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| Manual: Operations | Standards and Guidelines: Resident Visitation | | |
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Standard: To ensure residents' rights are honored by allowing visitation with the least restrictive means to ensure compliance with established infection control practices and state and federal regulations.

Guideline: The center will make every effort to facilitate resident visitation in a safe and organized fashion that the Administrator or Designee will oversee.

1. The facility will allow visitation for residents under current regulations and the direction of local and state Departments of Health.
2. The facility will offer visitor education such as (but not limited to): signage, visual alerts, handouts, etc., on topics such as hand hygiene, cough etiquette, when to use source control, COVID-19 vaccinations, etc.
3. Visitors entering the facility will be made aware of recommended actions to prevent transmission to others if they have any of the following three criteria:
 - a. a positive viral test for communicable disease
 - b. symptoms of communicable disease, or
 - c. close contact with someone with communicable disease infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP).
4. Visitors with confirmed communicable disease infection or compatible symptoms should defer nonurgent in-person visitation until they have met the healthcare criteria to end isolation (in accordance with CDC recommendations). For visitors who have had close contact with someone with communicable disease infection or were in another situation that put them at higher risk for transmission, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet any of the criteria described above.
5. The facility will not place a time limit on visits during regular visiting hours. Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of infection prevention and does not increase risk to other residents.
6. Visitors are encouraged to perform frequent hand hygiene (use of alcohol-based hand rub is preferred).



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7. If residents or their representative would like to have a visit during an outbreak investigation, the visit should ideally occur in the resident's room, the resident and their visitors should wear well-fitting source control (if tolerated) and physically distance (if possible) during the visit. While an outbreak investigation is occurring, movement will be limited in the facility. For example, visitors should not walk around different halls of the facility. Rather, visitors should go directly to the resident's room or designated visitation area.
8. The resident will be allowed to have consensual physical contact with visitors as they choose.
9. Residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. These visits should occur in the resident's room and the resident should wear a well-fitting facemask if tolerated.
10. Before visiting residents, who are transmission based precautions or quarantine, visitors should be made aware of the potential risk of visiting and the precautions necessary to visit the resident.

Source Control:

Standards for the Appropriate Use of Facial Coverings for Infection Control.

Residents:

Health care practitioners and health care providers may choose to require a resident to wear a facial covering:

- (a) only when the resident is in a common area of the health care setting and is exhibiting signs or symptoms of infectious disease; or
- (b) has a diagnosed infectious disease that can be spread through droplet or airborne transmission;

Visitors:

Health care practitioners and health care providers may choose to require a visitor to wear a facial covering only when the visitor is:

- (a) Exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission,
- (b) In sterile areas of the health care setting or an area where sterile procedures are being performed,
- (c) In a resident or clinical room with a resident who is exhibiting signs or symptoms of or has a diagnosed infectious disease that can be spread through droplet or airborne transmission, or



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- (d) Visiting a resident whose treating health care practitioner has diagnosed the resident with or confirmed a condition affecting the immune system in a manner which is known to increase risk of transmission of an infection from employees without signs or symptoms of infection to a resident and whose treating practitioner has determined that the use of facial coverings is necessary for the resident's safety.

Staff:

Health care practitioners and health care providers must allow an employee to opt out of facial covering requirements unless an employee is:

- (a) Conducting sterile procedures,
- (b) Working in a sterile area,
- (c) Working with a patient whose treating health care practitioner has diagnosed the patient with or confirmed a condition affecting the immune system in a manner which is known to increase risk of transmission of an infection from employees without signs or symptoms of infection to a patient and whose treating practitioner has determined that the use of facial coverings is necessary for a resident's safety.

Opt-Out Requirements for facial coverings are as follows:

Residents:

- (a) In accordance with Florida Patient Bill of Rights, residents may decline or refuse to wear a facial covering. Residents will be educated on infection control practices and risks factors with transmission.

Visitors:

- (a) Visitors may refuse or decline to wear a facial covering. Visitors will be educated on infection control practices and risks factors with transmission.

Visitor Testing and Vaccination

CMS strongly encourages all visitors to stay up to date with their COVID-19 vaccinations and facilities should educate and also encourage visitors to become vaccinated. Visitors are not required to be tested or vaccinated (or show proof of such) as a condition of visitation.



References:

AHCA Agency for Health Care Administration - 59AER23-2 Standards for the Appropriate Use of Facial Coverings for Infection Control 6.30.23

CMS QSO-20-39-NH Nursing Home Visitation - COVID-19 (REVISED) 5/8/2023

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

CMS QSO-23-13-ALL Guidance for the Expiration of the COVID-19 Public Health Emergency (PHE) May 1,

2023 <https://www.cms.gov/files/document/qso-23-13-all.pdf>

CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Updated May 8, 2023

CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to

SARS-CoV-2 September 23, 2022 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk->

[assessment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-)

CDC Stay Up to Date with COVID-19 Vaccines May 11, 2023 <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#atrisk>

CDC End of the Federal COVID-19 Public Health Emergency (PHE) Declaration Updated May 5, 2023

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/end-of-phe.html>