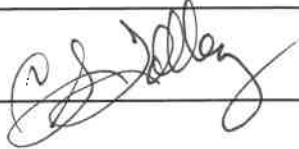


**STATE OF FLORIDA
DEPARTMENT OF VETERANS' AFFAIRS**

SECTION State Veterans Homes Program	NUMBER 4322	EFFECTIVE DATE: 09/04/2020 revised 9/14/2020, 10/26/2020, 4/2/2021, 11/18/2021, 6/13/2022
SUBJECT: Facility Visitation Guidelines during the COVID-19 Pandemic. All of the FDVA State Veterans' Homes are subject to this policy, Emory L. Bennett, Baldomero Lopez, Sandy Nininger, Chester Sims, Douglas Jacobson, Clyde E. Lassen, Jenkins Domiciliary, Alwyn C. Cashe, and Ardie R. Copas.		
APPROVED BY: Connie Tolley, NHA, Homes Program Director 		

I. STANDARD

Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR 483.10(f)(4)(v). A nursing home must facilitate in-person visitation consistent with applicable State and Federal guidelines.

II. VISITATION GUIDELINES

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. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission. The Infection Preventionist nurse at the facility is responsible for ensuring the following measures are in place and that the policy is followed.

Core Principles of COVID-19 Infection Precaution

- A. Screening of all who enter the facility for signs and symptoms of COVID-19 and denial of entry for those with signs or symptoms of COVID-19 infection (regardless of the visitor's vaccination status).
- B. Hand hygiene (use of alcohol-based hand rub is preferred)
- C. Face covering or mask (covering mouth and nose)
- D. Social distancing of at least six (6) feet between persons (residents may allow their visitors to come closer to them and to touch them)
- E. 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 covering or mask, specified entries, exits and routes to designated areas, hand hygiene). A handout with educational information is provided to each visitor during the screening process.
- F. Cleaning and disinfecting high-frequency touched surfaces in the facility often and designated visitation areas after each visit
- G. Appropriate staff and visitor use of Personal Protective Equipment (PPE)
- H. Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- I. Resident and staff testing conducted as required at 42 CFR §483.80(h)
- J. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains)
- K. PPE is available for all visitors, education on its use is provided by the infection preventionist or designee during the screening process
- L. The FDVA does not place any restriction on the length of time of the visit or the number of guests visiting.

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M. The FDVA allows for in-person visitation in all circumstances including the following, unless the resident objects.

1. End-of-Life situations.
2. A resident who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
3. The resident is making one or more major medical decision.
4. A resident is experiencing emotional distress or grieving the loss of a friend or family who recently died.
5. A resident needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
6. A resident who used to talk and interact with others is seldom speaking.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection control, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19. Facilities should consider the resident's condition, inclement weather, family preference, and/or other environmental concerns which may require indoor visitation.

Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

Indoor Visitation

Facilities should allow indoor visitation at all times and for all residents regardless of vaccination status but, visitors should physically distance from other residents and staff in the facility.

Visits for residents who share a room should not be conducted in the resident's room, if possible.

Indoor Visitation during an Outbreak

An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff).

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and ensure signage and education for the visitors explains the outbreak.

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

Facilities should continue to consult with their state or local health departments when an outbreak is identified to ensure adherence to infection control prevention and for recommendations to reduce the risk of COVID-19 transmission.

Visitor Testing and Vaccination

While not required, we encourage facilities in medium or high positivity counties to offer testing to visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. While visitor testing and vaccination can help

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prevent spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.

Access to the Long-Term Care Ombudsman

CMS regulation 42 CFR §483.10(f)(4)(i)(C) requires that a Medicare and Medicaid certified nursing home provide representative of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. During the COVID-19 pandemic, in-person access may be restricted due to infection control concerns and or transmission of COVID-19 (as outlined above in scenario for limiting indoor visitors); however in-person access will only be restricted based on reasonable cause. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the Ombudsman, such as by phone or through use of other technology.

Federal Disability Rights Laws and Protection and Advocacy (P&A) Programs

CMS regulation 42 CFR §483.10(f)(4)(i)(E) and (F) requires the facility to allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and the designated agency or entity responsible for the protection and advocacy (P&A) system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000). Under its federal authorities, representatives of P&A programs are permitted access to all facility residents, which includes "the opportunity to meet and communicate privately with such individuals regularly, both formally and informally by telephone, mail and in person. This includes qualified interpreters that are necessary for communication with the resident. All individuals would be required to adhere to the core principles of COVID-19 infection prevention.

Entry of Healthcare Workers and Other Providers of Services

Health care workers who are not employees of the facility, but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened.

EMS are not required to be screened, so they can attend to any emergency without delay.
All facility staff, including individuals providing services under contract or arrangement, as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining

Communal activities and dining may occur while adhering to the core principles of COVID-19 infection prevention. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Group activities may be facilitated (for residents who have fully recovered from COVID-19 and for those not in isolation for observation, or with suspected or confirmed COVID-19 status with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating).

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Survey Considerations

Federal and state surveyors are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19. Surveyors should also adhere to the core principles of COVID-19 infection prevention and adhere to any COVID-19 infection prevention requirements set by state law.

Attachments:

Visitor Screening Tool

Acknowledgement of COVID-19 Education

Facility specific Visitation Protocol for all FDVA Homes

REFERENCES:

State of Florida Division of Emergency Management

DEM ORDER NO. 20-011

CMS QSO-20-39-NH (revised 3/10/2021 revised 11/12/2021 revised)

CMS QSO-20-38-NH (revised 8/28/2020)

CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccinations (updated 3/10/2021)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

CDC Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

[https:// www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html)

Florida Statute 408.823