

A photograph of a hospital room. In the foreground, a wooden bedside table holds a potted plant with long green leaves and an open book. A metal walker is positioned next to the table. In the background, a bed with white linens and a green pillow is visible. A red rectangular box is overlaid on the left side of the image, containing white text.

COVID-19 Guidance for Visitation at Congregate Settings for Vulnerable Adults and Children

EFFECTIVE - October 1, 2020



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Introduction

The State will continue to prioritize protecting congregate settings, while identifying responsible and safe ways to allow family members to interact, in keeping with guidance from CMS and the White House Gating Criteria. Facilities with vulnerable adults or children, including Nursing Care Institutions, Residential Care Institutions, Nursing Supported DD Group Homes, and ICF-IID's should only allow visitation according to the following guidance.

Facilities should immediately allow for compassionate care visits regardless of the level of community spread. Compassionate care visits include visits for end-of-life or terminal diseases, but facilities must limit contact as much as possible. This is consistent with guidance from CMS and the White House Gating Criteria. Compassionate care visits also include visits by necessary healthcare professionals (including medical, dental, and behavioral healthcare), clergy, and professionals assisting individuals with disabilities, including the use of licensed sign language interpreters and other communication service providers. Compassionate care visits that occur during the substantial community spread phase should have the mitigation measures implemented that would be required during the moderate phase.

Benchmarks

There are two key components to resuming visitation. First is the quality of the establishment's implementation of COVID-19 mitigation strategies. The second is the level of spread occurring in the community. To allow for progressive re-opening of facilities, benchmarks should be adopted following the Centers for Disease Control, the U.S. Coronavirus Task Force, and the Arizona Department of Health Services guidance as defined below:

Minimal Community Spread: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting.

Moderate Community Spread: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases.

Substantial Community Spread: Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces).

ADHS further defines community spread levels with the thresholds outlined below. These thresholds are consistent with the national standards set by the Coronavirus Task Force.

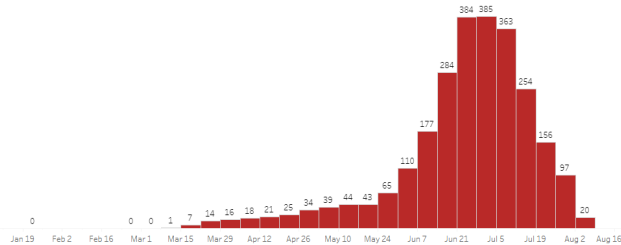
Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	≥10%
COVID Like Illness	<5%	5-10%	>10%

Understanding the Benchmarks

Cases

Benchmark: Two weeks below 100 cases per 100,000

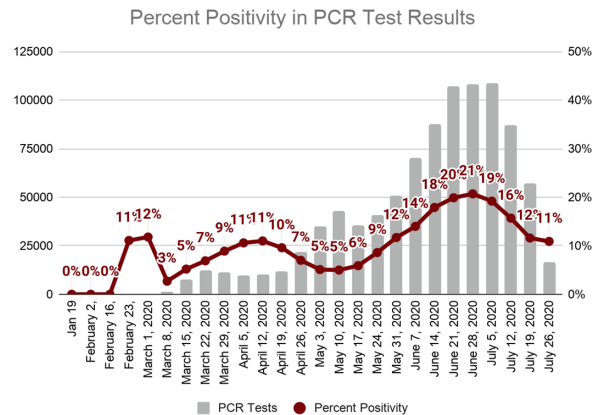
Rate of COVID-19 cases per 100,000 population by week



Data Source: ADHS MEDSIS Confirmed and Probable Cases
Available by: County

Percent Positivity

Benchmark: Two weeks with percent positivity below 10%

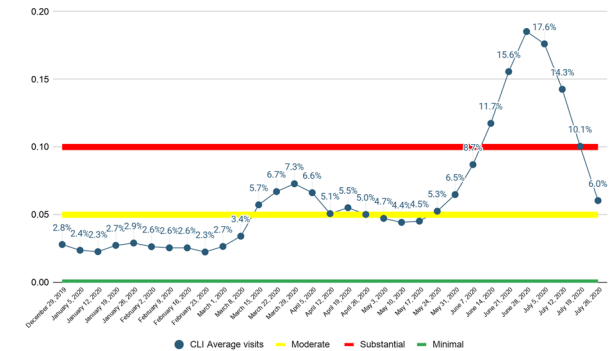


Data Source: ADHS Electronic Laboratory Data

Available by: County

COVID-like Illness

Benchmark: Two weeks with hospital visits due to COVID-like illness below 10%



Data Source: BioSense Syndromic Surveillance Platform

Available by: BioSense Region

Northern: Apache, Coconino, Navajo, Yavapai Counties

Central: Gila, Maricopa, Pinal Counties

Southeastern: Cochise, Graham, Greenlee, Pima, Santa Cruz Counties

Western: La Paz, Mohave, Yuma Counties

Data Dashboard

ADHS provides a data dashboard showing performance on each of the benchmarks. This dashboard is updated weekly on Thursdays to provide real-time information for decision making by business operators.

