



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES'
RECOMMENDATIONS ON VISITATION IN LONG TERM CARE FACILITIES TO
REDUCE RISK OF TRANSMISSION OF COVID-19**

March 13, 2020

The North Carolina Department of Health and Human Services (NC DHHS) recommends that all Long Term Care Facilities restrict visitors. Exceptions to the visitor restriction should include end of life care and other emergent situations determined by the facility to necessitate the visit. Even when visitation is allowed, the facility should screen every visitor and restrict entrance to the facility if the visitor shows signs of respiratory illness or has potential exposure to COVID-19.

Long Term Care (LTC) Facilities include all of the following: skilled nursing facilities (SNF), adult care homes (ACH), family care homes (FCH), and intermediate care facilities for individuals with intellectual disabilities (ICF-IID). (Note: Many of the recommendations in this guidance may also be applicable to Group Homes or Supervised Living for individuals with mental illness, developmental disabilities and substance use disorders. Decisions regarding community activities and visitation in group homes should be made in accordance with local public health guidance and individualized to the needs of the clients served.)

Below is important information and guidance on the following topics: I) definition of “restricting visitation”, II) screening visitors, III) visitation best practices, IV) strategies for alternatives to in- person visitation, V) use of signage and other preventive measures/reminders about infection control, and VI) monitoring facility staff, and VII) a list of available resources.

I. Restricting Visitation

Given the current public health situation, NC DHHS is recommending that LTC facilities restrict visitation unless it meets one of the following exceptions: 1) end-of-life-care, or 2) an emergent situation determined by the facility to necessitate the visit. Even if the proposed visitation meets one of the above exceptions, the facility should still screen the visitor and restrict (prohibit) the visitor from entry into the facility if the screening indicates the visit would likely put a resident/client at risk of transmission of a respiratory infection of COVID-19.

A determination by the facility that there is an emergent situation that necessitates the visit is a case by case determination by the facility that carefully balances the emergent need of the resident/client with the existing public health threat. Facilities should also be mindful of the visitor’s potential contact with other residents/clients.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ADULT CARE LICENSURE SECTION

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II. Screening Visitors

There are situations where the welfare of the LTC resident/client will result in the need for a visit. In the event the facility determines the visit is necessary, the facility must carefully screen the visitor to determine whether it appears the visitor has respiratory illness or potential exposure to COVID-19, and if the visitor does, the facility should restrict the visitor from entering the facility.

LTC facilities must screen every individual each and every time they are wishing to enter the facility. (A visitor is any person who is not an employee or resident/client of the facility and includes vendors and contractors.)

Each potential visitor should be screened by asking the following questions:

1. Do you currently have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat?
2. In the last 14 days, have you had contact with any of the following:
 - a) someone with a confirmed or presumptive diagnosis of COVID-19, or
 - b) someone under investigation for COVID-19, or
 - c) someone with respiratory illness, or
 - d) someone who has been asked to quarantine themselves?
3. Do you reside in a community where community-based spread of COVID-19 is occurring?

If a visitor answers “yes” to any of the above questions, or appears to be suffering from respiratory illness (coughing, shortness of breath, fever), the visitor should be instructed to defer their visit and return when they will not pose a risk to the safety of the residents/clients in the facility. This means the facility should restrict (prohibit) this visitor from entering the facility.

As the facility screens each visitor, the facility should record the full name and telephone of every visitor, the date and time of the visit, and the name or room number of the resident/client with whom they are visiting. At the conclusion of the visit, visitors should be required to sign out of the facility and exit through a designated exit.

III. Visitation Best Practices

When visitation is allowed, facilities should designate one entrance and exit area. The facility should station a staff person at or near the designated area to screen each visitor. Facilities should give careful instructions to visitors regarding the following:

- Visitors should be instructed to avoid contact with residents/clients other than the individual with whom they are there to see;

- With respect to the resident/client the visitor is there to see, the visitor should be reminded to help prevent potential transmission of any infections by refraining from hugging or touching the resident/client;
- Visitors should be instructed to limit physical contact and practice social distancing by no hand-shaking, remaining six feet apart, and not sharing food or drinks with the resident/client;
- The facility should assure the visitor has limited contact with any residents/clients or staff other than the resident/client the visitor is there to see;
- The facility should make at least 60% alcohol-based hand sanitizer available to those entering the facility and encourage visitors to use it;
- The facility may require visitors to use Personal Protective Equipment (PPE) such as facemasks; and,
- The facility should ensure all resident's/client's bathrooms and all common bathrooms are stocked with liquid hand soap and paper towels.

IV. Strategies for Alternatives to In-Person Visitation

Whenever a resident/client is not able to enjoy visitation from their family members, close friends or clergy, the facility should help the visitor with strategies to communicate with the resident/client and get information regarding the resident's/client's well-being.

When in-person visitation is not possible, facilities should consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication such as FaceTime or Skype, texting, etc.);
- Creating/increasing listserv communication to update families;
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date; and,
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status.

V. Use of Signage at Facilities and Other Preventive Measures

Signage and visitor instructions: Facilities should increase visible signage at entrances/exits, increase availability of alcohol-based hand sanitizer, and may offer personal protective equipment (PPE) for individuals entering the facility (if supply allows). Before visitors enter the facility and residents'/clients' rooms, provide instruction to visitors on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's/client's room. Individuals with fevers, other symptoms of COVID-19, or who are unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.

Limiting movement of visitors: In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's/client's room the visitor is there to see (e.g., reduce walking the halls, avoid going to dining room, etc.)

Limiting movement of external individuals: Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents/clients to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have supplies dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.

Visitor Reporting: Advise visitors to immediately report to the facility and local health department any signs and symptoms of COVID-19 or acute illness the visitor experiences within 14 days after visiting the facility.

Activities Outside the Facility: Cancel activities that take residents/clients into the community to public places particularly with large gatherings, such as mall, movies, etc. (Note: this does NOT apply to residents/clients who need to leave the building for medical care such as dialysis, medical visits, etc).

VI. Monitoring Facility Staff

How should facilities monitor or restrict health care facility staff?

- Staff should be screened at the beginning of their shift.
- The same or a similar screening performed for visitors should be performed for facility staff.
- Staff who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
Immediately stop work, put on a facemask, and self-isolate at home;
 - In a skilled nursing facility, inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
 - Contact and follow the local health department recommendations for next steps (e.g., testing).
 - In an adult care home facility (or other long term care setting) where there is not an infection preventionist, inform the administrator and the designated infection control staff person and contact and follow the local health department for next steps (e.g., testing)
 - Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

VII. List of Available Resources

NC DHHS Resources:

- NCDHHS COVID-19 Website: <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>
- NCDHHS COVID-19 Resources for Long Term Care Facilities: <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-long-term>

CDC Resources:

- Infection preventionist training: <https://www.cdc.gov/longtermcare/index.html>
 - CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
 - CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
 - CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
 - *Information on affected US locations:* <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>
- Check the following link regularly for critical updates, such as updates to guidance for using PPE:*** <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

CMS Resources:

- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>