



## COVID-19: How Should Nursing Homes Monitor or Limit Visitors?

### Visitor Screening

1. Facilities should actively screen and restrict visitation by those who meet the following criteria:
  - Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
  - In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness.
  - International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
  - Resides in a community where community-based spread of COVID-19 is occurring.

Individuals who meet any of the criteria above should not be allowed in the facility at all, until they no longer meet the criteria above.

2. Additionally, facilities should ask:
  - Have you taken any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location?

If the answer is yes, facilities should suggest deferring the visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back after at least 14 days with no symptoms of COVID-19.

3. For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

### CMS Visitor Recommendations:

- For providers located in counties, or counties adjacent, to where a COVID-19 case has occurred: CMS recommends limiting visitation. [Limiting means that visitors should not be allowed to enter the facility except for end-of-life situations or when a visitor is essential for the resident's emotional well-being and care. Example: a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.]
- For providers NOT located in counties, or counties adjacent, to where a COVID-19 case has occurred: CMS recommends discouraging visitation. [Discouraging means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).]
- Remember: Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance below. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i) (exp. Resident's physician, DIA, DHS, Resident's representative).

**If Visitation Is Allowed, CMS Recommendations:**

- Offer PPE for individuals entering the facility (if supply allows).
- Provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room.
- Instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.).
- Promote safe visitation by suggesting limited physical contact (practice social distances with no hand-shaking or hugging, and remaining six feet apart).
- If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

**Alternative Strategies In Lieu of In-Person Visitation:**

- Offer alternative virtual means of communication (phone, video-communication, etc.).
- Create/increase listserv communication to update families, such as advising to not visit.
- Assign staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.
- Offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

**CMS Recommended Actions (Revised Guidance 3/9/2020):**

- Increase visible signage at entrances/exits consistent with visitor screening and visitor recommendations above.
- Restrict, Limit and Discourage Visitors consistent with information above.
- Offer temperature checks.
- Increase availability to hand sanitizer.
- Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.
- Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.

**Non-Resident Visitors:**

CMS recommends that 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 to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission consistent with the [CDC Guidelines for Transmission-Based Precautions](#). For example:

- Have vendors drop off supplies at a dedicated location like a loading dock rather than transporting supplies inside the facility.
- Hospice workers can enter a facility when using PPE properly.