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## COVID-19 Guidance for Leaving and Visiting Long-Term Care and Assisted Living Facilities in Utah

This guidance focuses on issues related to leaving and entering facilities, such as leaves of absence and visitation practices. Long-term care and assisted living facilities pose special risks and considerations due to their unique environment, including limited options for isolation and removal of ill persons from the environment. Residents in long-term care and assisted living facilities have different levels of interaction with their outside and local environments, which may require enhanced clarity on leaving and entering policies and practices.

Stopping transmission of the virus through everyday practices is the best way to keep people healthy. Many residents in long-term care and assisted living facilities are at risk for serious COVID-19 due to their age or because they have an underlying medical condition that compromises their immune system. The guidance below is designed to help keep all residents, staff, and visitors safe during the COVID-19 outbreak. It is important to designate at least one staff person in the facility, preferably several, who can keep updated with changes in the situation and guidance. This person should be knowledgeable on infection control procedures and how they are being implemented within the facility. This person should also provide staff with regular updates of the situation.

### Guidance for Leaves of Absence

- Administration should implement a leave-of-absence policy that requires the resident to get approval of his/her reason for leaving the facility.
- Residents should be discouraged from leaving the facility and only do so for essential reasons (e.g., medical visits for which transportation has been arranged).
- Negotiations with residents who want to come and go can be difficult, so the policy should define what is considered an essential reason to leave the facility and the consequences for leaving the facility for non-essential reasons. For example, residents may be required to isolate in their room for 14 days if they leave and return for a reason that is considered non-essential.
- Residents should be informed ahead of time that they may be discharged from the facility if they cannot adhere to the leave- of-absence policy.

### Guidance for Visitation Policies

#### Categories of Visitation

The Centers for Medicare & Medicaid (CMS) is providing the following expanded guidance to prevent the spread of COVID-19 based on three categories—restricting, limiting, and discouraging.

- Restricting: CMS recommends restricting all non-essential visits. Essential visits are those for end-of life concerns or those that maintain the infrastructure and function of the facility.

Restricting means the individual should not be allowed in the facility at all. In addition, visitors with the following should also be restricted:

- Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
- In the last 14 days, a person who had contact with someone with a confirmed diagnosis of COVID-19, or is under investigation for COVID-19, or is ill with respiratory illness.
- Limiting: For facilities statewide, CMS recommends limiting visitation. Limiting means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the care of residents or the maintenance of the facility.
- Discouraging: For all other facilities (nationwide), CMS recommends discouraging visitation (except in certain situations). See information below related to discouraging visitation. Also see CDC guidance to “stay at home” (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home>). Discouraging means that the facility allows visitation, but advises deferring visitation until further notice (through signage, calls, etc.).

## Recommendation for Universal Use of PPE by Staff and Visitors

- Asymptomatic or pre-symptomatic healthcare workers and visitors, who are not aware of their infection, are the most common source of COVID-19 entering a facility.
- It is important that **PPE is used by staff and visitors for every encounter** with a patient. The PPE used depends on the type of interaction with the patient. For example, if the encounter does not involve touching the patient, a mask, face shield and gloves (or thorough handwashing) are sufficient. A gown should be added if the encounter involves touching the patient (e.g., bathing, toileting, recreational therapy, etc.). If an aerosol-generating procedure is done, then an N-95 respirator should be worn.
- Do not trust visitors to bring their own PPE or assume they know how to properly use it. When a visitor enters the facility, determine what will happen at the visit and instruct the visitor on the PPE required. Observe donning of the proper PPE before the visitor enters the patient’s room. If multiple patients are seen by the visitor, ensure that PPE is properly changed between patients as appropriate. Emphasize the importance of using good hand hygiene between patients.

