

Visitation Guidance for Long-term Care Facilities (LTCF) July 10, 2020

Background

This guidance updates the State's prior recommendations regarding visitor prohibition issued on March 15, 2020 for long-term care facilities (LTCFs). The NH Division of Public Health Services (DPHS) continues to work with federal, state, and local partners to control the COVID-19 outbreak which has disproportionately affected our vulnerable residents living in LTCFs. LTCFs should implement the following provisions to protect the health and safety of residents and staff while allowing limited visitation in controlled settings.

Visitation Policies and Procedures:

LTCFs may allow visits with residents to occur, provided that the physical distancing and protection requirements described in detail below are followed. This updated visitation guidance does NOT apply to facilities that are experiencing COVID-19 outbreaks, which should continue to restrict all non-essential visitors (indoors or outdoors) until the facility's outbreak has been determined by NH DPHS to be over.

As much as possible, LTCFs should continue to use alternative electronic methods for communication between residents and visitors, such as Skype, FaceTime, WhatsApp or Google Duo. While community transmission has slowed in New Hampshire, COVID-19 continues to pose a significant risk for LTCF staff and residents.

I. Before and During Visitation

Designated Outdoor Visitation:

Eligible LTCFs may allow in-person visitation with residents in a designated outdoor visitation space, provided that the LTCF implements all of the following safety, care, and infection control measures.

A. **Eligible Facilities and Requirements for Outdoor Visitation:**

- Long term care, assisted living, and similar settings that have previously prohibited visitation with [Executive Order 2020-04](#) are eligible to allow outdoor visitation.
- Facilities with active COVID-19 outbreaks are excluded.
- Facilities are required to develop a facility-specific visitation plans that outlines the process for visitation to occur at the facility, and must comply with these guidelines.
- The processes put in place for visitation must be in compliance with state and federal laws and regulations, including but not limited to infection control, care

planning, and resident rights.

- The number of visitation sessions allowed per resident depends of facility size and staff capacity.
- A facility may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a resident may be visited.
- Facilities may establish additional guidelines as needed.

B. Visitation Protocol:

Resident Requirements:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited.
- Residents who have recovered from COVID-19 may be visited as long as they no longer require transmission based precautions.
- Residents should have their temperature taken and be screened for symptoms of COVID-19 immediately prior to the visit, as outlined below.
- Residents must have the ability to safely transition from their room to an outdoor visitation location.
- Residents must wear a surgical face mask covering their nose and mouth at all times when transiting to/from the visitation site, and during the visitation. The surgical face mask should be provided by the facility.
 - Residents should be instructed not to touch their eyes, nose, mouth, or face, or adjust their face mask without first sanitizing hands. After touching face or adjusting mask, hands must be sanitized.
- Residents must perform hand hygiene with an alcohol-based hand sanitizer immediately before and after visitation.

Visitor Requirements:

- Visitors must be limited to no more than two individuals per visitation.
- Visitors must be over the age of 12 and able to wear a face covering for the entire duration of the visit. Special family circumstances warranting children under the age of 12 to visit can be approved by individual facilities.
- Visitors who are residents of other states (e.g., Massachusetts) may visit with LTCF residents in NH as long as they do not screen positive for symptoms of COVID-19 or risk factors for exposure, based on the screening questions below.
- All visitors must be screened for symptoms or risk factors of COVID-19 prior to the visit, as outlined below.
- Visitors must wear a cloth face covering over their nose and mouth at all times during the visitation. The facility should provide a face mask to visitors if the visitor(s) arrive without a cloth face covering.
 - Visitors must be instructed not to touch their eyes, nose, mouth, or face, or adjust their face mask without first sanitizing hands. After touching face or adjusting mask, hands must be sanitized.

- Visitors must perform hand hygiene with an alcohol-based hand rub immediately before and after visitation.

