



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

**DATE:** March 19, 2021

**TO:** Assisted Living Facilities

**FROM:** Tara Ragland, Director  
Division of Licensing Programs

**SUBJECT:** Visitation in Assisted Living Facilities: Updated Tips and Best Practices 3/19/21

This memo is to inform you of updated guidelines for assisted living facilities (ALFs) to safely expand visitation options during the COVID-19 pandemic public health emergency. This latest information comes as COVID-19 vaccines have become available to ALF residents and staff, thanks in part to the CDC's Pharmacy Partnership for Long-Term Care Program coordinated through the Virginia Department of Health.

This updated information focuses on ways to bring more families and friends of residents in ALFs together safely and continues to encourage outdoor visitation. Considerations are included for indoor visitation, and compassionate care situations. The information provided emphasizes the core principles of COVID-19 infection prevention, and best practices to consider when developing procedures and plans for visitation. This information is based on what the public health community knows about COVID-19 transmission at this point in time.

The attached document containing updated informational tips and best practices for visitation is posted on the VDSS webpage and supersedes previous recommendation memos. The previous memos will remain posted for facility reference.

Please contact your licensing inspector if you have any questions.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING PROGRAMS  
Visitation in Assisted Living Facilities: Tips and Best Practices  
March 19, 2021

The guidelines in this document build upon what the public health community knows about COVID-19 transmission at this point in time. These tips and best practices are for facility staff, contractors, essential personnel, residents, and other significant people meaningful to a resident's life. Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Facilities should allow responsible indoor visitation at all times and for all residents, regardless of vaccination status of the resident or visitor, unless certain scenarios arise that would limit visitation to compassionate care situations only (refer to E. and F. in this document).

## A. GENERAL

### Visitor Safety and Contact

- Allow visitors only to COVID-19 negative and asymptomatic residents, or residents meeting the screening criteria.
- Designate a single point of entry to the facility to facilitate screening.
- Maintain a log of all visits to include the visitor's name, contact information, and start/end time of visit in case contact tracing is required.
- Visitors should be notified about the potential for COVID-19 exposure in the facility and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

### Use Information from VDH for Planning

- Review the COVID-19 positivity rates in your locality to help with planning.
- Virginia Department of Health (VDH) posts the number of [positive COVID-19 Polymerase Chain Reaction \(PCR\) tests](#) every Monday. Tracking the rate of disease transmission in a particular geographic area is useful for planning purposes, providing data-supported rationale. The data is not exclusive to long term care settings, and can be utilized for planning by any setting type.

## B. CORE PRINCIPLES

### Practice the core principles of COVID-19 infection prevention regardless of how visits are conducted.

- Screen all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms). Deny entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
- Upon entering and exiting the facility or visitation area, residents and visitors are to practice hand hygiene. The use of alcohol-based hand sanitizer (at least 60% alcohol) is preferred if hand washing stations are not available.
- Visitors and residents (unless medically unable) are to properly wear a cloth face covering or mask (covering mouth and nose) for the duration of the visit.
- Maintain a social distance of at least six feet between one another.

- Post instructional signage throughout the facility and provide proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
- Clean and disinfect high frequency touched surfaces in the facility often, including in the designated visitation areas after each visit.

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for preventing the spread of COVID-19, and should be **adhered to at all times**. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. 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 below guidance.

### C. OUTDOOR VISITATION

**Outdoor visits pose a lower risk of transmission due to increased space and airflow, and is preferred even when the resident and visitor are fully vaccinated\* against COVID-19.**

*\*Fully vaccinated refers to a person who is  $\geq 2$  weeks following receipt of the second dose in a 2-dose series, or  $\geq 2$  weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

Visits should be held outdoors whenever possible.

- Outdoor visit planning should take into consideration the weather (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), but also the individual resident's health status (e.g., medical condition(s), COVID-19 exposure 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.
- Facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).
- Limit the number of individuals visiting with any one resident at the same time.

### D. INDOOR VISITATION:

**Accommodation and support for indoor visitation, including visits for reasons beyond compassionate care situations, is encouraged when outdoor visitation is not feasible, and based on the facility's ability to implement certain guidelines.**

- Indoor visitation can occur when 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, residents, and staff should adhere to the core principles outlined in Section B.
- Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.
- 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, physical space and staffing consideration for monitoring visits).

- If necessary, schedule visits for a specified length of time to help ensure all residents are able to receive visitors.
- Designate a route to and from any indoor visitation area to limit visitor movement in the facility. Visitors should not be permitted to walk around the facility. Instead, visitors should go directly to the designated visitation area and remain there for the duration of the visit.
- Facilities using dining areas for visitation should remove all items used for meal service from tables prior to using the space as a visitation area.
- Tables and furnishings not being used in a designated visitation area should be clearly marked as “Out of Service” or removed.
- Visits for residents who share a room should not be conducted in the residents’ room. Where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

*Note: The CDC continues to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.*

#### **E. WHEN TO PAUSE INDOOR VISITATION**

- Indoor visitation can be conducted responsibly with adherence to core principles of COVID-19 infection prevention unless certain situations arise that would limit visitation to compassionate care situations only for:
  - Unvaccinated residents, if the COVID-19 county positivity rate is greater than 10% and less than 70% of residents in the facility are fully vaccinated;
  - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to continue transmission based precautions; or
  - Residents in quarantine, whether vaccinated or unvaccinated, until they have met the criteria to release from quarantine.

#### **F. INDOOR VISITATION DURING AN OUTBREAK**

**An outbreak exists when a new case of COVID-19 occurs among residents or staff.**

- When a new case of COVID-19 among residents or staff is identified, a facility should consult with their state or local health departments to ensure adherence to infection control precautions, obtain recommendations to reduce the risk of COVID-19 transmission, and to determine if there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility, and if visitation can still occur.

#### **G. VISITOR TESTING AND VACCINATION**

- While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.
- While not required, facilities may offer testing to visitors if feasible.

## H. COMPASSIONATE CARE VISITS

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 moving to an assisted living facility, 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 would be consistent with the intent of, “compassionate care situations.” 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.

Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.

Also, as noted above, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility. Lastly, 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 appropriate infection prevention guidelines, and for a limited amount of time.

## I. Resources

Centers for Medicare and Medicaid Services

[Fact Sheet-Updated Nursing Home Guidance -Revised Visitation Recommendations 3-10-21](#)  
[Nursing Home Visitation Guidance Revised 3-10-21](#)

Centers for Disease Control and Prevention

[Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)

*These updated visitation recommendations, dated 3/19/2021, replace the previously issued memo dated 11/16/2020. This material is for use in planning and does not replace any Executive Order or guidance from the Virginia Department of Health.*