



**Mailing Address:**

P.O. Box 6128  
SANTA ANA, CA 92706-0128  
PHONE: (714) 834-8180  
FAX: (714) 564-4050

## **PUBLIC HEALTH SERVICES COMMUNICABLE DISEASE CONTROL**

### **OCHCA GUIDANCE ON VISITATION AND OTHER ACTIVITIES IN RCFEs 10-25-20**

#### **Assisted Living Facilities**

According to PIN 20-38-ASC, facilities should always offer outdoor visitation, even if COVID-19 cases present in the facility. Facilities can offer indoor visitation and modified indoor communal dining and activities if the following criteria are met:

- There have been no new transmissions of COVID-19 at the facility for 14 days.
- Facility is not experiencing staff shortages.
- Licensee has adequate supplies of PPE and essential cleaning supplies.

Additionally, per the prior PIN (20-23-ASC), licensees are required to have adequate access to COVID-19 testing; specifically, **licensees must have the capacity to test all staff and all residents if a COVID-19 case is identified in either a resident or staff member** of the facility (please note: Public Health Laboratory does not have the capacity to assist all facilities with such testing). Be aware that any communal activity may increase the likelihood of an outbreak should a case of COVID-19 be diagnosed in the facility, so all communal activities should be suspended when a resident has been diagnosed with COVID.

#### **Recommendations for Visitation**

Outdoor (preferred if possible, as risk of transmission is lower)

- Number of visitors limited, by appointment only, and time-limited (e.g. 15 – 30 min). Record name and contact number of all visitors.
- Prescreen all visitors for fever and symptoms of COVID-19 or flu; do not allow ill visitors.
- Visitors should not enter the facility, if possible; best to escort them to the outside visitation area without having to traverse the facility.
- Face coverings should be worn by both the resident and their visitors, if possible.
- Facility staff should monitor to assure that social distancing is enforced (at least 6 feet apart), but should be monitored from a distance to ensure privacy; could set up multiple visiting stations so that several groups can be monitored at the same time by one staff member.
- Disinfect any touched surfaces between visits.
- Offer/facilitate with assistive devices for hearing impaired (e.g. cell phones or wireless intercoms) if social distancing makes it difficult for resident to hear.
- Plexiglass or other barriers are not required, but may give an added layer of protection, as well as help in enforcing compliance of social distancing.

Indoor

- Same requirements as above for outdoor visitation, but should take place in a large, well ventilated space indoors, such as the dining area that is already set up to be socially distanced. If space is smaller, attempt to increase ventilation (open windows, place fans and/or run HVAC).
- Visitors should be escorted to the visiting area after screening; they should not be allowed to wander around the facility.
- In-room visitation is higher risk, but may be the only option in certain circumstances (end-of-life, medical necessity).

### Recommendation for modified dining and activities:

- Communal dining may take place outdoors or indoor in a large open-to-air (e.g., multiple doors or large windows to outside open to increase ventilation in room) or well ventilated room as long as staffing ratio allows for absolute adherence to social distancing and sanitization of any commonly touched surfaces between groups.
  - Stagger meal times for two or more servings, if needed, to reduce number eating at one time. Allow time to clean/sanitize between servings.
  - All diners use hand sanitizer upon entry into dining area.
  - Staff must be masked at all times, residents masked before and after eating.
  - Diners must be at least 6 feet apart; if tables less than 6 feet in length or diameter, must be only one diner per table.
  - Tables must be at least 6 feet apart.
  - Sanitize tables and arms of chair after each seating.
- Activities may take place outdoors or in a large open-to-air (see above) or well-ventilated room as long as staffing ratio allows for absolute adherence to social distancing, masking of all involved, and sanitization of any commonly touched surfaces between groups.
  - Stagger activity times if necessary to reduce number participating (no more than 10 people at once), allowing sufficient time for cleaning between groups.
  - Clean/sanitize any items or commonly touched surfaces between groups.
  - If activity is physical exercise, this must take place outside only, and if masks are not tolerated, participants should be more than 6 feet apart, ideally.
  - No singing activities anywhere (singing can spread COVID)!
- Beauticians:
  - Best to take place **outdoors**, as most salons are small rooms and not well ventilated. If indoors, limit to no more than one beautician and resident per room, increase ventilation in room and allow sufficient time to sanitize between appointments. If possible, move services to a large, well ventilated area.
  - Pre-screen beautician for fever and symptoms of COVID-19 (ideal to have beautician work for only one facility and not multiple).
  - Both beautician and resident must be masked the whole time.
  - Limit to more necessary procedures (e.g., haircut) than strictly cosmetic procedures (e.g. wash and set).
  - Limit time to no more than 30 minutes, ideally less than 15.
  - Sanitize chair and instruments between clients.

### Memory Care Units

Given the difficulties in having memory care patients comply with social distancing and masking, above activities can only be attempted with following modifications to ensure compliance with social distancing:

- Group activities as described above with no more than 5 at a time.
- Communal meals as described above with no more than one per table.
- Outdoor or indoor visitation as described above with closer staff monitoring.