



## COVID-19 Health Advisory #16.3

Updated July 15, 2021

Please distribute to all administrators and infection preventionists in the facility

Go to: <https://tinyurl.com/ShastaCOVID-19> for an electronic version of this Health Update

**The purpose of this health advisory is to provide skilled nursing facilities with information on criteria for opening to limited visitation.**

[All Facilities Letter 20-22.8](#), released on June 2, 2021 from the California Department of Public Health (CDPH) provides criteria for the modification of visitation policies in accordance with Centers for Medicare and Medicaid Services (CMS) memo [QSO 20-39-NH](#) and Centers for Disease Control and Prevention (CDC) COVID-19 guidance. Given progress with COVID-19 vaccination of California skilled nursing facility (SNF) residents and healthcare personnel (HCP), CDPH is revising the visitation, group activity and communal dining guidance for SNFs to further expand opportunities for social interaction and improve quality of life. CDPH continues to recommend a cautious and gradual lifting of restrictions at SNFs, while remaining vigilant for breakthrough infections and transmission in SNFs through ongoing surveillance and testing.

At this time, vaccinated SNF residents and HCP should continue to follow current guidance to protect themselves and others, including wearing a mask, staying at least 6 feet away from others, avoiding crowds and poorly ventilated spaces, covering coughs and sneezes, washing hands often, and following guidance for personal protective equipment use and SARS-CoV-2 testing.

### General Visitation Guidance

Facilities shall conduct visitation through different means based on the facility's structure and residents' needs for circumstances beyond compassionate care situations, such as in resident rooms, dedicated visitation spaces, and outdoors; however, facilities must adhere to the [core principles of COVID-19 infection prevention](#) (PDF) at all times. Visitation must be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. SNFs must also enable visits to be conducted with an adequate degree of privacy and should be scheduled at times convenient to visitors (e.g., outside of regular work hours).

Any visitor entering the facility, **regardless of their vaccination status**, must adhere to the following:

- All visitors, regardless of their vaccination status, must be screened for fever and COVID-19 symptoms and/or exposure within the prior 14 days to another person with COVID-19; if a visitor has COVID-19 symptoms or has been in close contact with a confirmed positive case, they must reschedule their visit, regardless of their vaccination status.
- All visitors, regardless of their vaccination status, must wear a well-fitting [face mask](#) and perform hand hygiene upon entry and in all common areas in the facility; **circumstances when fully vaccinated visitors may remove their face masks when interacting with the resident they are visiting are outlined below.**

- If personal protective equipment (PPE) is required for contact with the resident due to quarantine or COVID positive isolation status (including fully vaccinated visitors), it must be donned and doffed according to instruction by HCP.
- All visitors, regardless of their vaccination status, must follow physical distancing [guidelines](#) and maintain at least 6 feet distance from other visitors from different households, as well as from facility staff and other residents; **circumstances when visitors may interact without physically distancing from the resident they are visiting are outlined below.**
- Facilities should limit visitor movement in the facility, regardless of the visitor's vaccination status; for example, visitors should not walk around the hallways of the facility and should go directly to and from the resident's room or designated visitation area.

Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children. Facilities should limit the number of visits per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure as many residents as possible are able to receive visitors. Visits should be scheduled for no less than 30 minutes. Longer visits should be supported.

## **Outdoor and Other Visitation**

All facilities must continue to allow outdoor visitation options for all residents, regardless of vaccination status.

### Outdoor Visitation

Outdoor visits pose a lower risk of transmission due to increased space and airflow; therefore, outdoor visitation is preferred and should be offered unless the resident cannot leave the facility, or outdoor visitation is not possible due to precipitation, outdoor temperatures, or poor air quality. Facilities should facilitate scheduled visits on the facility premises (e.g., visits on lawns, patios, and other outdoor areas, drive-by visits, or visit through a window) with 6-ft or more physical distancing between visitor-resident groups, and staff monitoring of infection control guidelines.

Like indoor visits, outdoor visits between fully vaccinated residents and fully vaccinated visitors may be conducted without face masks and physical distancing and include physical contact (e.g., hugs, holding hands) while in designated spaces for visitation that maintain 6-ft distancing between the visitor and facility staff and other residents they are not visiting; otherwise, visits should be conducted with well-fitting face masks during the visit and maintain 6-ft physical distancing.

## **Safety Procedures for All Indoor Visitation (Communal Spaces and In-Room Visitation)**

Facilities shall allow indoor in-room visitation for:

- All residents, including unvaccinated, partially vaccinated, and fully vaccinated residents (e.g., individual residents who are  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine), in "green" (unexposed or recovered) or "yellow" (exposed or observation status ) areas, regardless of the county.

Indoor in-room visitation shall meet the following conditions:

- Indoor visits between fully vaccinated residents and fully vaccinated visitors may be conducted without face masks and physical distancing and include physical contact (e.g., hugs, holding hands), while in the resident's room otherwise, unvaccinated or partially vaccinated visitors and residents should wear well-fitting face masks and maintain 6-ft physical distancing during their visit.
- Visits for residents who share a room should be conducted in a separate indoor space or with the roommate not present in the room (if possible), regardless of the roommate's vaccination status.
- Visitors should be provided personal protective equipment (gloves, gown, eye protection and N95 respirator) and instructed in a N95 respirator seal check for visitation of residents in yellow (exposed or observation status) areas.

Facilities shall also accommodate visitation in large communal indoor spaces such as a lobby, cafeteria, activity room, physical therapy rooms, etc. where 6-ft distancing is possible between visitor-resident groups. Facilities may need to rearrange these spaces or add barriers to separate the space to accommodate the need for visitation of multiple residents. Indoor large communal space visits between fully vaccinated residents and fully vaccinated visitors may be conducted without face masks and physical distancing and include physical contact (e.g., hugs, holding hands) while in designated spaces for visitation that maintain 6-ft distancing between the visitor and facility staff and other residents they are not visiting; otherwise, visits should be conducted with well-fitting face masks during the visit and maintain 6-ft physical distancing.

### **Additional Guidance**

The following are additional guidelines to prevent the spread of COVID-19.

1. Remind residents to practice social distancing and perform frequent hand hygiene. Residents must wear cloth face covering or facemasks as mandated in CDPH's [Guidance for the Use of Face Coverings](#) (PDF).
2. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.
3. Facilities should review and revise how they interact with vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers, and other non-health care providers (e.g., food delivery, etc.),<sup>1</sup> and take necessary actions to prevent any potential transmission.

### **Resources**

CMS QSO 20-39-NH: <https://www.cms.gov/files/document/qso-20-39-nh.pdf>

CDPH All Facilities Letter 20-22.8: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

Current case rate in Shasta County: <https://www.co.shasta.ca.us/covid-19/data>

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<sup>1</sup> "Facility staff" includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. Facilities should prioritize those individuals who are regularly in the facility (e.g., weekly) and have contact with residents or staff. A facility may have a provision under its arrangement with a vendor or volunteer that requires them to be tested from another source (e.g., their employer or on their own). However, the facility is still required to obtain documentation that the required testing was completed during the timeframe that corresponds to the facility's testing frequency.