Visitation Process Requirements:

- Facilities must establish a schedule of visitation that is arranged beforehand.
- Facilities must develop a process for screening all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation (see details in section below).
- Facilities must have an outdoor open-air location that allows for physical distancing between all visitors, staff, and resident with at least 6 feet of space consistently maintained between all individuals at all times.
- Facilities must have adequate staff present to allow for safe transit of residents outdoors, in-person monitoring of visitation, and environmental cleaning and disinfection after visitation.
 - Transport of a resident to and from the designated outdoor visitation space must be safe and orderly. At a minimum, safe transport means that the resident cannot be transported through any space where residents with suspected or confirmed COVID-19 are present.
 - A staff member trained in patient safety and infection control measures must remain in close observation distance of the resident at all times during the visit. Staff should be close enough to ensure compliance with visitation policy but also allow for privacy between the resident and the visitors.
 - The staff member must ensure residents and visitors do not come within 6 feet of each other, appropriately wear their masks at all times, and practice appropriate hand hygiene.
- Facilities must have adequate personal protective equipment (PPE) to provide residents, staff, and visitors (who do not arrive with a cloth face covering) with a surgical facemask during the visit and during transit to/from the visitation site.
 - Staff and residents must wear a surgical face mask, and visitors must wear at a minimum a cloth face covering for the duration of the visit. Masks must cover the nose and mouth at all times.
- Facilities should demarcate spaces for people to sit in the visitation area and people may not move closer to each other while visiting.
 - No physical contact is allowed. Mobile visitation (e.g. going on a walk together) is not allowed.
- Staff must carry alcohol-based hand sanitizer with them to the visitation, and everyone (staff, resident, visitors) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask.
- Facilities should clean and disinfect all surfaces touched by residents, staff, and visitors prior to and after each visit (including any chairs and tables).
- Facilities should maintain a visitor log with contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be a need.

Screening Residents and Visitors Prior to Visitation:

- Screening all visitors:
 - At the time a visitor calls to arrange a visitation date/time, the LTCF must ask all planned visitors about symptoms of COVID-19 or risk factors for exposure, as outlined below.
 - When the visitor arrives for their scheduled visitation, they must call to notify the facility of their arrival and be questioned again about any symptoms of COVID-19 or risk factors for exposure, as outlined below.
- Before visitation, take the residents temperature and screen for symptoms of COVID-19, as outlined below.
- Ask both residents and visitors about presence of any of the following symptoms before visitation:
 - Fever (feeling feverish or a document temperature of 100.0 degrees Fahrenheit or higher);
 - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
 - Whole body symptoms such as muscle aches, chills, and severe fatigue;
 - New gastrointestinal symptoms such as nausea, vomiting, or diarrhea;
 - Changes in your sense of taste or smell.
- Also ask visitors the following questions to identify potential COVID-19 exposure:
 - Have you been in close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days? (Note: healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question)
 - Have you traveled in the past 14 days either:
 - I. Internationally (outside the U.S.);
 - II. By cruise ship; or
 - III. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.)?
- If resident or visitors screen positive for any questions about risk factors or signs/symptoms of COVID-19, then the visitation may not occur.

Indoor Compassionate Care Visitation:

Indoor visitation is allowed on a limited basis and under controlled circumstances for residents who are unable to go outdoors (e.g., due to a disability or advanced dementia), are in end-of-life circumstances or for residents whose psychological wellbeing requires visitation. Decisions about compassionate care visitation should be made on a case-by-case basis by the LTCF, but any indoor visitation must meet the below requirements.

In these situation visitation is allowed indoors, but must adhere to the following additional requirements (in addition to what is outlined above):

- Visitation is limited to two visitors (including clergy, bereavement counselors, etc.) at a

time.

- Visitation should be restricted to the resident's room or designated location in the LTCF. Preferably, a single consistent room for indoor visitation is close to the entrance to the facility and does not require visitors transiting extensively through residential living areas. The room must also be large enough to allow all visitors, resident, and staff to consistently maintain 6 feet of space between each other at all times. The room should have space demarcations for people to sit and visit that are at least 6 feet apart.
- Windows should be opened to allow in outdoor air if/when possible.
- All visitors within the facility should not only undergo the above screening questions, and they should also have their temperature taken prior to entry.
- Visitors must frequently perform hand hygiene (particularly upon entrance to the facility).
- Visitors must wear a surgical facemask. If a visitor is visiting a resident on isolation or quarantine, the visitor must wear full PPE (gloves, gown, eye protection, and surgical mask).

II. After Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the long-term care facility and develops signs and symptoms of COVID-19 (as outlined above) within 2 days after visiting must immediately notify the LTCF. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) they were in contact with, and the locations within the facility they visited. Long-term care facilities should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up with the facility's medical director or resident's care provider. Facilities should follow the NH DPHS guidance for [actions to take in response to residential institutional outbreaks of COVID-19](#).

