COVID-19 Congregate Care PLAYBOOK

PLAY 6
Develop a Robust Visitation Plan for Family & Care Partners

12/3/2020

GOAL: Develop a Clear and Robust Visitation Policy Ensuring Residents have Access to the Highest Possible Level of Family and Care Partner Support

PLAY STRATEGY

Mitigation strategies for COVID-19 pose a threat to congregate living facility residents in the form of severe well-being challenges. Disconnection from family, broken routines, and cancelled activities may lead to isolation, anxiety, depression, and physical and cognitive deterioration. Residents and their families are suffering as the global pandemic upends daily activities in an ongoing way for an uncertain duration of time. Families and care partners are essential to residents' well-being, advocating for their needs, assisting with activities of daily living (ADLs), and providing needed connection and continuity.

How can facilities attend to residents' needs for social interaction and familial care while upholding their dignity and autonomy? How can residents, families, care partners, and care teams co-create holistic care plans, identifying interactions and care activities that residents may prefer to be accomplished by families and care partners? How can infection control practices allow facilities to leverage family members' efforts to support residents?

HOW TO RUN THE PLAY

A. Senior leaders develop and clearly communicate a robust visitation policy allowing for maximum possible family contact in accordance with public health guidelines (see All Facilities Letter 20-22.5 (bit.ly/37xH3gX). The policy outlines an array of visitation modalities, including outdoor, indoor in shared space, in-room, and virtual. The policy offers guidelines for visitors' movement and behavior in the facility, including screening and infection control measures at entry; designating a specific path to the resident's room or meeting place; and engaging in consistent infection prevention practices.

- Leaders prioritize outdoor visits for residents who are able to comfortably leave their rooms and be outside. Designate a staff member to manage the scheduling of visits in outdoor space. Identify outdoor areas that can accommodate multiple simultaneous visits and arrange the space to promote social distancing. Consider sheltering the outdoor space from sun, wind, cold, and light rain.
- Ensure that visits can occur in indoor communal areas when outdoor visits are not possible. Space must be large enough to allow 6-foot distancing (e.g., lobby, cafeteria, activity room) with physical barriers to allow simultaneous visits for multiple residents when possible.
- Facilities may allow in-room visits if the facility is not currently in an outbreak investigation and is not located in a county with widespread community infection (e.g., purple tier). Families and care partners visiting in resident rooms are required to engage in infection control measures, including wearing masks and observing 6 feet of physical distancing. For residents with roommates, the infection preventionist arranges the indoor visit in a different indoor space or without the roommate present in the shared room.
- Facilities that are in outbreak status may allow indoor visits in communal spaces only for residents in the "green zone" (i.e., tested negative and no known exposure). Procure technological equipment to allow virtual visits when other options are not possible. Consider designating a member of the care team to serve as a connector who facilitates virtual visits between residents and families. When other visits are not possible, the care team facilitates virtual visits at least twice per week or as requested by resident or family/care partner.

B. Leaders and infection preventionist develop an array of supports to ensure that families and care partners practice infection prevention.

- Leaders establish system to ensure that each visitor is screened for COVID-19 symptoms and fever upon entry and that all sign in a visitor log including date, time, and contact information.
- Leaders provide information about local testing sites and encourage family members to seek routine testing.
- Infection preventionist ensures that physical space enables and promotes social distancing in any potential visit location: outdoors, communal area, or in-room.
- Infection preventionist ensures that colorful posters are visible (at entries, in communal areas, in hallways, and near elevators) to communicate infection prevention practices (hand hygiene, physical distancing, mask wearing). Include details on designated visitor restrooms and the required path to each visit location.
- Infection preventionist ensures that hand sanitizer is available throughout common spaces, visitation areas, and in resident rooms.

- All visitors use hand sanitizer upon entering both the facility and location of resident visit, wear mask at all times in facility, refrain from touching others, and limit their movement within the facility to the designated visit space, in addition to submitting to screening for COVID-19 symptoms and fever, and signing their name and contact information, upon entry.

C. Leaders clearly define compassionate care visits to support residents' emotional well-being, and leaders communicate that residents' emotional well-being is central to the individual care plan. Compassionate care visits are those that, among other things, will improve the resident's quality of life, ease suffering, boost morale, aid with ADLs, support nourishment, or provide comfort.

