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**PUBLIC HEALTH SERVICES
COMMUNICABLE DISEASE CONTROL**

OCHCA GUIDANCE ON VISITATION AND OTHER ACTIVITIES IN SNFs 3-30-21

Recommendations for visitation and activities for SNFs were recently revised by CDC, CMS and CDPH. According to CDPH AFL 20-22.6 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>), facilities must offer outdoor visitation at all times, and shall allow indoor visitation in the yellow and green zones if County is in Tier 2, 3 or 4. Although the AFL does not specify if visitation should be modified during an outbreak or response testing, because of increased risk to visitors and increased staffing demands during these times, **OCHCA recommends that if there is transmission of COVID in a facility (one or more residents infected by staff or other residents), all indoor visitation (either in-room or common area), except for compassionate care visits, should be suspended.** However, if adverse weather or conditions prohibit outdoor visitation, visits may take place in a large indoor common area. **During response testing for a positive staff member, indoor in-room visits should be suspended (except for compassionate care visits), but indoor common room visitation may continue if staffing is adequate.** Timing for full resumption of indoor visits will be based on consultation with OCHCA. Outdoor visitation and remote visits, however, must continue at all times, regardless of facility COVID status.

A notable change for visitation in general is that fully vaccinated residents may have limited physical contact (brief hug, holding hands) with fully-vaccinated visitors.

For all forms of visitation:

- Number of visitors limited, by appointment only, and time-limited. 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, symptoms of COVID-19 and history of recent COVID exposure; do not allow visitors who are ill or who have had close contact with COVID in last 14 days.
- Facilities should limit visitor movement in the facility; visitors should go directly to visitation area and not wander around the facility.
- Visitors should be able to adhere to the core principles (i.e., masking, social distancing) and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.
- Facilities must have adequate staffing.
- Brief physical contact allowed if both resident and visitor fully vaccinated

Recommendations for Visitation

Outdoor visitation: is **preferred**, if possible, at all times; risk of transmission is lower.

Indoor, communal area (not in-room) visitation

- 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).
- Would not mix green and yellow residents

Indoor, in-room

- In-room visitation is higher risk, but is now allowed for all in green and yellow zones.
- Visitors to yellow zone residents who are on quarantine because of an exposure to COVID or who have COVID symptoms should wear full PPE (gown, gloves, N95 and face shield). No fit testing of visitor needs to be done, but visitor should be educated on proper method to don N95 and to do a seal check. Visitors of yellow zone residents who were not exposed or symptomatic, surgical masks are sufficient.

- Visits for residents who share a room should be conducted in a separate, well-ventilated indoor space or with the roommate not present in the room (if possible).
- If patient is in a shared room, and if roommate must be present (cannot be moved) facilities can lower the risk by doing any or all of the following:
 - Push beds as far apart as possible, draw privacy curtain, and open any doors/windows to increase ventilation.
 - Offer rapid antigen testing to visitor.
 - Encourage visitor to double mask (surgical mask with close-fitting fabric mask over it) to increase source control.
 - Limit length of visit (e.g. no more than 30 minutes).
 - Place mask on roommate, if possible, and leave it on for an hour after the visit.
 - If tracheostomy with or without mechanical ventilation, should use an in-line expiratory filter or stoma cover.
- Visitor should don a gown if physical contact is expected with a subacute patient (optional; for protection of visitor, not resident).

Recommendation for modified dining and activities:

- Communal dining may take place in 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.
 - Try to maintain same resident groups during dining and other activities to reduce the risk of exposure of multiple different residents in case one of the participants has COVID infection.
- 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.
 - Limit participation to allow adequate space for social distancing.
 - Stagger activity times to allow sufficient time for cleaning and/or sanitizing any items or commonly touched surfaces between groups.
 - Avoid singing, shouting, chanting or other activities that may generate aerosols.