

## Visitation Guidelines for Long-term Care Facilities

As used in this document, “long-term care facilities or “facilities” means both comprehensive care facilities (nursing homes) and residential care facilities (licensed assisted living). Other ISDH guidance documents may use different definitions for these terms.

### OVERVIEW

- June 24:** Regarding outside appointments and personal services, residents may leave facilities for routine and preventive healthcare visits. Beautician and barber services are now permitted in facilities.
- June 24:** Regarding Visitation Guidelines: ISDH and LTC Associations are sent a draft of updated visitation guidance for review and preliminary discussion with facilities.
- June 29:** Updated visitation guidelines are issued and released to the public via the LTC newsletter and posted on the ISDH coronavirus website.
- July 4:** Facilities who are not under restriction due to new facility-onset of cases must allow outdoor visitation and may start offering indoor visitation.
- July 17:** Waivers to be updated to reflect that facilities must offer at least four (4) hours of visitation daily including evening and weekend hours, unless the facility is under visitor restrictions due to a new facility-onset COVID-19 case. The four (4) hours may be a mixture of outdoor and indoor visitation unless weather prevents outdoor visitation.

### GUIDING PRINCIPLES

Precautions and restrictions put in place at long-term care facilities to mitigate the spread of the COVID-19 and protect residents should be balanced against residents’ need for increased socialization and visitation and their physical and mental wellbeing.

**Key Community Indicators:** Community COVID-19 status indicators

- 14-day trend in COVID-19 cases and hospitalization in the facility’s community
- Community spread mitigation as directed in forthcoming Stage 5 Guidelines

**Key Facility Indicators:**

- New facility onset COVID-19 cases in the facility in the last 14 days
  - **Resident:** New facility onset COVID-19 cases in the facility does not include a resident who is admitted to the facility with known COVID-19 positive or unknown status and develops COVID-19 in 14-day quarantine period.
    - “New facility-onset COVID-19 resident case” is defined as a resident who contracts COVID-19 within the facility without prior hospitalization or other outpatient/external-facility based health service within the last 14 days. New facility-onset cases in residents do not include any new admission with a known COVID-19 positive status or unknown COVID-19 status but who became positive within 14 days after admission.
    - Facilities that place new admissions in and practice effective transmission-based precautions to prevent transmission of COVID-19 for 14 days after admission are not required to test residents upon admission or within a specified period of time upon admission to continue internal activities or visitation from family/the community. If facilities want to end transmission-based precautions before 14 days has



passed after admission, they may follow the Centers for Disease Control and Prevention's (CDC's) test-based strategy for the end of transmission-based precautions. **If the resident is admitted with a negative test then they would not require placement in transmission-based precautions.**

- If a new admission develops signs and symptoms of COVID-19 the facility should test the resident for COVID-19. As stated above, the timeframe after admission will determine whether a COVID-19 positive result is either new facility-onset or not.
- **Staff Positive Case:**
  - Because staff may contract COVID-19 outside of the facility, a new staff positive does not count as a new facility-onset case. Such cases, however, must still be reported to ISDH as new facility cases.
  - The new staff positive will be contact traced by the local health department (LHD) or ISDH for outside the facility contacts. For exposure control within the facility, infection preventionist will use the tools in the COVID IP Toolkit for assisting with potential risk for exposure and control for outbreak surveillance.
    - Long-term Care (LTC) Respiratory Surveillance Line List
    - Long-term Care (LTC) Respiratory Surveillance Outbreak Summary
    - Staffing Assignment sheets that correspond with (LTC) Line lists
  - Any resident or staff who spent >15 minutes closer than 6 feet without the use of masks (either resident or staff) should be quarantined for 14 days. (Staff may work in COVID+ unit as stated in previous guidelines.)
  - This does not prohibit other residents from continuing with visitation.
  - If any of the close contacts tests positive for COVID-19, then this would be considered facility onset due to outbreak exposure control and the 14 days would start at the time of the last contact with the positive staff.
  - If more than one staff tests positive in the same shift and/or unit this would be considered a "New Facility-Onset COVID-19 Case" and 14 days would start.

