

VISITATION

VISITATION GUIDANCE COVID-19

Protocol

Residents living in communal environments with or without cognitive impairment or other disabilities may find visitor restrictions and other ongoing changes related to COVID-19 confusing or upsetting. The restrictions that have been and continue to be imposed are based on the guidance of the CDC, state and local public health authorities and the regulatory agencies in the states of operation. As these agencies provide updated guidance Frontier policy and procedures will be updated to reflect the current recommendations to practice in an effort to maintain the highest level of safety and wellbeing for the residents, staff and families we serve.

Guidance

Visitation can be conducted through different means based on a community's structure and residents' needs, such as in resident apartments, 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:

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 *about and* observations *of* signs or symptoms), 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 10 days (regardless of the visitor's vaccination status)*
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Encourage Social distancing at least six feet between persons
- 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, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and in public areas where visitation may routinely occur.
- 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 per state guidelines and/or Frontier Policy

The core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people) continue to be the safest way to prevent the spread of COVID-19. However, we acknowledge the toll that separation and isolation has taken on the residents. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, consensual physical contact between a resident and visitor may occur regardless of vaccination status. Regardless, visitors should physically distance from other residents and staff in the facility.

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Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred (weather permitting). 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 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) may hinder outdoor visits. For outdoor visits, communities 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, all appropriate infection control and prevention practices should be adhered to.

Indoor Visitation

Communities should allow indoor visitation for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to an active COVID-19 Infection and then documentation of education of potential risks of transmission should be provided to the visitor. Compassionate Care Visits will be allowed at all times for all residents.

Indoor Visitation During an Outbreak

An outbreak exists when a new community-based onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff) or based on the definition outlined by on state health authority or regulatory body. These guidelines are intended to outline how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the community. Early identification of cases through ongoing monitoring, outbreak testing, symptom testing of residents and staff and routine screening of staff.

When a new case of COVID-19 among residents or staff is identified, a community should immediately begin outbreak testing per state guidelines and/or Frontier policy and suspend all visitation (except that required by state regulations), until initial round of testing is completed and all residents in community are placed on active monitoring.

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Visitation can resume in the based on the following criteria:

- *If the first round of outbreak testing reveals no additional COVID-19 cases and no Residents in any area of the community have symptoms of COVID-19.*

Limited Cases and Confined to One Unit:

- Visitation should be limited for all residents (vaccinated and unvaccinated) on the affected unit:
 - Visitors are provided with education on risk of possible transmission of COVID-19
 - Until the criteria to discontinue outbreak testing based on state regulations and/or Frontier Policy (2 consecutive weeks of testing with no positive results).

Wide-Spread Cased on More than One Unit:

Visitation should be suspended for all residents (vaccinated and unvaccinated):

- *If the first round of outbreak testing or in subsequent rounds of testing reveals one or more additional COVID-19 cases in other areas/units of the community, the community should suspend visitation for all residents (vaccinated and unvaccinated), until the community meets the criteria to discontinue outbreak testing based on state regulations and/or Frontier Policy (2 consecutive weeks of testing with no positive results).*
- *If the community identifies residents in other areas/units of the community that are symptomatic for COVID-19 the community should immediately quarantine and test the resident placing them in an "Unknown COVID-19" status pending test results.*

Visitation Plans:

- Communities should not limit the number of visitors per Resident or visitation hours
- Communities may set a maximum capacity for the building to ensure enough physical space.
- Signage regarding the following items must be posted throughout community
 - Hand washing
 - PPE
 - Physical Distancing
 - Signs and Symptoms of COVID
 - Reporting Positives or Symptoms
- Limit movement in the hallway and maintain social distancing
- Communication plan to visitors, Residents and Responsible Parties for updated on COVID-19 Exposure Risks within the community *and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings*

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Compassionate Care Visits:

May include but is not limited to end-of-life visits. This may also include visits related to grief, adjustment issues, changes in eating patterns related to depression secondary to social isolation. This is not intended to be for routine care or long-term interventions; however, can be utilized to help with immediate physical and psycho-social needs of the resident.

Examples:

- End-of-Life visits for a resident.
- A resident who was living with their family before recently moving in and is having adjustment issues.
- 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).
- A Resident making major medical decisions.

Allowing visits in these situations would be consistent with the intent of “compassionate care situations.” Compassionate care visits may be conducted by any individual who meets a resident’s specified needs, such as clergy or lay persons offering religious and spiritual support. This is not an exhaustive list, and other valid compassionate care situations may be identified. Compassionate care visits and visitors need to follow the infection control practices. Wear proper PPE, have proper physical distancing and screen in as a visitor.

Essential Caregiver Visits:

A resident may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The community must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the community. The essential caregiver should be identified in writing and provided with the appropriate education on COVID-19 to promote their safety and the safety of others.

Acknowledgement:

Each family/visitor will be provided a copy of this policy with an acknowledgement of receipt, and agreement to follow policy.