DHSS Updates Guidance for Visitation at Delaware's Long-Term Care Facilities

NEW CASTLE (March 26, 2021) – The Department of Health and Social Services (DHSS) has updated its guidance to Delaware's long-term care facilities following recent federal recommendations that allow for expanded indoor visitation during the COVID-19 pandemic.

The guidance was updated last week and was sent to the state's 86 long-term care (LTC) facilities; it can be found here. The updated guidelines follow the release earlier this month of revised visitation recommendations by the Centers for Medicare & Medicaid Services in response to reductions in COVID-19 infections and transmission and increased vaccination rates in the nursing home population.

"As COVID-19 cases and hospitalizations decrease in Delaware and our vaccinations increase, we know that families and close friends of residents of nursing homes and assisted-living facilities are eager to have in-person indoor visitation with their loved ones once again," DHSS Secretary Molly Magarik said. "We are pleased that our Division of Health Care Quality and Division of Public Health have come up with a reopening and visitation plan that supports long-term care facilities in making that happen."

Highlights of the guidance include:

Indoor visitation

- LTC facilities should allow and support indoor visitation for all residents regardless of vaccination status, with certain exceptions when visitation should be limited for the following residents because of a high risk of COVID-19 transmission:
    - Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is greater than 10 percent and fewer than 70 percent of residents in the facility are fully vaccinated;
    - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue transmission-based precautions;
    - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

- LTC facilities should use the COVID-19 county positivity rate as additional information to determine how to facilitate indoor visitation.
- LTC facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) will affect the ability to maintain the core principles of infection prevention consistent with CDC guidance. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- Visitors should go directly to the resident's room or designated visitation area, and visitor movement in the LTC facility should be limited.
- Visits for residents who share a room should not be conducted in the resident's room, if possible. 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.

- If a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors must physically distance from other residents and staff in the facility.

Required visitation

- An LTC facility may not restrict visitation without a reasonable clinical or safety cause, consistent with federal and state regulations regarding rates of COVID-19 positivity in the county and the facility, and the rate of immunization among residents.
- Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions.

Outdoor visitation

- Outdoor visits are preferred even when the resident and visitor are fully vaccinated against COVID-19. Visits should be held outdoors whenever practicable.
- Aside from weather considerations or an individual's health status, outdoor visitation should be routinely facilitated.
- LTC facilities should have a process to limit the number and size of visits simultaneously to support safe infection prevention practices.

Compassionate Care Visits

- Compassionate care visits should be allowed at all times regardless of a resident's vaccination status, the county's positivity rate, or an outbreak.
- The term "compassionate care visit" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:
    - A resident, who was living with their family before recently being admitted to a LTC facility, is struggling with the change in environment and lack of physical family support.
    - A resident who is grieving after a friend or family member recently passed away.
    - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
    - A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
- In addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support.
- Compassionate care visits should be conducted using social distancing; however, if a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time.
- Fully vaccinated residents can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after.
- Visitors must physically distance from other residents and staff.
- LTC facilities should work with residents, families, resident representatives, and the state's Long Term Care Ombudsman program through a person-centered approach, to identify the need for compassionate care visits.

Visitor Testing and Vaccinations

- Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.
- Although not required, facilities in medium- or high-positivity counties are encouraged to offer testing to visitors, if feasible.
- Facilities may encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days).

The updated plan also includes sections on communal dining and activities and on indoor visitations during a COVID-19 outbreak. The state defines an outbreak as a single new COVID-19 infection in a facility staff or any LTC facility onset COVID-19 infection in a resident. A resident admitted to the facility with COVID-19 does not constitute a facility outbreak.

If members of the public find the visitation is not occurring as per the guidance, complaints can be filed with the Division of Health Care Quality:

- Phone: 1-877-453-0012
- Fax: 1-877-264-8516
- Online: https://dhss.delaware.gov/dhss/dhcq/mailform.html

To protect residents and staff, visitation was discontinued at Delaware's long-term care facilities beginning in mid-March 2020, when the state's first positive COVID-19 case was announced. Starting in June 2020, when positive COVID-19 cases and hospitalizations had declined in Delaware, eligible nursing homes and assisted-living facilities were able to submit plans for outdoor visitation. And in September 2020, eligible facilities could submit plans to resume indoor visitation. With the COVID-19 surge that began in December 2020, visitation was once again restricted until the end of February 2021.