

Guidance for Long-Term Care Facility Residents and Visitation

Summary of Changes: These guidelines have been updated as of 11/19/2020 to reflect the termination of licensing visitation waivers that allowed LTCFs to deny visitation and to provide detailed guidance on allowable, indoor visitation.

Seniors in Long-Term Care Facilities (LTCF) have been denied visits from friends and family members for more than two months due to concerns about bringing COVID-19 infections into the LTCF. Such introductions of this virus have been deadly on a number of occasions at sites outside of Ventura County. Yet seniors, deprived of visits from their loved ones, may experience significant psychosocial harm due to isolation. The following is guidance for modified visitation of residents in LTCFs to maintain and enhance our seniors' quality of life. LTCFs are required to offer in-person visitation.¹

Required practices for on-site visitation:

- Facility personnel must disinfect chairs, benches, entry door/gates after each visit.
- Facility personnel must educate visitors on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices (e.g. specified entries, exits and routes to designated visitation area).
- Visitors must be [screened](#) for [symptoms of COVID-19](#) and their [temperature must be taken](#) with a non-contact thermometer upon arrival to the LTCF. Visitors who have any symptom associated with a COVID-19 infection or who have been in close contact with a confirmed positive case may not be allowed to visit. Facility personnel should record the name and contact information for individuals entering the facility for possible contact tracing later.
- Visitors must perform hand hygiene immediately after screening, at minimum.
- Visitors and residents must wear a face covering or mask fully covering their nose and mouth for the entirety of the visit.
- Aside from end-of-life/compassionate care situations, visitors must maintain 6-foot distance from all residents and facility personnel for the entirety of their visit.
- 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.
- Remind all visitors to screen themselves daily following a visit and to notify the facility immediately if [COVID-19 symptoms](#) arise.

¹ In consultation with the Ventura County Public Health Communicable Disease office, visitation may be suspended when a COVID-19 suspect or confirmed case is identified within a LTCF.

Outdoor Visitation:

- A facility may bring a resident outside with a mask on to spend time with visitors who are also wearing masks. This interaction may occur outside in a courtyard, a backyard or on a porch or veranda.
- Each facility may set its own protocol for the visit in terms of length of visit. If more than one visit at a time is scheduled at the facility, these should be widely separated from one another. Visitors should not enter the facility at any time during the visit. A suggested but not required time limit is 15 minutes.
- No physical contact may occur between the resident and visitors.
- A physical barrier (e.g., a fence, a gate, a hedge, plexiglass dividers, etc.) should be in place between the resident and the visitor(s).
- The number of visitors for each resident will be limited to 5 including small children.
- A long-term care ombudsman may visit a resident as outlined in the [Guidelines for Long Term Care Ombudsman Interaction with Residents in Long-term Care Facilities](#) found on the [VCPH COVID-19 Guidance Updates](#) webpage.
- No extra precautions or additional monitoring needs be taken with the resident following the visit.

Alternative Methods for a Resident to Interact with Families and Friends:

- Family members or friends can drive by in a car and visit with a resident brought to the curb of the facility. A minimum of 6 feet of distance must be maintained. Both resident and family member(s) or friend(s) are wearing masks.
- Door visits with family or friends may be arranged where the resident is inside the facility and can see their loved ones by having them stand outside the door of the facility. The door is open and the resident and family member(s) are 6 feet apart. Both resident and family member(s) or friend(s) are wearing masks.
- Virtual visitations via video chat applications such as Skype, Zoom or Facetime on a tablet (e.g. iPad) or cell phone.
- Telephone calls. If calls do not go through on a resident's cell phone, the LTCF will call back to a staff member who will be asked to create a telephone connection.
- Other methods for staying in touch while keeping a safe, physical distance as outlined in the [CDC COVID-19: Supporting Your Loved One in a Long-Term Care Facility](#).

Indoor Visitation:

Facilities are expected to follow the indoor visitation guidance provided by their licensing and regulatory bodies; however, LTCFs in Ventura County must apply the indoor visitation restrictions outlined in this section. As outdoor visits pose a lower risk of transmission due to increased space and airflow, outdoor visitation is strongly preferred and should be held whenever practicable.

If outdoor visitation is not possible (inclement weather, poor air quality), LTCFs should accommodate visitation in the following manner.

- Designate a visitation area that:
 - has a separate entrance/exit or is near an entrance/exit,

- has been rearranged with barriers added to separate the space and to accommodate the need for visitation of multiple residents, and
- must be well-ventilated. Explore options, in consultation with facility engineers, to improve indoor air quality in all shared spaces.
 - Optimize air-handling systems (ensuring appropriate directionality, filtration, exchange rate, proper installation, and up to date maintenance).
 - Consider the addition of portable solutions (e.g., portable HEPA filtration units) to augment air quality in areas when permanent air-handling systems are not a feasible option.
 - Guidance on ensuring that ventilation systems are operating properly are available in the following resources:
 - [Guidelines for Environmental Infection Control in Health-Care Facilities](#)
 - [American Society of Heating, Refrigerating and Air-Conditioning Engineers \(ASHRAE\) resources for healthcare facilities](#), which also provides [COVID-19 technical resources for healthcare facilities](#)
 - [Occupational Safety and Health Administration \(OSHA\) COVID-19 Guidance on Ventilation in the Workplace](#)
- Limit the number.
 - Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time based on the size of the designated visitation area, ventilation within the designated visitation area, and staff available for disinfecting the visitation area after each visit.
 - Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors and should consider encouraging shorter indoor visits and longer outdoor visits, weather permitting.
- Limit movement within the facility.
 - Visitor movement throughout the facility should not occur. Facility personnel should escort the visitors to and from the visitation area.
- Limit visitation during an outbreak.
 - As outlined in the LTCF Activities Guidance – located on the [VCPH COVID-19 Guidance Updates](#) webpage – residents who are COVID-19 recovered or who have had no known exposure (green zone) may continue to receive visitation during the outbreak; however, this type of visitation may only occur indoors after approved to do so by VCPH Communicable Disease. Visitors must be notified of the current outbreak at the LTCF.

In-room Visitation:

- When can facilities allow for visitation inside a resident's room?
 - If a resident is nearing end-of-life.
 - If a resident is unable to be moved outside or to the large communal space due to physical limitations or emotional distress. Visitors must first consult with and receive approval from the facility to conduct in-room visits under these circumstances.
- How should in-room visitation occur?
 - Facility personnel should escort the visitors directly to and from the room. Visitors should not walk around different halls of the facility.
 - Facility personnel should educate and observe the visitor(s) performing hand-hygiene before they enter and upon leaving the resident's room.
 - Facilities should limit the number of visitors in the resident's room at one time to allow for six feet between visitors who are not from the same household.
 - Visits for residents who share a room should preferably be conducted in a separate indoor space or with the roommate not present in the room (if possible).
 - If not possible, the resident beds should be ≥ 6 feet from each other and a barrier (e.g., curtain) should be placed between the residents. A window in the room should be opened (weather permitting) or facilities may consider placing a portable HEPA filtration unit in the room.
 - In end-of-life situations, if the resident is in a single-occupancy room (no roommate[s]), the facility personnel may escort the visitor(s) to the resident's room and the door can be shut to allow for privacy.
 - If physical contact must be made, the visitor(s) must wear Personal Protective Equipment (PPE). The level of PPE worn is predicated on the unit in which the resident currently resides. Reference the [California Department of Public Health Healthcare-Associated Infections Program COVID-19 PPE, Resident Placement/Movement, and Staffing Considerations by Resident Category](#) for recommended PPE.

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