## CONTINUED INFECTION PREVENTION

As long-term care facilities move to a reopened phase in resident care, it is expected that COVID-19 infection prevention and control measures should remain in place as long as the virus is present in epidemic levels and until a vaccine is available and can be widely administered. The following measures would be maintained until guidance is otherwise issued by ISDH:

- Long-term care facilities maintain their COVID-19 Preparedness Checklist and update it as needed.
- Continued universal mask use by all staff (medical grade masks) and visitors (cloth is acceptable).
- Residents to wear mask (cloth is acceptable) when they leave their rooms, as tolerated, unless otherwise outlined below.
- Continue to maintain social distancing of at least six (6) feet between residents and staff as much as possible.
- Continue staff screening and temperature checks at the start of each shift and do not permit entry if symptoms are present. All staff should adhere to the federal CDC's [Return to Work Criteria](#) if symptoms are present or the staff



member is confirmed COVID-19 positive. However, those facilities with active COVID-19 cases can continue to employ COVID-positive staff who are asymptomatic in the COVID-dedicated areas of the facility.

- Continue visitor screening and temperature checks; do not permit entry if symptoms are present.
- Continue monitoring residents for signs and symptoms daily and increase monitoring if a resident becomes symptomatic.
- Cohort residents within a facility if COVID-19 cases are confirmed, as outlined in ISDH's Standard Operations Procedures for cohorting strategy and utilize dedicated staff for COVID positive units ([https://www.coronavirus.in.gov/files/IN\\_COVID-19%20IP%20Toolkit%20ISDH\\_6.3.2020.pdf](https://www.coronavirus.in.gov/files/IN_COVID-19%20IP%20Toolkit%20ISDH_6.3.2020.pdf)).
- Facilities should then adhere to the CDC's Discontinuation of Transmission-Based Precautions guidance prior to moving a resident off of the isolation unit (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>).
- A COVID-positive symptomatic person (staff and residents) meets the criteria for discontinuation of transmission based precautions for COVID-19 when (a) ten (10) days have passed since the person's first day of symptoms, (b) the person has had improved respiratory symptoms, and (c) the person has been fever-free for 72 hours without use of fever reducing medications. For persons who test positive but are asymptomatic, ten (10) days must have passed since the day the test was taken.
  - Affected staff are free to return to work and residents may resume activities.
  - These persons do not need to be tested again they are currently not considered infectious based on current knowledge.
  - Staff who test positive again may continue to work, and residents may continue with activities, provided they have met the isolation guidelines stated above.
- Adherence to strict hand hygiene should continue for all, particularly staff, including when entering the facility and before and after resident care.
- Staff should continue to wear appropriate personal protective equipment (PPE), beyond universal mask use, as needed.
  - Gloves: Use non-sterile gloves upon entry into a resident's room for direct care and change gloves if they become torn or when visibly soiled while in the resident's room. Remove and discard gloves when leaving the resident's room and immediately perform hand hygiene after removal of gloves.
  - Gowns: For conservation of gowns, the same gown can be used in the COVID units for Droplet-Contact precautions unless they become visible soiled or wet. Gowns should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of the staff, including dressing, changing linens, bathing, wound care, changing briefs or assisting with toileting, and device care or use.
- Continue focused and frequent environmental cleaning on all high touch surfaces with approved disinfectants according to the manufacturer's instructions and recommendations.
- Limit performance of aerosol-generating procedures on confirmed or presumed COVID-19 positive residents unless medically necessary. CDC guidance for aerosol-generating procedures should be followed for infection control



measures and the appropriate PPE, including keeping the door closed throughout the procedure and disinfecting all surfaces following the procedure.

## VISITATION

Visitation is certainly the most requested activity among long-term care facilities throughout the state. While restricting visitors was an important part of the initial response to the COVID-19 outbreak, resident protections should be balanced with a resident's need to visit with family and friends.

- **Timeline**

Unless a long-term care facility is under visitor restrictions due to a new facility-onset COVID-19 case, ISDH requires the following:

- **By July 4** - All long-term care facilities will provide outdoor visitation consistent with ISDH guidelines. Outdoor visitation has been recommended since June 3.
- **As of July 4** – Long-term care facilities **may** also allow indoor visitation consistent with guidelines.
- **By July 17** – Long-term care facilities must allow (four) 4 hours per day of visitation, including evening hours, consistent with ISDH guidelines.

