This plan is a standard visitation plan for those facilities that have not yet submitted a plan as required in the Guidance-for-Nursing-Home-and-Assisted-Living-Visitation issued by the Rhode Island Department of Health (RIDOH) on June 4, 2020.

Introduction

As required by RIDOH visitation guidance, a basic plan requires the following elements to be addressed: screening procedures; physical space, distancing, and occupancy limits; scheduling and duration of visits; cleaning and disinfecting procedures; Personal Protective Equipment (PPE) and face coverings; hand hygiene; communications/education; and other considerations.

I. Screening Procedures

The facility must actively screen everyone for fever and symptoms of COVID-19 before they enter the facility. If fever or COVID-19 symptoms are present, the visitor shall not be allowed to enter the facility. Facilities must evaluate risk to the health of the visitor (e.g., visitor might have underlying illness putting them at higher risk for COVID-19) and ability to comply with precautions. The facility must limit points of entry to the facility and visitation hours to allow screening of all potential visitors. These actions are recommended to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19. Facilities shall keep a daily log with names and contact information for all visitors. During this pandemic, the list of symptoms has changed. The most current list of COVID-19 symptoms is posted on RIDOH’s website.

II. Physical Space, Distancing, and Occupancy Limits

Visits that occur outside are preferred. If a visit must occur inside the facility, the visit shall be restricted to the resident’s room or other area specifically designated for visits. If a resident’s room is used for visitation, only one visitor per resident at a time is to be allowed in the resident’s room during the visit.

Regardless of the location of the visit, visitors must maintain a six-foot distance from staff and residents. All visitors will be escorted to the visitation area. Residents and visitors shall not travel through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present.

Common rooms used for visitation shall not be used for other purposes. When a large common room or outside area is used for visitation, the total number of visitors per resident shall be two, and there must be a minimum of for 150 square feet per person.

If a tent is utilized for an outdoor visiting area, it must be flame retardant, and there is no smoking or flames allowed in or near the tent. The tent shall not be attached to the building and it shall be a minimum of 10 feet from the building. Documentation that the tent meets NFPA 701 flame retardant standards shall be maintained by the facility. There must be signs on the tent saying no smoking allowed in or near the tent and there should be exit signage in all pertinent languages.

All common surfaces and high-touch objects shall be cleaned and disinfected between each visit as specified by general RIDOH and Centers for Disease Control and Prevention (CDC) guidance.
III. Scheduling and Duration of Visits
All visits must be scheduled in advance. Unannounced visits are unacceptable and will be turned away. Visits will be allowed for 30-minute increments. Visits will be limited to only those essential for the resident’s physical/emotional well-being and care.

IV. Cleaning and Disinfecting Procedures
All chairs, tables, and benches will be cleaned before and after every visit in accordance with CDC guidance for nursing homes. All cleaning will be documented on a log that includes the date, time, location, and products used.

V. Face Masks and Other Personal Protective Equipment
All visitors must wear a cloth face covering. Residents in the visitation area must wear a surgical mask. Visitors who arrive without a face covering must be provided a non-returnable face mask or turned away.

VI. Hand Hygiene
All visitors shall perform hand hygiene upon entry to the facility or to the outside visitation area or before entering the resident’s room. Either soap and water or hand sanitizer containing at least 60% alcohol shall be readily available and used. Visitors will perform hand hygiene again before exiting the patient room and leaving the facility, and all hand hygiene should be witnessed and documented by facility staff. In addition, residents will be instructed/assisted to perform hand hygiene before and after visit using hand sanitizer.

VII. Clear Communications Plan
The facility must communicate the following requirements to all visitors:

- Visitors must coordinate visits with the facility, and if the visit has not been previously coordinated with the facility, the visit cannot take place.
- If the visitor has symptoms of COVID-19, the visit cannot take place even if it was previously coordinated with the facility.
- Visitors must have clear instructions on hand hygiene, limiting surfaces that are touched, proper use of PPE, and the requirement to always wear a facemask or cloth face covering while in the facility.
- Visitors must perform frequent hand hygiene, including when entering and exiting the facility.
- An easily viewed, publicly posted visitation plan as set forth herein, informing families, visitors, and residents of this basic visitation plan.
- Visitation presents a risk of transmitting a communicable disease to a resident and that the SARS-CoV2 virus can be transmitted by asymptomatic individuals.

All visitors must be advised to monitor themselves for signs and symptoms of COVID-19 for 14 days after exiting the facility and that if symptoms occur, the facility must advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations.
within the facility they visited.

Facilities shall immediately screen the individuals of reported contact, and take all necessary actions based on findings.

Facilities must have a process in place, at all times, to allow for remote communications between a resident and a visitor (e.g. video call applications on cell phones or tablets) and encourage the use of these alternate mechanisms.

VIII. Other Considerations

Facilities must ensure enough staffing to meet resident care needs and to facilitate and monitor the visitation process. A staff member trained in resident safety and infection control measures must monitor the visit.

Facilities must immediately call RIDOH at 401-654-6990 upon being informed of a positive case amongst its staff or residents.

If a facility identifies a new-onset COVID-19 case in the facility, the facility shall go back to the highest level of vigilance and mitigation with respect to visitations (e.g., visitation restricted except in compassionate care situations). The facility may resume visitations no earlier than 14 days from the new-onset COVID-19 case, with no new nursing home onset of COVID-19 cases.