Aging Services Visitation Guidelines in the COVID-19 Pandemic

The decision to allow general visitation is highly dependent on many factors, including local and state government mandates, active COVID-19 cases and trends in the local area, and available personal protective equipment (PPE) and testing supplies. For example, in the case of nursing homes, the Centers for Medicare and Medicaid Services guidelines state that a 28-day period must pass without a new COVID-19 positive case before general visitation with restrictions is permitted.

- Determine hours of visitation.
- Consider limiting number of visitors and length of visits.

Administration and Leadership

- During a pandemic, the infection control committee should develop and implement a phased policy and procedure that includes visitation hours, volume of visitors (one visitor per resident), visitor traffic flow, use of source control masks and gloves, hand hygiene procedures, physical distancing expectations, and visitor sign-in and symptom screening methods.
  - During early phases of the visitation program, implement scheduled visits.
  - Disseminate information about the policy to staff, residents, and family members.
- Conduct a hazard vulnerability assessment to identify infection transmission hazards and risks related to public visitation.
  - Establish a hazard rating scale (high risk, moderate risk, low risk).
  - Using a copy of the building plan, categorize areas of the building based on risks associated with:
    - Space type (resident, staff, or community space)
    - Activities occurring in the space (e.g., high-risk areas might include reception desk, lobby waiting area, restrooms accessible to visitors, narrow corridors, resident wandering controls such as keypads)
  - Equipment that poses high risk for virus transmission (e.g., visitor sign-in kiosks)
  - Designate areas where visitation is permitted and establish one-way traffic patterns, marking the traffic areas accordingly to guide the flow of traffic.
  - Designate areas where visitors are not permitted.
- Identify infection control risk mitigation activities for the established high-risk areas that visitors are permitted to access:
  - Establish areas where visitors are permitted and prohibited.
  - Identify visitor rules and expectations regarding behavior and adherence to infection control practices (e.g., handwashing, PPE use, six-feet physical distancing).
  - Identify cleaning and sterilization requirements.
  - Establish handwashing locations and hand sanitizer locations.
  - Consider trash and waste management needs.
  - Anticipate PPE needs.
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  - Consider trash and waste management needs.
  - Anticipate PPE needs.
- Develop policy and procedure on visitor screening methods, assign personnel to screen visitors for symptoms, identify documentation or attestation forms that will be used, and outline procedures for positive symptom identification.
— Ensure that competencies are completed for personnel assigned to reception areas or security and for personnel assigned to screen visitors for symptoms.

— Communicate the visitation guidelines to all residents and families by (for example) website posting or letter.

— Establish policy and procedures requiring visitors to report any signs or symptoms of COVID-19 within 14 days of leaving the facility.

— Establish surveillance in the event COVID-19 is suspected, including staff and visitor contact during the suspected exposure period.

— Set in place an emergency plan to follow in the event of a confirmed COVID-19 outbreak, surge needs, and staffing shortages.

### Structural

— Place signs at the entrance instructing visitors to wear a face mask at all times while in the building.

— Place signs at the entrance indicating that no one should enter the building with symptoms such as fever, cough, or other respiratory symptoms.

— Make entrances and exits one way.

— Clearly mark physical distancing standing points on the floor for people who must wait in line to speak to the receptionist or to check in.

— Set in place a plastic or Plexiglas barrier to limit contact with the receptionist or security at entrance.

— Provide a supply of surgical masks and gloves for visitors at the building entrance if available.

— Install hand sanitizer stations at the entrance to the building.

— Require all visitors to complete symptom screening or symptom attestation forms before entering the building.

### Designate visitor waiting areas:

— Arrange chairs in the reception or lobby area at least six feet apart.

— Consider the types of seating (including fabrics, wood, plastic, metal) and use appropriate disinfecting techniques for each type.

— Establish a disinfecting cycle during daytime use.

— Establish a deep clean and disinfecting schedule for overnight cleaning of visitor waiting areas.

— Mark off boundaries of visitor waiting or staging areas with tape on the floor.

### Reception and Security

— Actively check every person entering the facility for fever and symptoms of illness. No person with signs of illness should be permitted to enter the building. Unrecognized asymptomatic and presymptomatic infections likely contribute to COVID-19 transmission in aging services settings.

— Practice physical distancing with a minimum of six feet of separation at all times during the visit.

— Everyone who enters the building should wear (at minimum) a cloth face mask. Cloth face masks are not considered PPE, therefore surgical masks are encouraged for persons visiting residents.

— Require visitors to sanitize hands before donning face masks and gloves.

— Limit visitors to one person per resident during specified visitation hours. Document all visitations with name of visitor, date, time in, time out, symptom screening results, and name of resident the person is visiting, in accordance with privacy laws.

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**Designate visitation areas based on infection control risks:**

— Examples of high-risk areas:
  - Main entrances and lobbies
  - Reception areas
  - Visitation locations (e.g., lounge)
  - Public hallways
  - Elevators
  - Restrooms

— Example of moderate-risk areas (e.g., confined space with potential for congregation during emergency use):
  - Fire towers

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![Diagram of facility](diagram.png)
Indoor/Outdoor Visitation Locations

— Designate indoor “visit locations” or safely distance “visit stations” to allow visitors to interact with residents while respecting the established physical distancing guidelines.

- Limit decorations, furniture, and other objects in the area. Disinfect high-touch surfaces between visits.
- Place a hand sanitizer station in each visit room or at each visit station.
- Where several visit stations are set up in the larger visit location, maintain safe distancing of stations and six-foot distancing of furniture.
- Where visit stations are located sporadically in a large area, clearly mark the boundaries of each visit station (e.g., with tape on the floor), and establish a one-way traffic area and appropriate signage.
- Consider the types of seating (including fabrics, wood, plastic, metal) and use appropriate disinfecting techniques for each type.
- Establish a disinfecting cycle during daytime use. Log or document disinfecting activity in between visitor uses.
- Establish a deep/terminal clean and disinfecting schedule for overnight cleaning of designated visit rooms or visit stations.
- Post rules about space use, physical distancing, and source control guidelines in each visit room or visit station.

— Designate an outdoor visit location to allow visitors to interact with residents while respecting the established physical distancing guidelines.

- Limit decorations, furniture, and other objects in the area. Disinfect high-touch surfaces between visits.
- Place hand sanitizer stations in the designated outdoor area.
- Maintain one-way walking traffic that allows for six-foot distancing between individuals.
- Arrange furniture to allow for six-foot distancing between individuals.
- Clearly mark the boundaries of the visit station (e.g., with signs or by roping off an area), and establish a one-way traffic area and appropriate signage.
- Consider the types of seating (including fabrics, wood, plastic, metal) and use appropriate disinfecting techniques for each type.
- Establish a disinfecting cycle during daytime use. Log or document disinfecting activity in between visitor uses.

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