptoms or current diagnosis of COVID-19; if they have had COVID-19, they must provide documentation (e.g., doctor's note) that they no longer meet CDC criteria for transmission-based precautions.
 - Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle aches, chills or new onset of loss of taste or smell) must not be permitted to visit with a resident.
 - Visitors must inform the facility if they receive a diagnosis of COVID-19 or develop signs and symptoms such as fever, cough, shortness of breath, sore throat, muscles aches, chills, or new loss of smell or taste within 2 days of visiting a resident. They must immediately notify the facility of the date they were visiting and the resident they were in contact with. Residential care facilities should immediately screen the resident who had contact with the visitor and follow up with the facility's medical director or resident's care provider.

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- Visitors must be limited to no more than two individuals at a time per resident. Children visitors must be able to wear a face covering or mask during the entire visitation and remain with their guardian who will be responsible for assuring that all safety measures are followed.
- Visitors must bring and wear a face covering or mask covering both the mouth and nose for the entire visit or wear a facility-provided surgical mask covering both the mouth and nose if the facility requires.
- Facility must provide alcohol-based hand rub to visitors and demonstrate how to use it appropriately if necessary.
- Visitors, residents and staff must use alcohol-based hand rub before and after visitation.
- A facility staff member trained in patient safety and infection control measures must be available to transport residents to and from the visitation session, screen the visitors, and remind the visitors of the visitation protocols and infection prevention measures to be taken during the visit. The facility shall ensure privacy for the resident and their visitors.
- Staff and residents must wear a surgical face mask or face covering for the duration of the visit.
- Designated area for the resident and for the visitors should be clearly marked maintaining 6 feet or more of separation. Visitors must stay in the designated location and only visit the resident they intend to visit.
- Visitors must remain at least 6 feet from the resident and staff at all times (exceptions can be made in compassionate care circumstances) during the visit.
- Designated area must be sanitized with EPA-registered disinfectant after each visit and as needed.
- Facility must have a reasonable basis for modifying visitation requirements and reducing visitation opportunities.

Communal Dining

- Ensure 6 feet of space between each individual and each table. If possible, space should be marked designating 6 feet of separation between tables.
- Stagger mealtimes.
- Plate food individually rather than family style.
- Reduce condiments and shared items on tables.
- Residents should perform hand hygiene at entrance to dining room and after meals.
- Designated area must be sanitized with EPA-registered disinfectant after each meal and as needed.

Group Activities

- Adhere to infection prevention measures including hand hygiene, use of face mask or cloth face covering, and social distancing (6 feet).
- Ensure face mask or face covering for all individuals.
- Perform hand hygiene before and after activity.
- Limit group size such that infection prevention measures such as hand hygiene, use of face masks, and social distancing can be appropriately followed.
- Clean and sanitize activity equipment and supplies between uses and as needed.

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- For outdoor activities, ensure appropriate personal care and supervision are provided for the safety of the resident by taking into consideration the needs of the resident and the situation. Some of these factors to be considered may include but are not limited to: the need for sunscreen, hydration, plan for supervising residents with wandering or other behaviors, appropriate clothing for the weather, and conditions or medications that may cause the resident to be heat-sensitive.

For additional information, please see CDC guidance on COVID-19:

- [Steps to Take if You are Sick](#)
- [Ending Home Isolation \(If You Have Been Sick with COVID-19\)](#)
- [Steps to Take if You are Exposed to COVID-19 \(Quarantine\)](#)

Facilities have discretion to alter practices based on disease transmission in the facility or community, visitor non-compliance, or other factors.



Staying apart brings us together.
Protect your family and neighbors.

Learn more at nc.gov/covid19.



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