

Visitation During a Communicable Disease Outbreak

<i>Date Implemented:</i>	March 1, 2023	<i>Date Reviewed/ Revised:</i>		<i>Reviewed/ Revised By:</i>	QAPI 3/2023
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Policy:

This facility will implement heightened surveillance activities for communicable disease during periods of transmission in the community, an outbreak in the facility, and/or during a declared public health emergency for the illness. The facility may modify visitation practices when there are infectious outbreaks or pandemics to align with current CMS guidance and CDC guidelines (*Refer to COVID-19 Visitation Policy as indicated*).

Definitions:

“Reasonable clinical and safety restrictions” include a facility’s policies, procedures or practices that protect the health and security of all residents and staff.

Policy Explanation and Compliance Guidelines:

1. The COVID Coordinator/designee will monitor the status of communicable disease in the community, maintain communication with local and state health departments, and will keep facility leadership informed of the need for heightened surveillance activities.
2. The facility will stay in contact with the local health authorities for guidance or direction on how to structure visitation to reduce the risk of communicable disease transmission during an outbreak.
3. The facility will post adequate signage with instructions for infection prevention, i.e. hand hygiene, cough etiquette, etc.
4. The facility will ensure all visitors have access to hand hygiene supplies.
5. Restrictions may be placed to prevent community-associated infection or communicable disease transmission to one or more residents. A resident’s risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors.
6. Resident’s family members are not subject to visiting hour limitations or other restrictions **not imposed by the resident**, with the exception of reasonable clinical and safety restrictions, placed by the facility based on recommendations of CMS, CDC, or the local health department.
7. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until they are no longer potentially infectious (e.g., 24 hours after resolution outbreak of fever without antipyretic medication), or according to CDC guidelines, and/or local health department recommendations.
8. The facility will offer alternatives to traditional visitation, such as outdoor visits, indoor designated visitation areas, and/or virtual communications (phone, video-communication). Staff will be alert to psychosocial needs, and take actions that would allow visitation to occur safely in spite of the presence of contagious infection.
9. During a communicable disease outbreak, while not recommended, residents who are on transmission-based precautions (TBP) can still receive visitors. In these cases, before visiting residents who are on TBP, visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors will adhere to principles of infection prevention.
10. Facility will keep families informed of visitation policies through email communication and signs posted at front desk, and phone calls or direct contact with designated responsible party. Implement emergency communication procedures as needed.

References:

Centers for Medicare & Medicaid Services, Department of Health and Human Services. State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (October 2022 Revision) F563 – Right to Receive/Deny Visitors. 42 C.F.R. §483.10(f).