- **Outdoor Visitation**

Outdoor visitation may begin immediately if there have been no new facility-onset COVID-19 cases in the past fourteen (14) days in accordance with ISDH [guidelines](#) issued on June 3, 2020.

If a staff member is confirmed COVID-19 positive before any confirmed new facility-onset COVID-19 resident cases are confirmed, then the facility may resume outdoor visitation after the facility has completed contact tracing related to the confirmed positive staff member and any exposed residents are quarantined. If any of the contact traced residents or another staff member from the same shift and/or unit tests positive, then visitation must stop and the 14 days starts over again (see definition of new facility-onset COVID-19 cases).

- **Indoor Visitation**

Indoor visitations may resume as of July 4. As of July 17, waiver guidelines will be updated to require four (4) hours per day of visitation, including evening hours, if there has not been a new facility-onset COVID-19 case in 14 days. A facility can therefore create a policy for length of visits, the number of visitors per resident, and the number of visitors at any one time. Consideration should be given to staffing availability, PPE stocks, and resident needs. Other requirements include:

- There have been no new facility-onset COVID-19 resident cases in the past fourteen (14) days.
- Visitation is limited to COVID-negative or COVID-recovered residents, as defined by the resident meeting the CDC's guidance for discontinuation of transmission-based precautions.
- The facility has proper PPE for residents, staff, and visitors, although visitors are encouraged to bring their own masks to help conserve facility supplies.
- The facility notifies residents and their representatives of its intention to resume visitation, outlining the guidelines below.



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- The facility ceases indoor visitation if a new facility-onset COVID-19 resident case is confirmed in the facility. Fourteen (14) days must pass without a new facility-onset of a COVID-19 case occurring among residents prior to visitation beginning once again.
- If a staff member is confirmed COVID-19 positive before any confirmed new facility-onset COVID-19 resident cases are confirmed, then the facility may resume indoor visitation after either of the following: the facility has completed contact tracing related to the confirmed positive staff member and the contacts are quarantined.
- Facilities are also strongly encouraged to cease visitation if it is highly likely there has been COVID-19 exposure in the facility, even if testing has not been conducted or completed yet.
- **Visitors shall:**
  - Participate in and pass a symptom screening and temperature check. Facilities shall also require visitors to sign in and attest to their current COVID-status and symptoms. A log should be taken of visits, which should include name, contact information and start and end time of visit.
  - Wash their hands or utilize an alcohol-based hand rub upon arriving at the facility.
  - Wear a mask at all times while visiting.
  - Maintain at least six (6) feet distance from all residents in the facility.
  - Utilize the routes indicated by the facility to travel to and from the visitation area.
  - Children are permitted to visit. Visitors with children must be able to manage them, and children must be able to wear a face mask during the entire visitation. Children under the age of 2 are not required to wear a mask per CDC guidance.
  - Visitors that do not follow these criteria may have the privilege of visitation revoked.
- **Staff shall:**
  - Educate on proper PPE use and visitation policies.
  - Ensure residents wear a mask when visitors are present.
  - Designate certain areas inside and outside the facility that will be utilized for visitation and determine proper space considerations.
  - Visits in a private resident room should be established for bedbound residents or those who for health reasons cannot leave their rooms. Accommodations should be made for bedbound residents with roommates, so safe visitation can occur.
    - Visitation in outdoor spaces should continue to be prioritized.
    - If indoor spaces are utilized, increased social distancing and other protective measures such as physical barriers may be considered, as is use of privacy curtains.
  - Create a route for visitors to travel to and from the visitation areas.
  - Disinfect visitation areas after each use.

Recommended facilities utilize scheduling to ensure proper PPE and staffing are available.

### INDIANA BACK ON TRACK GUIDELINES FOR LONG-TERM CARE FACILITIES

All long-term care facilities are subject to the Indiana [Back on Track](#) Plan. (Assisted living is mentioned specifically only in Stage 2, but the nursing home restrictions in Stages 3-5 also apply to assisted living.)