This image provides examples using the August and September dashboard updates with the data time period. Dashboard updates will continue beyond the dates in the table.

Dashboard Update	Date Time Period
August 6, 2020	07/12 - 07/18 07/19 - 07/25
August 13, 2020	07/19 - 07/25 07/26 - 08/01
August 20, 2020	07/26 - 08/01 08/02 - 08/08
August 27, 2020	08/02 - 08/08 08/09 - 08/15
September 3, 2020	08/09 - 08/15 08/16 - 08/22
September 10, 2020	08/16 - 08/22 08/23 - 08/29
September 17, 2020	08/23 - 08/29 08/30 - 09/05
Sept 24, 2020	08/30 - 09/05 09/06 - 09/12

July 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2020

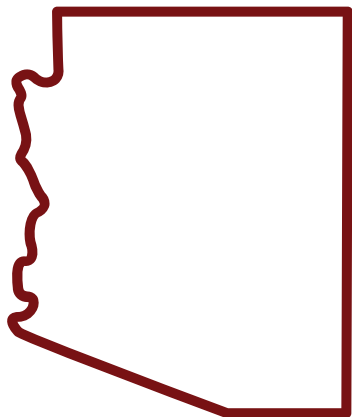
Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2020

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

County-level data will be updated every Thursday on the business dashboard on the ADHS website at azhealth.gov/businessCOVID19.

The dashboard should be used to determine the level of community spread of COVID-19 in Arizona. Users may select a county to filter the data. The dashboard includes easy to read, color coded indicators.



What is this dashboard?

ADHS Business Operations Dashboard

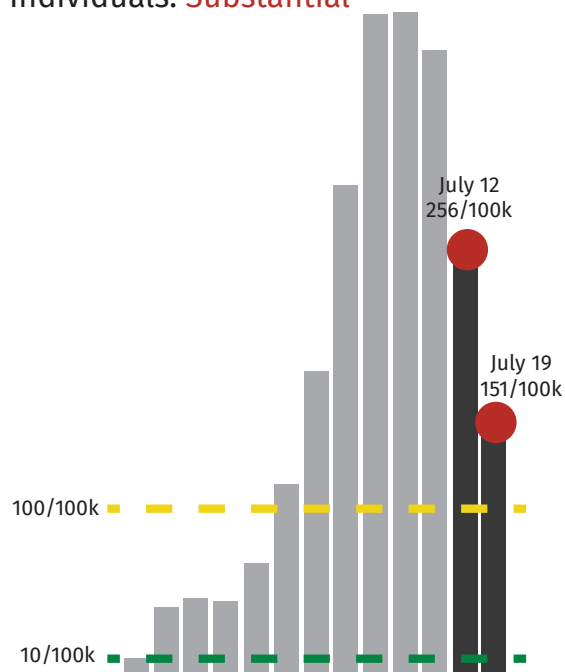
This dashboard is used to determine the level of community spread of COVID-19 in Arizona to provide information about business operations and allowed occupancy.

Time Frame

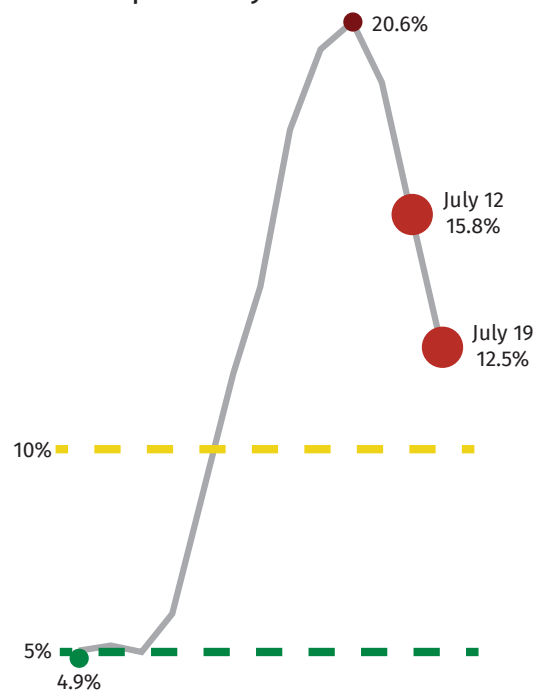
This dashboard does not look at the past two weeks due to potential lags in data.

