

KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES COVID-19 GUIDANCE

DATE: October 19, 2020

TO: State and Local Officials, Nursing Facility Operators/Owners/Administrators, Stakeholders, Industry Associations, General Public

FROM: Secretary Laura Howard

SUBJECT: Visitation Guidance for Long Term Care Settings

EFFECTIVE: Immediately

The Centers for Medicare and Medicaid Services (CMS) recently issued guidance for visitation in nursing homes. KDADS recognizes other long-term care settings in Kansas are not subject to the guidance issued by CMS for certified nursing facilities. Using the guidance of CMS, CDC and KDHE; KDADS developed the following guidelines for all long-term care settings in Kansas including Assisted Living, Board Care Home, Home Plus, Nursing Facility and Residential Health Care Facilities.

KDADS recognizes the prolonged separation of long-term care residents from their loved ones has taken a significant toll on the health on everyone involved; as well as the need to continue to protect this vulnerable population. Visitation is a right for residents in adult care homes and facilities should make best efforts to facilitate visitation for residents and their loved ones or preferred visitors. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission:

Core Principles of COVID-19 Infection Prevention

- 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
- Appropriate [hand hygiene](#) (use of alcohol-based hand rub is preferred)
- Wearing Face covering or mask (covering mouth and nose) when [practicable](#).
- Social distancing of at least six feet between persons
- The facility must have Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face coverings or masks, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for [nursing homes](#) and [assisted living](#) and should be adhered to at all times.

Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. Facilities should enable visits to be conducted with an adequate degree of privacy. 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. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the guidance below.

To ensure resident rights are not violated and that visitation plans are person-centered and able to be executed by the resident, facility and visitor, KDADS has created the Resident Visitation Preferences Template to identify the types of questions and issues that should be discussed to facilitate visitation. All long-term care facilities should utilize the template found at the end of this guidance or a form of their own that captures the same information showing that a discussion has been held between a staff member and resident, resident's representative or resident's family. The conversations should be made in conjunction with the facility and resident or resident's representative. The conversation should be informed by the facilities capacity to conduct different visitation options. This information should be completed for each resident no later than January 31, 2021.

It is important facility owners or operators communicate their current status for visitation based on risk factors present within the facility and surrounding community to residents and their friends and family members who would be affected by visitation restrictions. Families and residents should have a clear understanding of the facility's ability to allow visitation and the conditions when visitation can occur.

Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations or similar circumstances is consistent with the intent of "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

At all times, visits should be conducted using social distancing. However, if during a compassionate care visit a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines and for a limited amount of time. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the

Ombudsman program to identify the need for compassionate care visits. The need for compassionate care visits should be clearly documented in the residents' plan of care or service agreement.

Window Visitation

Window Visitation is a great way to allow for loved ones to see each other while maintaining the up most vigilance for the spread of infection. Window visits should occur without consideration of county positivity rates. There are several factors that facilities and residents should consider when implementing window visitation.

- Decide whether a window visit is the right fit for the resident
 - Residents with dementia may not understand the rules of the visit or may forget. This type of visit may confuse or frustrate them.
 - Residents living on floors above ground level will need to use an alternate window. Facilities should determine where that will be possible.
- Communication is Key
 - Residents may get scared if people walk up to their window. Be sure the visitation plan is well communicated with residents, resident roommates and staff on duty.
 - Make a staffing plan that allows for staff availability for assistance so they can have residents dressed, ready, and at the window at the time of your visit.
 - Make a phone, walkie talkie, voice amplifier or other electronic communication device available if one is needed for the resident or their visitor to ensure clear communication can be achieved.
 - Ensure the visitor is well informed of when and where to go for their visit and any expectations they need to adhere to.
- Implement safety measures
 - If a resident's window will be open during the visit, the resident should stay 3 feet back from the window and should wear a cloth mask. The family member visiting the resident should sit 3 feet back from the window outside the building and wear a cloth face mask. If this cannot be met due to the facility's physical environment a total of 6 feet should be maintained between the resident and visitor but can be achieved through shifting the distance from either the resident to the window or visitor to the window footage to maintain a total of 6 feet.
 - Staff can be creative about how they mark out the place families can sit outside the window.
 - All window visits must comply with social distancing requirements. Visitors must keep at least 6 feet away from people visiting other residents.