- Stage 2: Individuals are not allowed to visit residents in residential care/nursing home facilities



- Stage 3: Residential Care/Nursing homes remain closed to visitors; guidance will continue to be evaluated
- Stage 4: Residential Care/Nursing homes open to outdoor visitation as of June 3.
- Stage 5: Residential Care/Nursing home guidance will continue to be evaluated

While there are suggested dates for the beginning of each stage these are dependent on the public health outcome data used to guide our decisions:

1. The number of hospitalized COVID-19 patients statewide over the last 14 days
2. Critical care bed and ventilator capacity
3. Testing capacity for COVID-19 symptomatic and at-risk Hoosiers
4. Contact Tracing

### **Personal Services and Activities Inside the Facility Q&A**

With the partial reopening of many businesses, we have received several questions about whether similar services would be allowed to return to long term care facilities. **The guiding principle has been that if the service is essential and directly relates to the health and safety of the individual residents, then it can be allowed so long as infection control practices (screening, masks, hand washing) can be employed.** We now know more about the SARS-CoV-2 virus and that proper infection control practices can prevent the spread of COVID-19. Therefore, we have updates to document to allow more services for residents:

- **Salon: Can a hairdresser come in if they are wearing a mask and serving only one customer at a time with environmental cleaning of the chair and instruments between clients?**  
**Yes,** using the ISDH Guidance for Personal Services in Long Term Care.
- **Stand-alone Gym/ Swim area: Can residents use gym equipment or have swim therapy activities?**  
**Yes.** Exercise is both important for the physical and mental health and wellbeing of individuals and should be allowed if can be done safely. The facility needs to limit the use to **one individual at a time on each piece of equipment, or therapy pool,** and must wipe down equipment with approved antiviral disinfectants after each individual use.
- **Therapy Gyms for OT/PT: Can more than one resident be in the therapy gym at one time?**  
**Yes.** Facilities must assure that they provide 6 feet for social distance in the therapy gym, and the resident/residents and staff are wearing masks. The equipment must be wiped down with approved antiviral disinfectants after each use.
- **Dentist/Podiatry Visits:** *Routine and preventive visits can resume* in addition to the emergent and urgent care that has already being provided. They, like any outside visitor, should be screened for symptoms and wear appropriate PPE while in the facility.
- **Construction or Maintenance Vendors:** If a facility needs construction or maintenance, an infection preventionist must review and approve the proposed work before it starts to ensure proper use of infection control environmental controls. Infection preventionist in the building will use their policies and provide written guidance for these controls.
- **Therapy Pets:** Therapy pets can be brought to the facility. COVID-19 positive patients should not pet or hold the therapy pets, but they may be petted by residents not in COVID-19 precautions. Residents should use hand sanitizer before and after contact with therapy pets.





- **Communal Dining and Activities:** In recognition of the impact and increased staffing requirement for social isolation, communal dining/activities can occur under these conditions:
  - No new facility-onset cases of COVID-19 in the last 14 days.
  - COVID-19 recovered residents can resume communal dining despite facility active status if able to cohort these residents. Proper social distancing precautions still need to be in place.
  - Facilities can adhere to social distancing, such as being seated at least 6 feet apart.
  - Dining area is environmentally cleaned before and after each group comes to the area.
  - Residents should be offered hand hygiene before dining and after returning to their room.
  - Residents should not share food, drinks or other personal items during dining.
  - Caregivers in the dining area should wear masks, and perform hand hygiene before assisting residents to eat and between each resident that they assist.
  - Caregivers should perform hand hygiene after leaving the dining area or the resident's room if assisting them there.

### Leaving the Facility

#### **Are there any changes to ISDH recommendation that residents not be allowed to leave the facility unless for emergent medical needs (e.g., hospital or dialysis)?**

**Yes**, outbreak guidance changes over the course of time in regards to infection control risks and level of community prevalence. The following has been updated to add also the Infection Control Guidance:

- **Excursions:** Independently mobile residents may leave the facility provided they take proper precautions with social distancing, hand hygiene, and mask wearing. They do not need require transmission based precautions but should be monitored for symptoms. Residents who are not independently mobile may be escorted on outdoor excursions if all precautions are taken (i.e., social distancing of at least six (6), masks, and hand hygiene).
- **Appointments:** Residents can attend medical appointments both routine and preventative outside of the facility. Telehealth should still be used in appropriate situations. Should residents do go for outside Doctor appointments, ER visit, or dialysis visits the following should is recommendations for infection control:
- **Necessary Appointments/ Dialysis:** For those residents leaving for a necessary appointment, including dialysis 3 times per week, facilities should take infection control precautions to minimize the risk of transmission of COVID-19 (e.g., giving the resident a surgical mask to wear while attending the appointment, and performing hand hygiene before and after the appointments).

