



POLICY AND GUIDELINES FOR IMPLEMENTATION

COVID – Visitation (Florida)

Date: April 1, 2022

Revised: April 6, 2022

Revised: September 26, 2022

PURPOSE

To provide residents with the right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable and in a manner that does not impose on the rights of another resident. 42 CFR § 483.10(f)(4). Such visitation will follow the adherence to the core principles of COVID-19 infection prevention.

In-Person Visitation bill has been signed into law, creating Section 408.823, Florida Statutes titled In-person visitation, and may be cited as “No Patient Left Alone Act.” The facility revised its policy based on this new requirement. The Facility will provide the Agency for Health Care Administration (AHCA) with a copy of the facility’s visitations policy and procedure with the renewal application and/or change of ownership application. The Facility will make the visitation policies and procedures available to the agency for review at any time, upon request. The Visitation Policy and procedure is available under the Visitation Policies tab on the main website.

The Facility will designate the Administrator as the person responsible for ensuring staff adhere to the policies and procedures.

POLICY

Resident Rights

Residents has the right to make choices about aspects of his or her life in the facility that are significant to the resident.

Residents may deny or withdraw consent for a visit at any time, per 42 CFR § 483.10(f)(4)(ii) and (iii).

The facility will educate the resident, so they are aware of the core principles of COVID-19 infection prevention and the risks associated with visitation. Additional they will obtain the residents wishes regarding visitation.

Types of Visitations:

Compassionate care visits

In the event of a rare scenario that would limit visitation for a resident compassionate care visits will still be allowed at all times.

- Compassionate care visits include more than just end-of-life situations. They are appropriate and should be permitted for residents who are grieving the loss of a friend or relative; for residents who need cueing and encouragement to eat or drink; for residents experiencing weight loss; and for residents who are emotionally distressed. This is not an all-inclusive list; the facility will consider each situation in a person-centered manner.

Essential Care Givers

Essential care givers will be allowed entrance into the facility to provide care and companionship to their loved one. They are typically family members or friends who were a steady presence at a loved one's facility before the pandemic, providing companionship and help with daily activities such as eating, bathing and grooming, or who commit to fulfilling the role now. A resident is able to designate who they would want their essential care giver.

The Facility will allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized. The facility does not require an essential caregiver to provide necessary care to a resident. The designated essential caregiver will be documented in the resident's electronic medical record and updated upon the resident's request.

Outdoor visits

Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. For outdoor visits, the facility will create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. When conducting outdoor visitation, all appropriate infection control and prevention practices will be followed.

Indoor visits

The facility will not limit the frequency, length of visits, and number of visitors while they can follow the core principles of COVID-19 infection prevention, and not increasing the risk to other residents. Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmissions. (see below)

Although there is no limit on the number of visitors that a resident can have at one time, visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. During peak times of visitation and large gatherings (e.g., parties, events) the facility will encourage physical distancing.

The facility will contact their local health authorities for guidance or direction, when applicable on how to structure their visitation to reduce the risk of COVID-19 transmission when necessary.

Indoor Visitation during an Outbreak Investigation

While it is safer for visitors not to enter the facility during an outbreak investigation, visitors will still be allowed in the facility.

Visitors will be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention.

If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room.

While an outbreak investigation is occurring, the facility will limit visitor movement.

The facility will contact their local health authorities for guidance or direction on visitation including how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

Infection Prevention and Control Practices

1. The facility will maintain core infection prevention and control practices to prevent and contain outbreaks to ensure we are delivery quality and safe care.
2. Employ a staff member who is responsible for developing infection prevention and control policies and procedures, performing infection surveillance, providing competency-based training of staff and auditing adherence to recommended infection prevention and control practices.
3. The facility will have a Respiratory Protection Program
4. The facility will have PPE in stock for easy accessibility.
5. This facility will have essential cleaning and EPA disinfectant supplies on hand in the event of a supply chain disruption.

CORE Principles of COVID-19 Infection Prevention

- The facility will provide guidance (posted signs at entrance) about recommended actions for visitors who have a positive viral test for COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CD criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CD healthcare guidance (e.g., cannot wear source control)
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face coverings or mask (covering mouth and nose) in accordance with CDC guidance
 - Community Transmission High
 - Everyone in healthcare setting should wear face coverings or masks
 - Community Transmission Not High
 - Safest practice for residents and visitors to wear face coverings or masks
 - The facility will not mandate use of masks unless facility is in an active outbreak
 - Regardless of community transmission

- Residents and visitors when alone in room or in a designated visitation area may choose not to wear face coverings or masks and may choose to have close contact (including touch).
- If a roommate is present in room during visit, it is safest for the visitor to wear a face covering and mask.
- Instructional signage throughout the facility and proper visitor education on COVID19 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)
- 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 to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO20- 38-NH)

Transmission-based Precautions (TBP)

While not recommended, residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. In these cases, visits will occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated).

Before visiting residents, who are on TBP or quarantine, visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.

- Visitors should adhere to the core principles of infection prevention.
- Facilities may offer well-fitting facemasks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.

Documentation

Records of all visitors to the facility will be maintained for a minimum of 30 days. The records will document the minimum:

- Name
- Contact information
- Name of resident visiting

Testing

While not required, the facility will encourage visitors to be tested on their own before coming to the facility (e.g., within 2–3 days) while high levels of community transmission.