

CDC Guidance – Visitation – Post-Acute Care Including Nursing Homes

During the pandemic, guidance from the Centers for Medicare and Medicaid Services (CMS) has limited (except for compassionate care situations) indoor visitation for residents in post-acute care facilities when the COVID-19 county positivity rate is >10% or when there is an outbreak occurring in the facility. Relaxing current restrictions on indoor visitation might increase the risk for transmission of SARS-CoV-2 in post-acute care facilities. However, vaccination of residents and HCP can mitigate some of these risks, and expanding visitation has substantial benefits to residents.

Indoor visitation could be permitted for all residents except as noted below:

- Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.
- Indoor visitation should be limited solely to compassionate care situations, for:
 - Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met criteria to discontinue Transmission-Based Precautions.
 - Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine.
- Facilities in outbreak status should follow guidance from state and local health authorities and CMS on when visitation should be paused.
 - Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.

Additional recommendations:

- Facilities should continue to regularly vaccinate new admissions and HCP.
- Ideally, unvaccinated residents who wish to be vaccinated should not start indoor visitation until they have been fully vaccinated (i.e., ≥ 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).
- Before allowing indoor visitation, the risks associated with visitation should be explained to residents and their visitors so they can make an informed decision about participation.
- Visitors should still be screened and restricted from visiting if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days.
- Visitors and residents (if tolerated) should still wear a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control.
- The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (maintaining at least 6 feet between people). If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control. Visitors should physically distance from other residents and HCP in the facility.
- Hand hygiene should be performed by the resident and the visitors before and after contact.
- Facilities should have a plan to manage visitation and visitor flow. Visitors should physically distance from other residents and HCP in the facility. Facilities may need to limit the number of

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.

visitors per resident at one time as well as the total number of visitors in the facility at one time. in order to maintain infection control precautions.

- Visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (e.g., resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing and source control.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html?cm ven=ExactTarget&cm cat=COVID-19+Update+%23166&cm pla=All+Subscribers&cm ite=new+guidance&cm lm=angie.szumlinski@chelsearhone.com&cm ainfo=&&&&>

March 10, 2021

This work is licensed under the Creative Commons Attribution-NoDerivatives 4.0 International License. To view a copy of this license, visit <http://creativecommons.org/licenses/by-nd/4.0/>

This policy and procedure is not intended to replace the informed judgment of individual physicians, nurses or other clinicians nor is it intended as a statement of prevailing community standards or minimum standards of practice. It is a suggested method and technique for achieving optimal health care, not a minimum standard below which residents necessarily would be placed at risk.