Showing Data for All Counties

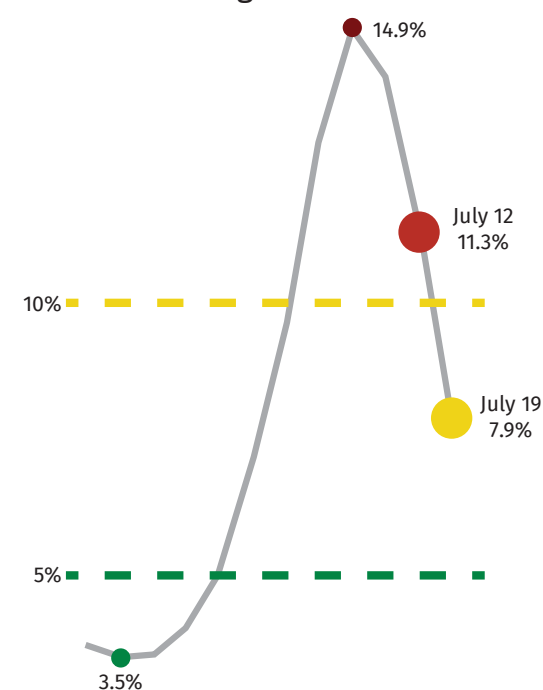
1) Cases per 100,000
Individuals: **Substantial**



2) Percent positivity: **Substantial**



3) Hospital visits for COVID-like illnesses in the region: **Substantial**



Benchmark Definitions

For two consecutive weeks

Minimal Transmission

<10 cases per 100k, <5% positivity,
<5% COVID-like illness

Moderate Transmission

10-99 cases per 100k, 5-10% positivity,
5-10% COVID-like illness

Substantial Transmission

>=100 cases per 100k, >=10% positivity,
>=10% COVID-like illness

Long Term Care Task Force Recommendations

Requirements for Visitation at Congregate Settings for Vulnerable Adults and Children

ADHS Requirements for Visitation at Congregate Settings for Vulnerable Adults and Children

Visitation at Congregate Settings for Vulnerable Adults and Children

Community Spread Level	Indoor Visitation from: Compassionate Care Visitors (no testing required); Medical, Dental, and Behavioral Healthcare (no testing required); Clergy (no testing required); Ombudsman (no testing required); Designated Essential Visitor (Testing requirements vary based on community spread level)	Limited Outdoor Visitation (no testing required)	Limited Indoor Visitation	Symptom Screening and Cloth Face Covering for all Visitors	Physical Distancing (6 feet) (Exemption for Compassionate Care Visitors, Medical, Dental, and Behavioral Healthcare, Clergy, and Designated Essential Visitor)	Communal Spaces Open
Minimal	Yes	Yes	Yes (Testing Required)	Yes	Yes	Yes
Moderate	Yes	Yes	Yes (Testing Required)	Yes	Yes	Yes
Substantial	Yes	No	Yes (Testing Required)	Yes	Yes	No

Note: Limited outdoor visitation should only occur when outdoor temperatures are considered safe according to the patient's or resident's treatment plan and individual medical condition.

Long Term Care Task Force Recommendations

Facilities in any stage shall allow indoor visits if all the following conditions are met:

- ☒ **The visitor presents the facility a negative COVID test (either PCR or antigen) less than 48 hours old.**
- ☒ **The visitor signs an attestation that they have isolated in the time between the sample was taken and the visit and is free from symptoms.**
- ☒ **The facility limits contact as much as possible, including a dedicated visitation space.**
- ☒ **The facility requires mask-wearing by residents (when safe), visitors, and staff.**
- ☒ **The facility requires hand sanitizing before the visit.**
- ☒ **The facility maintains a visitor log for contact tracing purposes.**
- ☒ **The facility institutes enhanced cleaning and sanitation of the facility where the visits occur.**

Long Term Care Task Force Recommendations

✓ **To recognize varied local conditions, the Governor's Task Force on Long Term Care recommends county-specific public health benchmarks fall within the moderate or minimal spread category in all three benchmarks for two weeks to allow expanded in-person visitation to facilities. Specifically, the Task Force recommends the following benchmarks be met before offering expanded in-person visitation is allowed:**

- **Cases:** A two week with new case rates below 100 per 100,000
- **Percent Positivity:** two weeks with less than 10% positivity
- **COVID-like Illness Syndromic Surveillance:** two weeks with hospital visits due to COVID-like illness below 10%
- **No Outbreak:** The facility must not have any outbreak in the previous two weeks (14-day) period. An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among residents or staff with onsets within 14 days, who are epidemiologically linked, do not share a living space
- The facility has sufficient staff
- The facility has sufficient personal protective equipment for staff, visitors and residents as needed

✓ **Facilities must allow visitation at least to the level prescribed in the table above but may set their policies on:**

- Day and time and location of the visit
- Number of visitors per visit
- Total number of visits permitted by day
- Visits by appointment only
- Length of visit
- Visitor log for contact tracing purposes
- Additional precautions determined by the facility

Long Term Care Task Force Recommendations

Enforcement of Visitation Rules Regarding Mitigation Measures

- Facilities shall enforce all required mitigation measures including face masks, hand sanitizing, screening of visitors, and social distancing. Visitors who refuse to comply with mitigation measures may be removed from or denied access to the premises.

