

March 25, 2021

Dear Families,

We are excited to announce the new IDPH Guidance. There are several changes that you must be aware of.

1. Please remember if you, or any other visitors in your party, are experiencing symptoms of COVID-19, or any illness, please postpone your visit until you are well. The health and safety of our residents is our highest priority and we know it is yours as too! There is no age limit on visitation. As an Infection Preventionist Nurse, an Administrator and a mother I want to stress the importance of keeping the residents, the staff and your children healthy. Please keep your children home if they are sniffing, show signs of illness, or any COVID-19 symptoms. We know young children want to explore their environment and they touch many surfaces, this is a normal part of development however, during a pandemic it could have harsh outcomes.
2. If your loved one (the resident) is COVID-19 vaccinated, they may choose to have close contact (includes touch) with you. If your loved one is not vaccinated, socially distant visiting is required. As per guidance, FAILURE TO FOLLOW THIS CAN RESULT IN STAFF ENDING THE VISIT.
3. Outdoor visits are preferred.
4. Room visits can occur in private rooms, in a dedicated indoor space, or in shared rooms provided that only one resident at a time has visitors.
5. No visitation is permitted during a quarantine period.
6. Appointments (scheduling per guidance), prescreening, and no cost COVID-19 Rapid testing will continue.
7. Visitors must wear a mask, complete hand hygiene, and adhere to the core principles of COVID-19 infection prevention.
8. Compassionate care visits will continue.
9. Any occurrence of new COVID-19 will result in mitigation strategies being implemented per IDPH guidance.

We are excited to be able to safely move forward in this “New Normal”. Please call with any questions or concerns and Thank You in advance for those of you who have shown grace during these changes. It is hard but together with faith we will grow stronger.

Respectfully,

Danielle Boeding RN MSN, APIC, LNHA

**St. Vincent's Home  
Phaseless  
Visitation (New)**

**General Visitation Guidance - Required Visitation**

As stated in the guidance: Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR § 483.10(f) (4) (v). A nursing home must facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated below.

**Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through closed 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 below.

CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection prevention, 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, we acknowledge the toll that separation and isolation have taken. We also acknowledge there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. **Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting cloth face mask or face covering and performing hand-hygiene before and after.** Regardless, visitors should physically distance from other residents and staff in the facility.

According to the new CMS guidance, visitation should be person-centered; consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. St. Vincent's Home will enable visits to be conducted with an adequate degree of privacy. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission.

**Visitors who are unable to adhere to the core principles of COVID-19 infection prevention will not be permitted to visit and will 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.

**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 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).
- **Hand hygiene** (use of alcohol-based hand rub is preferred to soap and water).
- **Face covering** or mask (covering mouth and nose).
- **Social distancing** at least 6 feet between persons.

- **Instructional signage** throughout the facility and visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of cloth face mask or face covering, specified entries, exits and routes to designated areas, hand hygiene).
- **Cleaning and disinfecting** high touch surfaces in the facility often, and designated visitation areas after each visit.
- Appropriate staff use of **PPE**.
- **Effective cohorting** of residents (e.g., separate areas dedicated to COVID-19 care).
- **Resident and staff testing** as required.

#### **Visits may occur:**

- Outdoors
- In dedicated indoor visitation spaces
- In private rooms
- In shared rooms provided that only one resident can have visitors at a time in-room without roommate present if possible, and core principles of infection control are maintained.

Lastly, the facility sent a letter on March 25<sup>th</sup>, 2021, that serves as a short, easy-to-read fact sheet on this visitation policy for residents and visitors. This fact sheet explains that outdoor visits are strongly preferable to indoor visits, weather permitting. The facility makes this policy and the fact sheet letter available to residents and has posted it on the facility's website. The facility also makes printed copies of this policy and fact sheet letter available at near the entrance. **Visitors are required to comply with the facility's visitation policy. If a visitor refuses to follow the facility's policy during the visit, then staff may end the visit.**

#### **Outdoor Visitation**

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.

For outdoor visits, this facility has accessible and safe outdoor spaces for visitation, such as in the courtyard, on the patio, and other paved sidewalks, including the use of tents or canopy's (which are open on at least two sides), if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

The outdoor visitation must address the following points:

- Designate outdoor space for visitation, which shall be in courtyard gazebo for residents and the canopy for visitors.
- Visits may take place under a canopy or tent without walls.
- The outdoor spaces has been measured and marked to determine the number of residents and visitors that can be accommodated at one time in that area with at least 6-foot separation between residents and their visitors
- Signage has been posted to cue 6-foot separation, face covering, and hand hygiene.