These infection control precautions provided for the residents' transport, as well as the infection control precautions in place in the physician offices, ED, and Dialysis centers, allow us at this time to **not recommend Transmission Based Precautions (Contact-Droplet) or quarantine for 14 days upon return to the facility.** Facilities will continue to monitor these residents for signs and symptoms of COVID 19 per protocols for all other COVID naive residents in the facility.
- **Dialysis residents** who frequently go out of the facility, may be offered a private room, if possible, or a semi-private room with a roommate that has not had high exposure risk for COVID 19. (i.e. waiting on test results from an exposure or symptomatic for COVID 19). **Note: A private room is not required, but may be recommended as added**



**infection control should the facility have this space.** These residents do not require transmission-based precautions however, due to being at high risk these residents should be monitored closely for symptoms.

- **Funerals and Weddings:** Residents who are attending a funeral or wedding are not required by ISDH or CDC to be in 14-day quarantine upon return. The facility should however assure they provide infection control precautions for the resident, instruct them to wear a facemask at all times in public, social distance by six (6) feet, as much as possible if with multiple family members that they are not already living with, and perform hand hygiene before and after removal of mask, or touching face, nose, eyes. Consider providing them with clean disposable tissues and avoid the reuse of cloth handkerchief for tears.
- **New Admissions or Re-admissions:** CDC recommends managing the **unknown COVID-19 status** for all new admissions or re-admissions to the facility. (Examples of readmissions are those who are admitted from extended hospital, or those who have gone on family stays that extend over a period of days during the COVID-19 outbreak).
  - **Unknown COVID-19 Status:** CDC recommends facilities create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. CDC allows for **options that may include placing the resident in a single-person room in the general population area or in a separate observation area so the resident can be monitored for evidence of COVID-19.**
    - Residents can be transferred out of the observation area to the general population area of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission).
    - Testing at the end of this period could be considered to increase certainty that the resident is not infected but is not required.
    - If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation.
    - All [recommended PPE](#) should be worn during care of newly admitted or readmitted residents under observation for unknown COVID status; this includes use of facemask, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. **Cloth face coverings are not considered PPE and should not be worn by healthcare provider when PPE is indicated.**
  - **Known COVID-19 Negative Status:** If residents are admitted from the hospital who have a COVID-19 negative test during that admission and are not under treatment for COVID-19 signs or symptoms, they can be monitored in the general main area of the facility without being placed in transmission-based precautions (Droplet-Contact).
  - **Known COVID-19 Positive Status:** Readmitted residents who are known positive for COVID-19 and who have not met the CDC guidance for removal of transmission-based precautions should be placed in the COVID-19 unit, and continue (droplet-contact) precautions until recovered.

**Resources:** *Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.htm>).

### **Outdoor Visits and COVID-Positive Staff**

On June 3, 2020, ISDH issued guidance for outdoor visits. Under that original guidance, outdoor visitation can start only if there have been “no new COVID cases that originated within the facility, including those involving residents or staff,





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within the last 14 days.” The guidance also states that “new COVID admissions to a facility would not constitute a facility-onset COVID case.”

This document, including the Visitation Guidelines for Long Term Care at pages 1-5 above, updates and clarifies how facilities should handle visitation when they have COVID-positive staff. **Staff who test positive need to be contact traced.**

- A HCP who tests + in a COVID free building for 14 days, does not assume there is COVID transmission within the building. This very well can be community acquired.
- Outdoor visits are allowed for the facility if a HCP test + and there is no transmission within the facility.
- The facility should do contact tracing within the building with this HCP who tested COVID+ and monitor any residents exposed by placing in 14 day quarantine. If the staff and resident were both masked and the staff was practicing proper infection precautions the resident is not considered a close contact. They should still be monitored for symptoms but do not need quarantine.
- Should any resident or other HCP in the building then become symptomatic or test COVID-19 positive, then the 14-day period begins again to hold on outdoor visits.
  - COVID-19 recovered patients may still visit and will not be subject to the 14-day period.
  - Additionally, if there is good cohorting of residents and staff and the staff or residents for example between two buildings did not have contact with one another than only the building with the positives needs to hold visitations.