NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Guidance on Visitation, Communal Dining and Indoor Activities for Larger Residential Settings

September 28, 2020 (replaces version dated July 16, 2020)

We appreciate the efforts of 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 families, facility management and frontline staff. When applying this guidance, facilities should 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 indoor and outdoor visitation, communal dining and other group activities.

This guidance applies to nursing homes, 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.)

Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Visits should be conducted with an adequate degree of privacy. By following a person-centered approach and adhering to the core principles below, visitation can occur safely.

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)

The facility must have an updated written Infection Control or Preparedness plan for COVID-19 aligned with the Core Principles of COVID-19 Infection Prevention.

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General Requirements

- There has been no new onset COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.
    - Note: Facility must test any staff or resident with signs or symptoms of COVID-19 and continue to retest all negative staff and residents following the CDC-recommended testing schedule until testing identifies no new cases for a period of at least 14 days since the most recent positive result.
- Facility must conduct daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff.
- Residents who are showing signs of respiratory illness or on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above.
- Residents who are showing signs of respiratory illness or on transmission-based precautions for COVID-19 should not participate in communal dining or group activities.
- Staff must be present to allow for help with screening of visitors, transition of residents to/from visiting areas, as needed, monitoring visitation, and wiping down visitation areas after each visit.
- If the visit, dining, or activity will occur in a location other than in the resident's room, the facility must 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 accommodating privacy, as feasible.
- Residents must 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 must wear a face covering (if tolerated), when not in their room.

Visitation

- While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred. Outdoor visits pose a lower risk of transmission due to increased space and airflow.
- Prioritization for visitation should be considered for residents with emotional distress, or when health and well-being are exacerbated by visitation restrictions.
- Residents should be consulted regarding who is allowed to visit them.
- A facility must accommodate visitation to the greatest extent possible for all residents. The facility may create safe spaces within the facility so that residents may physically see their family members if outside visitation is not conducted.
    - Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors

- Visits should be restricted to the resident's room or other location (such as near the entrance) designated by the facility for visitation.
    - For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- Any structures built or structural modifications made to any space to facilitate visitation cannot violate any N.C. Building Code, Life Safety Code, or any other building safety ordinance. Any modifications to the space of a facility to accommodate safe visitation, dining, and activities must be pre-approved by the DHSR Construction Section.
- 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.
- Staff must wear a surgical face mask. Residents must wear a surgical face mask or face covering for the duration of the visit.
- Facility must provide alcohol-based hand rub to visitors and demonstrate how to use it appropriately if necessary.
- Designated area must be sanitized with EPA-registered disinfectant for SARS-CoV-2 after each visit and as needed.
- Facilities should allow for privacy unless there are significant concerns about lack of adherence to infection prevention protocols. Signage may be used to reinforce visitation policy.
- Facilities may not restrict visitation without a reasonable clinical or safety cause.

Visitor Requirements

- Visitors 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/local health department release) 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.
    - Facility must inform visitors that if they develop signs and symptoms, such as fever, cough, shortness of breath, sore throat, muscles aches, chills, or new onset loss of smell or taste within 2 days of visiting a resident or have a diagnosis of COVID-19, the visitor must immediately notify the facility of the date they were visiting and the resident's name. Facilities must immediately screen the resident who had contact with the visitor and follow up with the facility's medical director or resident's care provider.

- Visitors must bring and wear a proper 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 available.
- Visitors, residents and staff must use alcohol-based hand rub before and after visitation and limit surfaces touched.
- Visitors must limit interactions with others and remain at least 6 feet from other residents and staff at all times.
- Visitors who are unable to adhere to requirements above should not be permitted to visit or should be asked to leave.

Additional Outdoor Visitation Guidelines

- 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 temperature and other weather conditions outside, 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.
- The physical layout of visitation spaces must allow for appropriate social distancing of at least 6 feet between residents and visitors. Physically measuring and marking the visitation area may help residents and visitors stay appropriately distanced.

Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

• A resident, who was living with their 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 had rarely cried in the past)

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Lastly, at all times, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it

should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Ombudsman

In-person access to the Regional Long-term Care Ombudsman may not be limited without reasonable cause. If in-person access is not advisable, facilities must, at minimum, facilitate alternative resident communication with ombudsman, such as by phone or through other use of technology.

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 or eliminate condiments and shared items on tables and serve individual packets.
- 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

Indoor/Group Activities

- Adhere to infection prevention measures including hand hygiene, use of proper face covering or face mask, and social distancing (6 feet).
- Ensure proper face covering or face mask 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, per manufacturer's instructions, between uses and as needed.
- 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)