[Name of facility]

**Policy on Visitation and Activities**

Date

**Purpose**

[Name of facility] understands that balancing COVID-19 safety and visitation restrictions with the well-being of residents. Social isolation as a result of COVID-19 visitor restrictions is a significant concern and an issue that requires close cooperation between [Name of facility], visitors, and local and state public health to address it safely and successfully.

[Name of facility] is guided by the Minnesota Department of Health (MDH) <https://www.health.state.mn.us/diseases/coronavirus/hcp/ltcvisit.pdf> and will follow the outlined procedures for a safe relaxation of visitation and activities to be effective [date]**.** [Name of staff position] is responsible for implementing this policy and determining which level of visitation will be appropriate for this facility, which is subject to change based on a variety of internal and external risk factors.

**MDH long-term care visitation and activities levels**

MDH has outlined levels for visitation and activities to guide long-term care (LTC) facilities in Minnesota in adjusting restrictions while maintaining high standards for COVID-19 safety for residents, staff, and visitors.

* Level 1: These visitation and activity recommendations should be used when there are active cases or there has been an exposure from a case in the past 28 days:
	+ Allowable visits only include compassionate care visits, essential caregivers, and outdoor visits
	+ No visitation by any visitor or non-essential health care personnel are recommended in Level 1.
* Level 2: These visitation and activity recommendations can be carefully implemented when there have been NO exposures from a case in the past 28 days and other requirements described in this guidance are met:
	+ Allowable visits only include compassionate care visits, essential caregivers, and outdoor visits
	+ In addition, Level 2 allows LTC facilities to include, in person, non-essential visits when protocols are put in place.
	+ **If [Name of facility] has a known exposure by a resident or staff, it will immediately move back to Level 1 restrictions for a minimum of 28 days.**

**Procedure**

1. **Moving to Level 2 – Testing Criteria (nursing facility)**
	1. [Name of facility] will complete / or have completed at least one round of facility-wide testing (i.e., testing of all\* staff and residents at a point in time) on or after May 1, 2020, but no later than two months after moving to MDH LTC visitation and activities Level 2.
	2. A written testing plan that addresses ongoing testing and includes a plan for continued testing of symptomatic staff and residents is located xxx.

*or*

1. **Moving to Level 2 – Testing Criteria (assisted living)**
	1. [Name of facility] will test all residents or staff with symptoms consistent with COVID-19 and follow [MDH guidance for LTC testing](https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctesting.html).
2. A written testing plan that addresses ongoing testing and includes a plan for continued testing of symptomatic staff and residents is located xxx.
3. **Moving to Level 2 – Other Criteria**

*\*\* Include any specific criteria your facility may have*

* 1. No COVID-positive staff and/or resident case for past 28 days
	2. Case activity level in community has a case rate less than 10 over a 2 week period. *\*\* outline how and who will do this*
	3. A staffing plan is in place and is located xxx
	4. Adequate access to PPE for staff is sufficient
	5. Local hospital capacity is available if needed *\*\*outline how and who will monitor this*
1. **Personal Protective Equipment (PPE) and Social Distancing**
	1. Residents should wear cloth face coverings as tolerated
	2. Visitors must always wear a cloth face covering or facemask
	3. The facility will / will not provide PPE to visitors
	4. All visitors should maintain social distancing of at least 6 feet when possible
	5. Visitors failing to properly utilize PPE and/or social distance will not be eligible for future visits
2. **Facility Essential Caregiver Screening/Check in Process**
	1. All visitors must enter the building through xxx door, and immediately check in xxx for their screening prior to each visit
	2. All visitors must perform hand hygiene at xxx before proceeding to visitation
	3. All visitors will be screened by staff for temperature and other signs and symptoms of COVID-19
	4. At each visit, visitors will sign and date a visit form indicating their understanding of the visitor requirements and rules
	5. At each visit, visitors will provide name and phone number in case contract tracing is necessary.
3. **Visitation**
	1. *\*\* Outline your process for how and when a visit can happen including whether or not visits must be scheduled in advance, how visitors can schedule, hours of visitation, how long visits can last, whether or not you allow more than one visitor per resident at a time, if you allow a maximum of visits, etc.*
	2. After screening, visitors must wear the appropriate PPE and go directly to xxx (either resident room or other designated area). Visits can only be between the resident and their visitor; visits should not include other residents or staff in the facility.
4. **Triggers for Suspending Level 2 Visits**

*\*\* Include any specific criteria your facility may have*

* 1. Visitors will be prohibited if a resident or staff is COVID-19 positive or symptomatic – exceptions may be made for essential caregivers and compassionate care visits
	2. Visiting rights may be restricted or revoked for individuals if communicated safety measures are not followed
	3. Visiting rights will be revoked for visitors if they are COVID-19 positive or are exhibiting signs or symptoms of COVID-19
1. **Exception from Suspending Level 2 Visits**
	1. The facility may choose to continue Level 2 visitation and activities when accepting COVID-19 positive move-ins/admissions if safe cohorting procedures are in place
	2. Exceptions will be evaluated on a case by case basis
2. **Concerns with Visitation Modification Policy can be directed to:**

 a. xxx (facility staff member)

b. Office of Ombudsman for Long-Term Care at 651-431-2555 or 1-800-657-3591 to request advocacy services.