

Frequently Asked Questions:

Limited Indoor Visitation Policy – Nursing, Assisted Living and Residential Care Facilities

Implementation Details: November 2, 2020

What part of the current visitation policies are changing?

Licensed nursing, assisted living and residential care facilities that qualify may begin allowing limited and structured indoor visitation for residents as of November 2, 2020. For details on the Oregon Department of Human Services (ODHS) visitation update, see the October 23, 2020 [policy](#) issued by the Office of Aging and People with Disabilities; and see the related Centers for Medicare and Medicaid Services (CMS) [guidance](#). The policy details what is required of facilities and visitors.

How do I know if my facility qualifies for indoor visitation?

Below is a list of the basic criteria your facility must meet:

- Your facility has no suspected or current COVID-19 cases, which means you also do not have a current ODHS Executive Order on your facility;
- Your facility is in a county with a low or medium rate of COVID-19 exposure; facilities in counties with high incidents of COVID-19 may only have visitors indoors who qualify under the [compassionate care policy](#).

Does my facility need to allow visitation on November 2 if we are not ready?

No. Facilities must exercise an abundance of caution and ensure they are well-prepared to facilitate limited indoor visitation safely. However, ODHS expects facilities to be making a good faith effort to revise policies and communicate new visitation protocols with families and residents in order to implement this option for residents as quickly as reasonably possible.

Who is included in the limited indoor visitation policy?

ODHS will not be publishing a list of individuals that may or may not visit in the facility. The objective of the change is to promote emotional wellness for residents of long-term care facilities. Accordingly, we expect that most visitors will be friends and family members. ODHS will be updating the essential visitor guidance in the near future.

What is an acceptable reason to not be ready to allow indoor visits on November 2?

Some reasons may include not having established a designated visitation area, not having an appointment system established and not having staff to monitor visitation. Other situations may apply. We encourage open and frequent dialogue with your assigned policy analyst. If you are not able to start facilitating indoor visits on November 2, you should consider proactively communicating with families and residents when you plan to begin indoor visits.

Why did ODHS make this policy change now? The number of new COVID-19 cases statewide has been increasing.

ODHS has continually reviewed its policies, including visitation policies, as the pandemic evolved. Visitation policies require balancing safety (infection control) with residents' desire for in-person visits. Because connections with family and friends are so important to quality of life, but also pose risk during a pandemic, setting safe and measured visitation policies has been a priority throughout the pandemic. The addition of limited indoor visitation is the result of extensive consultation and collaboration among many different stakeholders. The considerations that made this possible now are:

- Availability of COVID-19 testing, quicker turnaround times for test results and the implementation of routine staff testing at long-term care facilities starting November 1, 2020;
- Availability of personal protective equipment;
- Long-term care facilities' overall track record in preventing and controlling outbreaks; and,
- Oregon's low ranking for per-capita COVID-19 infections and its many prevention-oriented policies.

Additionally, ODHS wants residents to have additional visitation options and outdoor visitation in cold weather may not be feasible for all facilities and residents and their visitors.

How do I determine if my county has a low or medium rate of exposure?

A low positivity rate is <5% and a medium positivity rate is between 5% and 10%. Anything above 10% is considered high and indoor visitation is restricted to compassionate care situations. To find your county's positivity rate, you'll want to look for the most recent reported positivity rates in the designated CMS and Oregon Health Authority (OHA) published data.

An important point of clarification: The instruction in the policy issued on October 23, 2020, requires facilities to use the CMS database. Since issuing the policy, ODHS determined it would follow updated CMS guidance in allowing some flexibility. As a result, ODHS allows facilities to use either the CMS or OHA weekly county positivity rate reports, the latter of which is more conservative in many cases because of its methodology. Facilities should select one data source (CMS or OHA) and use it consistently; do not move back and forth between the two sources. Facilities should document the source they plan to use and also define a specific day of the week they will check the source. The procedure for checking county positivity rates for indoor visitation is the same procedure required to determine monthly testing frequency.

Here are links to the county positivity rate reports:

[CMS COVID-19 Positivity Rates](#)

[OHA COVID-19 Positivity Rates](#)

Does the ODHS indoor visitation policy differ from the CMS indoor visitation policy for nursing facilities that was issued in September? My question includes the guidance and the ranges for positivity rates as well as requirements.

The only significant exception is that ODHS has extended the CMS policy to state regulated assisted living and residential care facilities.

Does the policy require our facility to permit five residents, or 20% of our resident census, to have visitors at the same time?

No. The policy identifies the maximum number of residents who may have visitors at one time as the **lower** of those two numbers: 5 residents or 20% of residents in the building. Facilities may allow fewer visitors at one time to ensure everyone can be accommodated safely.

We expect scenarios in which visitors won't have adequate personal protective equipment, such as a properly fitting mask. Do we need to supply masks?

