



## COVID-19 Visitation Guidance for Long-Term Care Facilities Updated and Effective March 16, 2021

The information in this guidance supersedes previously issued guidance regarding visitation in nursing homes and assisted living residences in Rhode Island.

Each long-term care facility should have a publicly posted visitation policy informing families, visitors, and residents of their policy, including when visitation will be limited or restricted.

### Key Points

Every long-term care facility will be actively engaged in implementing a plan that allows virtual and in-person visitation in a way that resident health and safety is protected to the greatest extent possible.

- Facilities that have not had any positive COVID-19 cases **may not restrict visitation** “without a reasonable clinical or safety cause”<sup>1</sup> consistent with CMS regulations. “Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation...”
- If a facility identifies **one** new onset case among residents or staff in the same building or structure, the facility should ensure that the case is isolated and case contacts are quarantined in accordance with existing guidance and protocols.
- If there are **two or more** cases in the same facility, the facility should contact the Rhode Island Department of Health (RIDOH) as soon as possible. RIDOH will work with the facility to determine if a visitation plan can safely be implemented.
- Compassionate care visits should always be permitted in a facility.
- Indoor in-person visitation may continue for non-infected, asymptomatic residents who are not required to quarantine, whether or not they are vaccinated, only if:
  - Ventilation systems are operating and serviced properly;
  - Circulation of outdoor air is increased as much as possible;
  - Appropriate filtration and adequate relative humidity (40%-60%) are in place; and
  - Outdoor visits are not possible.
- Indoor in-person visits are restricted to the resident’s room or other area(s) specifically designated for visits.
- Outdoor in-person visits are preferred, even when the resident and visitor are fully vaccinated against COVID-19, weather and logistics permitting.
- COVID-19 screening, resident and staff testing, hand hygiene, face mask wearing, physical distancing, quarantine restrictions, and environmental cleaning should remain in effect.

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<sup>1</sup> Centers for Clinical Standards and Quality/Survey & Certification Group, QSO-20-39-NH, revised 3/10/2021

- RIDOH encourages COVID-19 testing of people visiting long-term care residents, but facilities should not require visitors to be tested or vaccinated as a condition of visitation.

## Virtual Visitation

- While in-person visits must generally not be restricted, all long-term care facilities should have a process to allow for remote communications between a resident and a virtual visitor, such as by video call applications on cell phones or tablets.

## In-Person Visitation

All of the following are **required** for indoor and outdoor in-person visitation:

- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms) and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 in the past 14 days, regardless of vaccination status. Close contact means you've been within six feet of someone with COVID-19 for a total of 15 minutes or more in a 24-hour period.
- **Face covering** or mask that fits snugly but comfortably [over your nose, mouth, and chin](#) without any gaps.
  - **Great protection:** N-95, KN-95, or KF-94 mask
  - **Good protection:** Medical procedure (paper) mask that fits
  - **OK protection:** Cloth mask made of a tightly woven, breathable fabric that's at least two layers thick and fits
- **Physical distancing** of at least six feet between people.
- Residents and visitors **should not travel through designated COVID-19 care spaces**.
- **High-touch surfaces** in visitation areas (e.g., tables) are **cleaned** after each visit.
- Residents and visitors meet all Rhode Island **quarantine requirements** posted [here](#).
- **Frequent hand hygiene** (use of alcohol-based hand rub is preferred).
- Staff use of Personal Protective Equipment (**PPE**), as indicated.

All of the following are **recommended** for in-person visitation:

- Visitation should be allowed for periods of **at least 45 minutes** and must be offered **at least six days per week**.
- **Two visitors** maximum are allowed per resident.
- At the facility's discretion, visits may be scheduled **in advance**.
- **Physical contact**, such as hand holding, may be allowed if desired by both the resident and their visitor. Both the resident and their visitor must use an alcohol-based hand sanitizer with at least 60% alcohol before and after physical contact and must limit the duration of this contact. Embracing and hugging is allowed for brief periods of time as long as both people wear masks.

## Indoor In-Person Visitation

- Visits are restricted to the resident's room or other area(s) specifically designated for visits. If a resident's room is used for visitation, only one visitor per resident at a time is allowed in the resident's room during the visit.
  - Visits for **residents who share a room** should ideally not be conducted in the resident's room.
    - If in-room visitation must occur, such as if a resident is unable to leave the room, **an unvaccinated roommate should not be present** during the visit.
    - If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices, including physical distancing.
- If a large common room is used for visitation by more than one resident at the same time, **there should be enough space to allow physical distancing** between all residents, visitors, and staff.

## Outdoor In-Person Visitation

- Outdoor visits are preferred, even when the resident and visitor are fully vaccinated against COVID-19, weather and logistics permitting.
- If a tent is used for visitation, the facility must ensure that it is flame retardant and that no smoking or flames are allowed in or near the tent. The tent should not be attached to the building and it should be located a **minimum** of 10 feet from the building. Facilities must maintain documentation that the tent meets NFPA 701 flame retardant standards. (This should be marked on the tent.) There must be signs showing where to exit the tent and stating that smoking is not allowed in or near the tent.

## End-of-Life and Compassionate Care Visits

- Compassionate care visits should always be permitted in a facility. Compassionate care visits do not refer only to end-of-life situations. Other types of compassionate care situations include:
  - A resident, previously living with family and recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support; and/or
  - A resident, who used to talk and interact with others, is experiencing emotional distress and is seldom speaking.

## COVID-19 Testing and Vaccination

- RIDOH encourages COVID-19 testing of people visiting long-term care residents. Long-term care facilities that wish to test visitors may use antigen point of care test kits or encourage visitors to use traditional PCR testing available at [www.portal.ri.gov](http://www.portal.ri.gov).
- Facilities should not require visitors to be tested or vaccinated as a condition of visitation, nor should they require proof of such.

- Resident and staff testing should be conducted in accordance with state regulations.
- Generally, full immunity from the vaccine develops about seven to 14 days after the final dose.