Additional Visitation Types

- Those that are not employees or essential healthcare providers, including hairstylists, educators, entertainers, and volunteers should follow the same visitation protocol and schedule. Therapy dogs should be permitted, however, any handler will adhere to the visitation policy.
- **Health care workers** who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dentists, home health personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened. Therapy dogs should be permitted, however, any handler must adhere to the visitation policy.
- **Regulatory and investigative personnel** who are not employees of the facility but ensure health and safety of the residents, such as law enforcement, ADHS/CMS licensing surveyors, APS Investigators, and health plan quality assurance investigators, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened.

Long Term Care Task Force Recommendations

Designated Essential Visitor

- Residents may designate one or two family member(s) or caretaker(s) to serve as a “Designated Essential Visitor”. The facility should develop policies and procedures to allow for the Designated Essential Visitor to visit at any time during normal (pre-COVID-19) visitation hours, or in cases of emergency, as long as the following requirements are met:
 - The Essential Visitor presents the facility documentation of a negative COVID test (either PCR or antigen) on the same testing interval required by CMS for the facility staff:
 - Minimal (Percent Positivity <5%): Once a month
 - Moderate (5% - 10%): Once a week
 - Substantial (>10%): Twice a week
 - The Designated Essential Visitor signs an initial attestation that they will avoid attending large gatherings in between testing and visitation;
 - The Designated Essential Visitor attests on each visit that they are free from symptoms;
 - The Designated Essential Visitor must be at least 18 years of age
 - The facility requires mask-wearing by residents (when safe), visitors, Designated Essential Visitor, and staff.
 - The facility requires hand sanitizing before the visit.
 - The facility maintains a visitor log for contact tracing purposes.
 - The resident shall have the discretion to change their Designated Essential Visitor in accordance with the policy established by the facility

Long Term Care Task Force Recommendations

- For all visitation types:
 - Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should ensure all residents are able to receive visitors; and
 - Facilities must develop visitation policies for residents that may be bed restricted and unable to attend visitation outdoors or in an identified location. Policies and procedures shall take into consideration the requirements for **Visitor Access to Resident's Living Space** , but allow for adequate visitation time.
 - 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 infection prevention requirements for COVID-19.
 - Facilities should enable visits to be conducted with an adequate degree of privacy by requiring staff maintain a reasonable distance during visitation. Visitors who are unable or unwilling to adhere to the requirements of COVID-19 infection prevention, such as wearing a mask at all times and maintaining physical distance (if required), should not be permitted to visit or should be asked to leave.
 - To ensure that families who work during the week have the ability to visit their loved ones, facilities shall ensure that at least one weekend day is open for visitation.

Long Term Care Task Force Recommendations

Resumption of Group Activities Inside Long-Term Care Facilities

- Resuming group classes should be a facility by facility decision. Each facility should consider various factors when reopening group classes including:
 - where the staff was coming from (do they adhere to the visitor schedule if not a staff),
 - the number and risk of the participants,
 - the size of the room, and
 - specific circumstances of the facility regarding COVID-19 infections, enhanced cleaning procedures, and overall risk to residents.

Visitor Access to Resident's Living Space

- Visitors may be permitted to visit the living spaces of residents if the visitor is tested according to the testing guidelines above. Additional measures are as follows:
 - The individual does not have a roommate/share a room
 - A mask is worn at all times
 - Symptom screening/temperature screening is performed before entering patient care/living areas
 - Required handwashing before and after entering/leaving patient care areas
 - Remains 6 feet from all patients and staff
 - There is no visitor use of patient facilities/restroom
 - Visitors are only allowed in the living quarters for less than 15 minutes

Communication to Residents and Families Regarding Visitation Policies

- Facilities shall develop written policies regarding visitation each stage. Policies shall include any limitations on the number of visitors at one time, screening process, time and location of visits, etc. Policies should be developed and communicated with families and residents as soon as practicable, but no later than September 4, 2020.
- Facilities shall clearly communicate to residents and families their visitation policies and rules.