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**PUBLIC HEALTH SERVICES
COMMUNICABLE DISEASE CONTROL**

OCHCA GUIDANCE ON VISITATION AND OTHER ACTIVITIES IN SNFs 11-9-20

According to AFL20-22.5, facilities must offer outdoor visitation at all times, and shall allow indoor visitation if the following conditions are met:

- County is in Tier 2, 3 or 4.
- There have been no new cases of COVID-19 at the facility for 14 days.
 - **May** allow indoor visitation for green residents even if have not had two sequential rounds of negative tests
 - **Should** allow in-room visitation once two sequential negative rounds of testing completed after cases identified.
- Facility is not experiencing staff shortages.
- Adequate access to testing.
- Approved mitigation plan.

Whereas OCHCA is concerned about effects of social isolation on the health of residents of SNFs, given that the County is still in Red Tier and considering our experience with outbreaks to date, in general, we advise **NOT** to allow indoor visitation during an outbreak, and **NOT** to allow in-room visitation in a non-outbreak setting except for special situations described below. In a non-outbreak setting, indoor visitation can take place in a large well ventilated room, or smaller area (e.g. visitation booth) near the entrance to the facility as described below.

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. 30 min). Record name and contact number of all visitors; advise visitors to notify facility if symptoms consistent with COVID-19 develop within 3 days of visit.
- 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, communal area (not in-room)

- Same requirements as above for outdoor visitation, but should take place in a large, well ventilated space indoors, such as the dining area or activity room 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).

- Visitation space should ideally be near the entrance.
- Visitors should be escorted to the visiting area after screening; they should not be allowed to wander around the facility.

Indoor, in-room

- In-room visitation is higher risk, but may be the only option in certain circumstances (end-of-life, completely bed bound, ventilated/subacute patients), so should be limited to these circumstances.
- Same requirements as above for outdoor visitation, but should take place in a single room with good ventilation. Socially distancing should be maintained, but may be difficult in small rooms.
 - If patient is in a shared room, other occupant must be out of room and should delay reentry into room after visit (1 hour ideal), if possible, or wear a surgical mask in the room until at least one hour has passed since the visitor's departure.
 - Alternatively, a small to medium-sized common room (dining area or activity room) may be used if patient can be transported; increase ventilation in room as much as possible. Common room should have any frequently touched surfaces sanitized between visits, and room should be aired out for at least 15-30 min (1 hour ideal) before next visit.
- If resident is not vented/trached, should use a surgical mask during visit if possible. If tracheostomy with or without mechanical ventilation, should use an in-line expiratory filter or stoma cover.
- Visitor should wear a surgical mask and use gown if social distancing is not expected to be maintained. Ideally, visitors should have influenza vaccine prior to visit, and could be encouraged to be tested prior to the visit since in-room visitation poses the highest risk to the resident.

Recommendation for modified dining and activities:

- Communal dining may take place a large, well ventilated room as long as staffing ratio allows for absolute adherence to social distancing and sanitization of any commonly touched surfaces between groups. Residents on isolation or quarantine should have in-room meals only until released from quarantine/isolation.
 - 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.
 - 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.
 - Sanitize tables and arms of chair after each seating.
- Activities may take place outdoors or in a large 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.
 - No singing activities! (singing can spread COVID)