COVID-19 Facility Policies and Procedures

With the exception of this amendment to visitation policies, all other existing policies and restrictions issued in [NH DPHS May 13th Guidance for Long Term Care Facilities](#) still apply.

- Continue to restrict non-essential staff (e.g., volunteers, barbers and hairdressers) from entering the facility.
- For the duration of the state of emergency in New Hampshire, all LTCF personnel should wear a mask for source control while they are in the facility. (See [NH DPHS Universal Mask Recommendation](#)).
 - A cloth face covering may be appropriate for source control for visitors and residents, if surgical masks are in critical shortage
 - Healthcare providers and anyone in direct patient care should wear a surgical face mask
- Facilities should continue active screening for all.
 - Every individual entering the building (including healthcare personnel, staff,

visitors, and vendors) should be screened upon entry for any symptoms of illness and must have their temperature checked. NH DPHS provides an example screening tool.

- Residents should be actively screened using vital signs and pulse oximetry every day.
- Cancel communal dining and all group activities, such as internal and external group activities.
- If one resident tests positive for COVID-19, contact DHHS immediately, place the entire unit on full droplet precautions, and work with DHHS to coordinate testing and cohorting for staff and other residents in the unit/facility
- To respond to outbreaks of COVID-19 in your facility, see NH DHHS Immediate Actions to Take in Response to Residential Institutional Outbreaks of COVID-19. Notify NH DHHS about residents or staff with respiratory symptoms by calling **603-271-4496** (after-hours **603-271-5300**).
- Review the complete [CDC guidance for LTCF](#).

Additional Information

Ombudsman Program and Legal Representation:

Residents have the right to access the Ombudsman program and to consult with their legal counsel. When in-person access is not available due to infection control concerns, facilities must facilitate resident communication (by phone or another format).

Stay Updated on COVID-19

Monitor information from public health officials. Key sources of information include:

- [NH Health Alert Network](#) (To sign up email health.alert@nh.gov)
- [CMS Current Emergencies Dashboard](#)
- [CDC “What’s New?”](#)

Frequently Asked Questions

What kind of visitation is currently being allowed?

Limited outdoor visitation is now being permitted if certain facility conditions exist and as weather permits. Indoor facility visitation of residents is still prohibited for now except for compassionate care situations, such as end-of-life circumstances, or in situations where visitation is important for a resident’s mental health but that resident is unable to safely go outdoors.

What types of facilities are covered by the outdoor visitation guidance?

The guidance pertains to all long-term care facilities, assisted living facilities, and similar

settings who previously prohibited visitation as a result of the [Governor's Executive Order 2020-04](#). This includes facilities who are licensed by CMS— nursing homes, residential care facilities, and licensed assisted living.

Will there be scheduled hours for outdoor visitation?

Yes, the facility will set those hours and the schedule may change. For example, if the facility determines that weather is unsuitable, a resident cannot be safely moved outdoors, or if the facility cannot comply with NH DPHS guidance requirements, visitation may be canceled or unavailable. The guidance also makes clear that facilities may establish additional guidelines as needed to ensure the safety of visitations and their facility's operations.

Do I need to wear a mask for outdoor visits even with social distancing?

Yes, a face covering or mask must be worn during the entire visitation. The guidance discusses other visitor requirements, and the facility may require other reasonable precautions to protect the residents.

Is the visitation open for all ages?

Visitation is generally restricted to adults and children who are 12 years of age or older. If a facility determines that special circumstances justify relaxing this requirement, it may allow younger visitors on a case-by-case basis.

Can I bring food?

Yes, you can bring food for someone, but you cannot share food with the resident (e.g., you cannot both eat from the same bag of chips). Also, if the resident has a dietary restriction (e.g., can only have soft foods or cannot eat certain types of food) then the food must meet these restrictions. If you are unsure if your loved one has food restrictions contact the facility ahead of time to learn what is allowed.

What if I am wrongly denied visitation with my loved one?

If you believe you have been wrongly denied visitation, or you have questions that aren't answered by these FAQs or the guidance, you may contact the Office of the Long Term Ombudsman at (603) 271-4375, or toll-free (in-state) at (800) 442-5640.