- Dispensers for alcohol-based hand rub are setup.
- Visitation hours when staff for screening and supervision of visitors will be available and needs to be coordinated with the facility.
- The facility may limit the number of visitors per resident at one time.
- An appointment schedule with time slots for each visitation area is maintained by the facility.
- Scheduled visits are by appointment only; specify start, end time, and location for each visit.
- Sign-ups are limited to the allowed number of visitors in each time slot and visitation area.
- If demand for appointment slots exceeds availability, we will set limits on the number of slots per week or per day for each resident.
- Visitors will be pre-screened either by phone using its checklist-based screening protocol or through electronic screening methods, required less than 24 hours in advance; re-screen with the same protocol on arrival, as for all other persons entering the facility, including temperature check.
- This facility provides viral point-of-care testing at no charge.
- This facility maintains a record of all visitors with contact information, for potential contact tracing.
- This facility records the date and time of visit, name, address, telephone, and, if available, email address.
- This facility makes records available to IDPH and local health department for inspection and, as needed, for contact tracing; and we also retain them for at least 30 days.
- **This facility notifies all visitors upon arrival that if they develop symptoms of COVID-19 within three days after visiting, they must immediately notify the facility.**
- This facility ensures infection control practices are utilized, including that visitors keep at least a 6-foot separation between themselves and the resident, that the visitor continually wears a cloth face mask or face covering, and that the visitor practices proper hand hygiene.
- The long-term care facility must submit its outdoor visitation policy upon request to IDPH or the certified local health department.

### **Indoor Visitation**

This Facility allows indoor visitation at all times and 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 at all times).

These scenarios include limiting indoor visitation for:

- unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;
- residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue transmission-based precautions; or
- residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

### **The Facility will consider:**

- The number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space).
- If necessary, the facility will consider scheduling visits for a specific length of time to help ensure all residents are able to receive visitors.
- During indoor visitation, you will be asked to limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area.
- CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection prevention, 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.

### **Indoor Visitation During an Outbreak:**

- While outbreaks increase the risk of COVID-19 transmission, the facility will **not** restrict visitation for **all** residents when there is evidence the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility.
- The facility will continue to adhere to CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.
- When a new case of COVID-19 among residents or staff is identified, the facility will immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed.

### **Visitation can resume based on the following criteria:**

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases.
- However, the facility will suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing. For example, if the first round of outbreak testing reveals two or more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facility will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

While the above scenarios describe how visitation can continue after one round of outbreak testing, **the facility will continue all necessary rounds of outbreak testing.** In other words, this guidance provides information on how visitation can occur during an outbreak but **does not change any expectations for testing and adherence to infection prevention and control practices.** If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then the facility will suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

**NOTE:** In all cases, visitors should be hereby notified about the potential for COVID-19 exposure in the facility and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings. Lastly, the facility will continue to consult with their local health departments when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of COVID-19 transmission.

The facility will notify residents, their families or guardians, and the long-term care ombudsman of relevant operational changes. The Facility will meet this requirement by using multiple communication channels, such as email listservs, social media, website postings, recorded telephone messages, and/or paper notification.

The Facilities will also post signage about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

### **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 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 who 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.

**Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.**

## **CASITA CATHERINE PHASLESS VISITATION POLICY**

### **Assisted living facilities and other similar arrangements**

Assisted Living Facilities (ALF), Shared Housing Establishments (SHE), Sheltered Care Facilities, and Supportive Living Facilities (SLF), visits can be in common areas or in residents' apartments, with 6-foot separation and cloth face covering or masking by visitors and residents per IDPH Guidance.

- CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection prevention, 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.

### **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 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).
  - **Hand hygiene** (use of alcohol-based hand rub is preferred to soap and water).
- **Face covering** or mask (covering mouth and nose).
- **Social distancing** at least 6 feet between persons.
- **Instructional signage** throughout the facility and visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of cloth face mask or face covering, specified entries, exits and routes to designated areas, hand hygiene).
- **Cleaning and disinfecting** high touch surfaces in the facility often, and designated visitation areas after each visit.
  - Visits make take place in residents' apartment and families are encouraged to keep socially distance.
  - Visits are limited to two guests at any time, over the age.

**If a visitor refuses to follow the facility's policy during the visit, then staff may end the visit.**