## Implementing Visitation Policy

- Consider restricting the entrance of non-essential visitors. Retirement communities and assisted living facilities may want to consider suspending visitations except for workers, volunteers, and other visitors who are essential to preserving the health, including mental health, well-being, and safety of residents.
- Workers, contractors (such as barbers, hairdressers, sitters, and housekeepers), and volunteers providing care in multiple homes or facilities can serve as a source of coronavirus transmission between residences in these facilities. These persons should only interact with residents if they can retain the 6-foot distance when they are interacting and otherwise be restricted from coming into the facility. For example, sitters and housekeeping may be able to maintain the distance, but hairdressers and barbers cannot. Food service workers may have to slightly change their routines or practices to maintain distance.

- For essential workers, facilities should screen visitors for symptoms and ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, the visitor should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask the person to come back after 14 days with no symptoms of COVID-19.
- Consider having someone permanently stationed at the front desk to take temperatures and record any symptoms for staff and visitors. Actively take their temperature and document absence of shortness of breath, cough, and sore throat. If they are ill, have them put on a facemask and instruct them to self-isolate at home.

## Steps to Clarify and Communicate Visitation Policy

- Send letters or emails to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations. Use of alternative methods for visitation (e.g., video conferencing) should be facilitated by the facility.
- Facilities should increase visible signage at entrances/exits; offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Before visitors enter the facility and residents' rooms, facilities should provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or use an alternative visitation method.
- In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.). All visitors should sign in and out of the facility.
- Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers, other practitioners, and take necessary actions to prevent any potential transmission.

## Alternatives to Visitation

In lieu of visits (either through limiting or discouraging), facilities may consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- Creating/increasing listserv (email) or text communication to update families, such as advising not to visit.
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

## Guidance for Essential Visitors

- Facilities should follow CDC guidelines for restricting access to healthcare workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>. This information also applies to other healthcare workers, such as hospice workers, EMS personnel, or dialysis technicians that provide care to residents. They should be permitted to come into the facility if they meet the CDC guidelines for healthcare workers.
- Advise exposed visitors (e.g., those who contact with a resident who is later found to have COVID-19) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure, and if ill, to self-isolate at home and contact their healthcare provider.
- Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.

## Guidance for Essential Care

- Essential care should be considered on a case-by-case basis in conjunction with the agency's care team and with additional direction from the Medical Director and/or patient's physician when necessary.
- Essential care is that which may be required to prevent the patient from imminent harm, re-institutionalization or detrimental and lasting effects to their function.
- Essential care may include, but is not limited to, the following considerations:
  - Wound care
  - Medication management, infusions or injections
  - Therapies following surgeries or accidents
  - Changing or maintenance of catheters
  - Wellness checks for signs of infection or other medical complications
  - End-of-life palliative care (hospice)
- Residents are afforded choice in the selection of Medicare services such as home health and hospice. Facilities should make efforts to ensure resident choice when considering these services and the limitation of visitors.

## Guidance for Residents

Since long-term care and assisted living facilities are high-risk in environments in terms of both risk profiles (e.g., age and proximity to one another), residents should maintain the following precautions:

- Do not ask for visits from non-medical persons, such as family members and friends, or visitors not authorized by your facility. Avoid close contact with people who are sick and inform staff if you see a sick worker or essential visitor.
- Maintain 6 feet of social distance as much as possible.
- Wash hands often, with soap and water for at least 20 seconds, especially after blowing nose, coughing, or sneezing, or having been in a common area of the facility.
- If soap and water are not available, use a hand sanitizer that contains 60–95% alcohol.
- To the extent possible, avoid touching high-touch surfaces in the facility, elevator buttons, door and use a tissue or sleeve to cover your hand or finger if you must touch something.

## Guidance for Staff

- Staff that visit multiple facilities during the day (e.g., agency staff, regional or corporate staff, etc.) should self-monitor for symptoms and comply with screening at each facility they visit to ensure they do not place individuals in the facility at risk for COVID-19.
- Staff should review and revise how they interact with vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-healthcare providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, if they are following the appropriate CDC guidelines for [Transmission-Based Precautions](#).
- Staff should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for healthcare professionals.  
(<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>)