Outdoor Visitation

Outdoor visits pose a lower risk of transmission due to increased space and airflow and can be implemented without the consideration of county positivity rates. Outdoor visitation should occur routinely for all residents that express an interest in having visitors. Outside visits may be limited by weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should consider the following criteria:

- Adequate staff available to allow for help with outdoor transition of residents, and to assist with wiping down any visitation areas as necessary.
- Staff should be able to maintain visual observation but provide as much distance as necessary to allow for privacy of the visit conversation.
- Must have a system to ensure visitors are screened for signs and symptoms of COVID-19 at a screening location designated outside the building.
- Must have a system to ensure residents and visitors wear a mask or other face covering at all times, as tolerated. The facility should provide PPE as needed and provide signage or verbal reminders of appropriate use.
- Outdoor visitation spaces must be designed to be accessible without visitors having to walk through the facility.
- Outdoor visitation spaces must support social distancing of at least 6 feet between the visitor and resident.
- Provide alcohol-based hand sanitizer to persons visiting residents and provide signage or verbal reminders of correct use.
- Maintaining a detailed visitor log with the date and time of visitation, resident and staff encountered during visitation as well as contact information for the visitor.
- Due to the risk of exposure, holding hands, hugging, kissing, or other physical contact is should not be allowed during family visits.
- Visitors under age 12 years must be in the control of adults who bring them and must also comply with social distancing requirements.
- Pets must be under the control of the visitor bringing them in.
- All visitors must maintain 6 feet social distance.
- Visitors must stay in designated visitation locations.
- Facilities may establish additional guidelines as needed to ensure the safety of visitations and their facility operations.

Indoor Visitation

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;
- 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 building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
- Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.
- Indoor visitation spaces must support social distancing of at least 6 feet between the visitor and resident.
- Visitors should not bring food or drinks to share during the visitation.
- Visitation location will be equipped with sanitation supplies, readily available to visitors and residents.

- Facilities may establish additional guidelines as needed to ensure the safety of visitations and their facility operations.

NOTE: For situations where there is a roommate and the health status of the resident(s) prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

Facilities should use the COVID-19 county positivity rate reported by the Kansas Department of Health and Environment as additional information to determine how to facilitate indoor visitation:

- Low (<5%) or Green = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- Medium (5% – 10%) or Yellow = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)
- High (>10%) or Red= Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

Please use the county positivity data located on the Kansas Department of Health and Environments webpage under Nursing Home Metrics (<https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>) Facilities may also monitor other factors to understand the level of COVID-19 risk, such as rates of COVID-19-Like Illness, visits to the emergency department or the positivity rate of a county adjacent to the county where the nursing home is located.

We believe the guidance above represents reasonable ways an adult care home can facilitate in-person visitation. Except for on-going use of virtual visits, facilities may still restrict visitation due to the COVID-19 county positivity rate, the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factor related to the COVID-19 Public Health Emergency (PHE.) However, facilities may not restrict visitation without a reasonable clinical or safety cause, consistent with 26-39-103(m)*. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 26-39-103(m) and the facility would be subject to citation and enforcement actions.

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above.

It is important to note that a facility **MUST** ensure that even during the COVID-19 PHE that residents in long-term care facilities have full access to voting, and that County Election Officers are allowed access to the facilities to facilitate voting. COVID concerns, though important, do not supersede the resident's Constitutional right to vote. It is also important to note that often the voter will want a family member to assist them with something as personal and private as completing an advance ballot and the voter has a right to choose who assists them with the advance ballot.

If facilities have questions regarding the KDADS visitation guidance, contact KDADS.reopening@ks.gov.

**Federally Certified Nursing facilities are also subject to compliance of 42 CFR 483.10(f)(4)*

Resident Visitation Preferences Template

Resident Visitation Preference Questions	Resident or Resident Representative Response	Facility Response	Barriers to or Steps Needed to Achieve Residents Preferences
<p>What criteria would meet the need for compassionate care visit for the resident? Please use the information for compassionate care in the guidance above to identify what specific situations will be used to trigger the need to schedule a compassionate care visit.</p>			
<p>What specific accommodations are needed for a compassionate care visit?</p>			
<p>Which members of the community including family, friends and clergy would the resident like to visit with?</p>			
<p>What methods of visitation does the resident prefer when restricted from normal visitation? Phone Virtual Window Outdoor Indoor</p>	<p>Please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Window <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor 		
<p>How often does the resident prefer visitation occur for: Phone? Virtual Window Outdoor Indoor</p>	<p>Please check all that apply:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> Window <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor 		

What barriers exist that would prevent the resident from exercising their visitation rights in their preferred format and interval?			
What is the resident's preference regarding time of day/week and duration of visits?			
How much assistance would the resident like to conduct different forms of visitation?	<input type="checkbox"/> Minimal <input type="checkbox"/> Moderate <input type="checkbox"/> Significant		
How can the facility ensure they are providing the most amount of privacy allowable for visits?			
Does the resident prefer to participate in communal dining?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the resident prefer to participate in outdoor activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I attest that this form was filled out with the active participation of the resident or the resident's representative and the finalized copy of the form is kept as a part of the residents records and made available to local, state and federal officials as well as the resident or their representative upon request. _____ (Initial here)

Facility Staff Signature: _____ Date: _____

I attest that this form was filled out with my or my representative's active participation. I or my representative has been made aware of the existing and potential barrier(s) that would not allow the me or my representative to excise my or my representative's visitation rights in my or my representative's preferred format and interval. _____ (Initial here)

Resident/Resident's Representative Signature: _____ Date: _____