Visitors should supply their own masks. They should be instructed to wear their own mask/or face covering upon arrival to the facility. If a visitor arrives without a mask, they should be offered a mask or face covering, as supplies allow. Masks should fit snugly around the visitor's nose and mouth.

What if residents want to have visitors at mealtime? Can a resident remove their mask, or allow their guest to do so, to eat or drink? What about hugs or requests to hold hands?

None of what you described is allowed. If one family member takes a risk, such as removing their mask to enjoy a meal while visiting, they are putting not only the resident they are visiting at risk, but potentially the whole community. Visitors must remain at least six feet apart from any other individual, wear masks on at all times and visit in designated areas according to facility schedule procedures.

Can toddlers and infants be included as visitors, given children under the age of 2 can't safely wear masks? And, some young children can't be relied upon to answer health screening questions accurately or follow infection control guidance. We are expecting our residents will want to see their grandchildren and other young relatives – please advise.

As a general rule, ODHS does not recommend allowing children under the age of 12 to visit at this time. There may be unique circumstances where special accommodation can be made. CMS protocols require that any visitor must be able to follow all core principles of infection control (i.e. wearing mask, social distancing, etc.) This can be difficult for younger children.

Why do I need to capture the name, address and phone number of visitors? Is that information going to be used in some way? I expect we'll get push back from some residents about answering all these questions.

This information will only be used to facilitate contact tracing in the event of an outbreak at a long-term care facility. Visitors must adhere to following core principles which include cooperating with screening procedures (temperature check, answering screening questions, wearing a mask). Failing to provide contact tracing information would exclude someone from visitations.

Where can visits take place in our facility? Can residents invite visitors into their personal living area?

Again, the facility should have well defined visitation policies. The policy should include designated indoor visitation spaces that limit visitors' movement within the facility. This may be a facility common area or other private space in the facility that accommodates social distancing and reasonable visit privacy. For situations in which the health status of the resident prevents them from leaving their room or apartment, facilities should attempt to enable in-room visitation.

What if the resident who can't leave their room also has a roommate?

Generally, visits for residents who share a room should not be conducted in the resident's room. However, for situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

Is there a chance this policy will change again in the future?

Yes. This policy is intended as a cautious allowance for indoor visitation to resume in long-term care facilities. ODHS will be actively monitoring the impact of this policy, both positive and negative, in determining whether to continue, expand or restrict this policy further in the future.

May I continue to offer outdoor visitation exclusively in lieu of resuming indoor visitation?

Yes, but with caveats. If this is the only option given a building's limitations, ODHS will expect that the outdoor visitation arrangements would accommodate comfort considering weather conditions during the fall and winter months. For example, the area would be well protected from the elements with tents, heaters, etc. Please contact your policy analyst if you have additional questions.

Do I have to test visitors prior to allowing visitation?

You are not required to test family or visitors. However, you may offer them testing. The recent CMS QSO 20-39-NH memo on visitation suggests, but does not require, testing of family or friends who are visiting residents. While not required, we encourage facilities in medium or high-positivity counties to test visitors, if feasible.

Is there any other guidance for testing visitors?

If testing visitors, facilities should prioritize those who visit regularly (e.g., weekly), although any visitor may be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility with proof of negative test results and date of test.

Facilities may use Point of Care (POC) antigen testing methods to test visitors. Facilities must follow all CLIA testing and reporting requirements for visitors, including a physician order.

If a visitor refuses to wear a mask, can we turn them down for visitation?

Yes. In some instances, there may be a medical reason for the refusal. Please reach out to your policy analyst with questions.

What happens if we discover a resident or staff member has COVID-19 symptoms after we've implemented limited indoor visitation?

All current COVID-19 case reporting and infection prevention and control procedures remain consistent when there is suspected or actual case of COVID-19. A facility's first priority will be to suspend any indoor visitation, communicate the visitation restriction to families and implement outbreak procedures. Any suspected COVID-19 cases among residents and staff must be reported immediately to ODHS and the local public health authority. Facilities should address suspended indoor visitation communication procedures in their indoor visitation policy. The information should be proactively shared with families on how they will be notified if indoor visits are suspended.

Given the risks associated with COVID-19, my staff and I aren't comfortable with this policy. Does the policy make any exceptions?

Nursing Facilities: Facilities may not restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v) Residents' Rights. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4) deficient practice, and the facility would be subject to citation and corrective actions.

AL/RCF Facilities: OAR 411-054-0027 Resident Rights (e) and (j).
ODHS is committed to partnering with facilities to assist with implementation

of this policy. Facility management or staff members with specific concerns about the safe implementation of indoor visitation should contact: SOQ.LTCInfo@dhsosha.state.or.us.

You may obtain this document in other languages, large print, braille or a format you prefer. Contact the DHS Office of Aging and People with Disabilities at APD.Communications@dhsosha.state.or.us.