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| **Visitation** |
| *Date Implemented:* | 07.14.23 | *Date Reviewed/ Revised:* |  | *Reviewed/ Revised By:* |  |

**Policy:**

This facility will allow resident visitation to all visitors and non-essential health care personnel. This can be conducted through different means based on the facility’s structure and residents’ needs, such as in resident rooms, dedicated visitation spaces, and outdoors. The visitation will be person-centered, consider the resident’s physical, mental, and psychosocial well-being, and support their quality of life. Exceptions will be in accordance with federal, state and/or local guidance.

**Policy Explanation and Compliance Guidelines:**

1. The core principles of infection prevention will be adhered to and as follows:
2. The facility will provide guidance (e.g., posted signs at entrances) and education about recommended actions for visitors with cough, fevers or cold-like symptoms and infection control. Screenings may be active or passive. PPE will be supplied as needed to all visitors.
3. Visitors with infections or symptoms should defer non-urgent in-person visitation until they have resolution of symptoms.
4. Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to include instructions about current IPC recommendations (e.g., when to use source control).
5. Visitors cannot be compelled to and are not asked to provide proof of vaccination status as a contingency for visitation.
6. Consensual physical contact will be allowed at all times between residents and visitors and will not be restricted.
7. Outdoor visitation will be conducted at any time and as follows:
8. Visits will be held outdoors whenever practicable and will be facilitated routinely barring weather conditions or a resident’s health status.
9. The facility will have an accessible and safe outdoor space (*designate space*) in which to conduct outdoor visitation.
10. Indoor visitation will be conducted in a manner that reduces the risk of any transmission based on the following guidelines:
11. The facility will allow indoor visitation at all times and for all residents.
12. Visits will be conducted in a manner that adheres to the core principles of infection prevention and does not increase risk to other residents.
13. Face coverings and mask use should be based on recommendations from the CDC, state and local health departments, and individual facility circumstances.
14. Visits required under the federal disability rights laws and protection and advocacy (P & A) programs will be allowed at all times.
15. The facility administrator will be responsible for staff adherence to visitation policies and procedures.
16. When the Ombudsmen plans to visit a resident in transmission-based precautions or quarantine, both ombudsman and resident should be made aware of the potential risk of visiting and the visit should take place in the resident’s room.
17. The facility will follow the No Patient left alone principles and will include the following:
18. End-of-life situations.
19. A resident, client, or patient who was living with family before being admitted to the provider’s care is struggling with the change in environment and lack of in-person family support.
20. The resident, client, or patient is making one or more major medical decisions.
21. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
22. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
23. A resident, client, or patient who used to talk and interact with others is seldom speaking.