



Helen Greathouse Manor – Vogel Center

Visitation Guidance

Assisted Livings facilities have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the assisted living population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within assisted living facilities.

While Texas Health and Human Services (THHSC) guidance has focused on protecting assisted living residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to increased risk for depression, anxiety, and other expressions of distress. Residents living with cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. THHSC understands that assisted living residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends. In light of this, THHSC is revising the guidance regarding visitation in assisted living during the COVID-19 Public Health Emergency.

Since September 17, 2020, vaccines have received Emergency Use Authorization from the Food and Drug Administration. Millions of vaccinations have since been administered to assisted living residents and staff, and these vaccines have been shown to help prevent symptomatic SARS-CoV-2 infection (i.e., COVID-19). Therefore, THHSC in conjunction with the Centers for Disease Control and Prevention (CDC), is updating its visitation guidance accordingly, but emphasizing the importance of maintaining infection prevention practices, given the continued risk of COVID-19 transmission.

While continuing to follow all protocols to mitigate the spread of COVID-19 including wearing a face mask, Texas Assisted Living facilities can now permit:

- Close/personal contact during any visitation for fully vaccinated residents.
- Outdoor visitation at all facilities, even when the facility has an outbreak.
- Up to two essential caregivers at the same time to visit a resident with any COVID-19 status.
- All visitation without time limits, while adhering to infection prevention and control measures.
- End-of-life visits for all residents regardless of their COVID-19 status in assisted living facilities, with an expanded definition of end-of-life visits that now includes all residents receiving hospice services; residents at or near the end of life, with or without hospice services; and residents whose prognosis does not indicate recovery.

Assisted Living facilities no longer need to:

- Request general visitation approval from HHSC.
- Monitor visits or escort visitors to and from the visitation area.
- Limit indoor visitation to area with a plexiglass barrier or booth.
- Require documentation of a negative COVID-19 test result for essential caregiver, salon services visitors or personal visitors

Core Principles of COVID-19 Infection Prevention

- Everyone who enters the facility must be screened for signs and symptoms of COVID-19 and denial of 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 vaccination status) or have tested positive in the last 10 days
- Hand hygiene must be done before and after visit (alcohol-based hand rub is preferred)
- Face covering or mask **must** be worn covering both mouth and nose at all times and must be approved of by the facility
- Social distancing at least six feet between persons

Visitors who are unable or unwilling 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.

Cough and Sneeze Etiquette

Covering coughs and sneezes and washing hands are especially important for infection control measures in healthcare settings, such as emergency departments, doctor's offices, and clinics.

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw used tissues in the trash.
- If you do not have a tissue, cough or sneeze into your elbow, not your hands.

Remember to immediately wash your hands after blowing your nose, coughing, or sneezing.

Washing your hands is one of the most effective ways to prevent yourself and your loved ones from getting sick, especially at key times when you are likely to get and spread germs.

- Wash your hands with soap and water for at least 20 seconds.
- If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.

Outdoor Visitation

Outdoor visitation is preferred even when the resident and visitor are fully vaccinated* against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather conditions and health status of residents may hinder outdoor visits.

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.

Core Principles for Infection Prevention must be used.

Indoor Visitation

The facility will allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission.

- Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% **and** <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 discontinue Transmission-Based Precautions
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

As a facility, we must consider the number of visitors per resident at one time and the total number of visitors in the facility at one time and how that may affect the ability to maintain the core principles of infection prevention. In light of this, please continue to schedule your visits at this time. We must also ensure that all residents have the opportunity to have visits, so the time may be limited.

Visitors must limit their movement around the facility. Please go directly to the visitation area and when leaving go directly out of the building. Please do not stop and talk to other residents, no matter how tempting that can be.

Social distancing 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.

Core principles for Infection Prevention must be used.

Indoor Visitation During an Outbreak

An outbreak is defined as when there is a new onset of one or more COVID-19 cases among residents or staff.

The facility must immediately limit visitation to one visitor at a time and institute outbreak testing. If the new outbreak is isolated to one area, visitation may continue as before in other areas. The affected area will continue outbreak testing until there has been 14 days without a new case. If COVID-19 is found in more than one area, then the whole facility will have limited visitation until the facility has met the criteria to stop outbreak testing.

Core Principles for Infection Prevention must be used.

Visitor Testing and Vaccination

While not required, we encourage visitors to continue to test for COVID-19. We also encourage visitors to become vaccinated when they have the opportunity. While visitor testing can help prevent the spread of COVID-19, it is no longer a requirement for visitation, nor is proof of vaccination.

If you are exhibiting any of the signs or symptoms of COVID-19 or are feeling even slightly ill, please reschedule your visit. This is imperative for the safety of your loved ones and our staff.

Compassionate Care Visits

Compassionate care visits are not just for “end of life” situations. Other examples include:

- A newly admitted resident that is having trouble adapting.
- A resident that is grieving after a friend or family passes away.
- A resident who needs cueing and encouragement with eating or drinking and is experiencing weight loss.
- 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).

Compassionate care visits can be conducted, in addition to family members, by any individual that can meet the resident’s needs, such as clergy or lay persons. These visits should be socially distanced visits. 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.

These types of visits are allowed at any time, regardless of the resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

Core principles for Infection Prevention must be used.

Residents on Transmission Based Precautions

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.

Essential Caregivers

- There may be up to two permanently designated essential caregiver visitors per resident (can be changed within reason).
- Up to two essential caregivers can visit at the same time.
- Do not have to maintain social distancing.
- Essential caregiver and resident must wear a mask at all times and must be approved of by the facility. A resident if eating or drinking, may remove their mask. during a visit. A visitor may not remove their mask at any time.
- May visit with resident of any COVID status (negative, positive, or unknown)

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

References

- Centers for Medicare and Medicaid Services (March 10, 2021). *Nursing Home Visitation – COVID-19: QSO-20-39-NH*
- Texas Health and Human Services Commission (March 22, 2021) *COVID-19 Response- Expansion of Reopening Visitation: PL 21-08*

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Acknowledgement Of Visitation Guidance

Print Name of Visitor: _____

Print Name of Resident: _____ Room #: _____

_____ I acknowledge that I have received the Nursing Home Visitation document.

_____ I acknowledge and agree to follow the Core Principles of Infection Prevention and cough and sneeze etiquette.

_____ I understand that if I do not follow the Core Principles of Infection Prevention that I will be asked to leave.

_____ I acknowledge and agree to follow the regulations regarding visitation.

_____ I acknowledge that visitation rules will change during an outbreak.

_____ I acknowledge that if I am visiting a resident under quarantine, I must wear the PPE required for that area.

_____ I acknowledge that I must schedule all visits.

Signature of Visitor: _____

Date: _____