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**PUBLIC HEALTH SERVICES
COMMUNICABLE DISEASE CONTROL**

OCHCA GUIDANCE ON VISITATION AND OTHER ACTIVITIES IN SNFs 7-7-21

Recommendations for visitation and activities for SNFs were recently revised by CDC, CMS and CDPH. According to CDPH AFL 20-22.8 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>), protective actions during visitation, dining and communal activities is dictated by vaccination status; facilities should refer to guidance in AFL for more information. 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. Outdoor visitation and remote visits, however, must continue at all times, regardless of facility COVID status.

For all forms of visitation:

- Number of visitors limited to the number which can be accommodated by space and staffing.
- 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) when in common areas.
- Staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.

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 between visiting groups.
- 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 allowed for all in green and yellow zones, regardless of vaccination status.
- 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, if available.
- 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:

- Facilities should refer to guidance in AFL for recommendations on precautions based on vaccination status
- Communal dining and activities ideally take place in a large, well ventilated room. Residents on isolation or quarantine should have in-room meals only until released from quarantine/isolation.
 - 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.
 - Continue to sanitize high touch surfaces and enforce mask wearing in common areas and when in transit to/from activities and dining
 - Outside Visitors should not join residents during communal meals or activities
 - Singing, shouting, chanting or other activities that may generate aerosols are higher risk and should be done outside.