- Leaders co-create with family advisory board a policy indicating a broad scope of compassionate care visits. Policy outlines general parameters of compassionate care visits, including reasons for need for compassionate care and the need for leaders to review needs on a case-by-case basis. The guiding principle of compassionate care visits is the potential impact on a resident's quality of life and physical or emotional well-being, and determinations take into consideration both the potential positive impacts of visits and negative impacts of isolation.
- Leaders recognize that residents will likely need compassionate care visits to recur over time, and case-by-case determinations should establish at least an initial set of allowed visits, to be reviewed at least monthly.
- Leaders ensure that the policy indicates that some compassionate care visitors may be required to comply with social distancing, while others may be granted permission to physically touch the resident. The leaders' case-by-case determination will take into account not only end-of-life circumstances but also needed assistance around ADLs and other considerations (e.g., dementia, cognitive impairment, agitation, depression).
- In a case where the visitor is granted permission to touch the resident, facility leaders or infection preventionist will ensure that the visitor submits to testing at least weekly for COVID-19 in addition to upholding infection prevention practices, including mask-wearing, frequent hand sanitization (including at entrances to facility and to visit location), and screening for COVID-19 symptoms at entry. As with other visitors, infection preventionist will ensure that compassionate care visitors move directly to the visit location (resident room or designated visit area) on a designated path.
- Leaders designate a member of each care team to manage compassionate care visits, including scheduling in advance for a specified period of time.

D. Designate a family member or care partner as part of the congregate living facility's essential care team.

- Leaders create a document naming the designated care partner, to be included in the resident's file, indicating that the designated care partner has the same authorization to share space with the identified resident as a care team member. Document specifies frequency of visits, up to daily, and maximum visit duration.
- If a resident who has dementia or is living in a memory care unit (MCU) tests COVID+, the designated care partner's authorization to visit does not change, provided that the designated care partner uses the same facility entrance, restroom, and enhanced PPE as do staff working in the "red zone." See Play 8 for more detail.
- Leaders designate a care team member for every resident to learn the resident's preferences for a designated care partner.
- This care team member elicits resident's preferences, either directly or through the resident's spokesperson, and reaches out to potential designated care partner to determine interest, availability, and preferences for time and frequency of visits.
- Resident or spokesperson shares updated preferences on designated care partner to care team on an as-needed basis, and care team assesses with resident or spokesperson at least monthly how the current plan is serving resident.
- Infection preventionist meets with each designated care partner to educate and coach the care partner in infection prevention practices, including hand hygiene, wearing masks and other appropriate PPE, and social distancing. Infection preventionist shares with designated care partner the same recommendations for off-site behavior that staff receive.
- Leaders ensure that shift supervisor and elected colleagues monitor PPE use, hand hygiene, and social distancing of essential family and care partners in each shift as an element of supervision of the care team.
- Designated care partner is not required to practice social distancing with the resident, on the condition that s/he wears PPE and engages in enhanced infection prevention practices, including weekly COVID-19 testing and social distancing from all others onsite.
- Designated care partner acts with heightened awareness of COVID-19 risks when off-site.
- Designated family care partner logs brief visit notes of essential care activities at each visit.

GENERAL TIPS AND TRICKS

- Facilities can use up to $3000 of Civil Money Penalty to purchase plastic dividers, tents, or communication devices to support connection to families and care partners.
- Consider logistics including restroom availability for visitors.

SPECIAL CONSIDERATIONS FOR PEOPLE WITH DEMENTIA AND/OR IN MEMORY CARE UNITS

- Consider prioritizing the needs of residents with dementia and/or in memory care units in developing and implementing visitation policies. Recognize that some residents will need customized visitation plans and ensure that the policy is flexible enough to allow visitation for these residents. Consider how visit venue will affect the individual resident. Will moving outdoors be overstimulating or disorienting to the resident? Will a shared indoor space be too noisy or distracting?
- Wherever possible, offer in-room visits to residents with dementia and/or living in MCUs.
- If a resident with dementia or living in an MCU is COVID+, the designated care partner may continue to provide needed support to resident onsite, following the enhanced infection prevention measures in place in the "red zone."

ADDITIONAL RESOURCES

- California Department of Public Health All Facilities Letter 20-22.5 (bit.ly/37xH3gX)
- CMS guidance on visitation (go.cms.gov/3lFmrbs)
- Contra Costa Health Services visitation guidance for facilities while in outbreak (bit.ly/36ESDI1)

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