

November 19, 2020

Interim Recommendations for Long-Term Care Facility Resident Visitation During the Holidays

Background

The COVID-19 pandemic continues to present a variety of challenges which may be amplified during the holiday season. While we understand the importance of holiday traditions and the mental health benefits from such activities, long-term care facilities (LTCFs) need to carefully consider policies and practices during this holiday season. The CDC recommends that older adults and people at higher risk of severe illness or death from COVID-19, such as long-term care residents, avoid in-person gatherings with people that do not live in their household.¹ Gatherings of people present a potential risk of exposure to COVID-19, and the risk for persons living in LTCFs is not only to their own health, but to the health of all facility residents.

This document supplements the DPH [Long-Term Care Administrative Order](#) (herein “the Administrative Order”). Facilities may use discretion to be more restrictive in certain areas, where deemed appropriate through internal policies, as long as the restrictions are consistent with any applicable federal and state requirements.

If you have any questions about infection control concerns, please contact the Georgia Healthcare-Associated Infections Program at HAI@dph.ga.gov.

Recommendations

Consistent with the [Centers for Medicare & Medicaid Services \(CMS\) guidelines](#), DPH strongly recommends against families taking persons who reside in long-term care facilities to their homes or to gatherings for holiday events. Instead of visitations in family homes, we recommend visiting with loved ones at the long-term care facility either through outdoor, indoor, or virtual visitation as described in the Administrative Order.

Outdoor “drive visits” may be a safer alternate for holiday family visitation, in which residents set up an appointment to visit with their relatives, who drive to the facility. The facility sets the schedule and determines the number of cars and family visitors. At the appointment time, family visitors come to the facility in their cars, get out of their cars, and have a socially distanced visit with their resident family member outdoors. Family visitors and residents wear masks during the visit, and the visit is monitored by staff.

Other visitation options include phone calls, video calls and sharing of family videos with the resident. Facilities are also encouraged to survey their residents about their interests during the holidays and develop programs to include music, broadcasting religious services and other socially-distanced holiday activities.

¹ <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html>

In addition to family visitation, facilities may hold communal holiday activities and dining while adhering to the core principles of COVID-19 infection prevention:

- Residents who are not on isolation precautions or quarantine may eat in the same room with social distancing (e.g., limited number of people at each table and with at least 6 feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Facilities should consider defining groups of residents that consistently participate in communal dining to minimize the number of people exposed if one or more of the residents is later identified as positive. Facial coverings should be worn when going to the dining area and when not eating or drinking.
- Group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation or quarantine) with social distancing among residents, appropriate hand hygiene, and use of a face covering.
- Encourage as many of these activities to occur outdoors when feasible, especially when eating or drinking and face coverings will not be worn.
- Visitors should not participate in facility communal holiday activities and dining unless the facility can meet the guidance criteria presented in the Administrative Order.

Although discouraged, if residents do leave the facility to attend family gatherings, DPH strongly recommends the following:

1. The facility considers the following issues:
 - The health status of the resident. Residents with COVID-19, with COVID-19 signs and symptoms, and those with a known exposure within 14 days of the planned outing should not participate.
 - The facility's resources. Does the facility have sufficient resources to safely manage the resident's return to the facility? This includes having a sufficient number of trained staff in monitoring for signs and symptom and transmission-based precautions and sufficient supply of PPE, alcohol-based hand sanitizer, cleaning supplies, single rooms or observation rooms, and written visitation and laboratory protocols per the Administrative Order.
 - Education of staff and families. The facility should make sure families are making an informed decision and understand the risks versus benefits of the resident leaving the facility, including risks to all residents in the facility. Education should include CDC's guidelines for [Holiday Celebration](#) and [Considerations for Events and Gatherings](#).
2. The facility's clinical leadership should work with the resident and their family to plan for a safer leave. The plan should include education for the resident and family members about infection control practices. It should also include having the resident or resident's representative sign an agreement acknowledging they agree to follow the recommendations and they understand the risks associated with the planned leave to themselves and to other facility residents. The family also agrees to contact the facility if any individuals at their family gathering become symptomatic or subsequently test positive within 14 days of exposure to the resident.

Education about infection control practices should include:

- wearing cloth face coverings (e.g., wear face coverings indoors except when eating or drinking and all should wear when in vehicles with more than one person);
- laundering cloth face coverings each day the resident is on their planned leave;
- practicing physical distancing;

- limiting interaction to the fewest number of people possible while the resident is on their planned leave (e.g., this includes not visiting more than one household and not visiting restaurants, bars, gyms and retail establishments).
 - the resident's family should limit their interaction to the fewest number of people possible for two weeks before the resident's planned leave/visit.
 - assessing the possible exposure risks while the resident is on their planned leave and instructions about how to mitigate them.
3. Upon return to the facility, screen returning residents for signs and symptoms of COVID-19 and immediately test all symptomatic residents and place them in a private room. For all returning residents, the facility should conduct a risk assessment of the resident's activities while off-site using the Washington State Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients and after Community Visits² (presented below):

Assign 1 point to each "yes"

While off-site, did resident's activity include the following exposure risks:

- | | |
|---|------------------------------|
| Indoor Activity | <input type="checkbox"/> Yes |
| Unable to maintain social distancing | <input type="checkbox"/> Yes |
| >5 people at activity | <input type="checkbox"/> Yes |
| Duration of activity >1 hour | <input type="checkbox"/> Yes |
| Unable to wear mask during entirety of outing | <input type="checkbox"/> Yes |

Total score: ____

- 0-1 = low-risk activity. Residents can return to their rooms and be monitored according to the facility's routine policy.
- 2-3 = medium-risk activity. Residents should be monitored for COVID-19 signs and symptoms at least three times per day and refrain from group activities for 14 days.
- 4-5 = high risk-activity. Residents should quarantine for 14 days. Residents requiring quarantine that live in a private residence or room would be quarantined in their room for 14 days. If the resident has a roommate that remained in the facility, the returning resident would be placed in an observation room for the 14-day observation period. If an observation room is not available, the resident may not be able to return to the facility until a room is available.

It is believed that most off-site holiday visits will fall into the medium- to high-risk categories. If a facility is unable to discern which category is appropriate for the visit, DPH recommends a cautious approach and assigning the high-risk category.

Before leaving the facility, the facility leadership, resident and family need to discuss plans for the resident's return and the possibility that if a resident needs to be quarantined and a private or observation room is not available, that the family may need to retain the resident until such a room becomes available.

4. DPH recommends immediate testing of any symptomatic resident or staff, regardless of holiday leave status. Some facilities may opt to test residents upon return, depending on the

² The Washington State Risk Assessment Template is provided courtesy of the Washington State Healthcare Associated Infections Program. See:

https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/riskassessment_communityvisit.pdf

time and risk of activities conducted while away. Admission testing is at the discretion of the facility. It needs to be understood that testing results represent the patient's status at the time of sample collection, and the incubation period for COVID-19 is from 2 to 14 days. If a facility wishes to test returning asymptomatic residents, DPH suggests testing residents upon admission and at 7 days after returning to the facility. In their testing strategies, facilities may consider using point of care testing, requesting the resident to return with a negative result collected within 3 days, or having a designated time for resident return to coordinate on-site testing. NOTE: if a resident is being quarantined or on restricted activities, a negative test result does NOT change the quarantine or restricted activity period; the resident must remain on quarantine or restricted activities for entire 14-day incubation period.