

Interim Recommendations for Communal Activities and Visitation in Post-Acute and Long-Term Care Facilities

February 25, 2021

Residents of post-acute and long-term care (PALTC) settings have suffered inordinately from the COVID-19 pandemic. The effects include not only the morbidity and mortality caused by infection with SARS-CoV-2, but also the devastating impacts of social isolation as a consequence of communal activity and visitor restrictions. With the availability of an effective vaccine against SARS-CoV-2, optimism is mounting about the possibility of opening PALTC settings to resuming group activities including communal dining and visitation. PALTC settings will need to carefully consider potential risks and benefits as they take steps to resume group activities and visitation. We offer recommendations to begin opening post-acute long-term care settings, based on our current understanding of the COVID-19 pandemic, and recognizing that more evidence will become available and the situation will continue to evolve.

This first year of the COVID-19 pandemic has shown that several parameters affect the risk of COVID-19 transmission in PALTC settings, including:

- The prevalence of COVID-19 infections in the surrounding community
- The availability and appropriate use of personal protective equipment (PPE)
- Widespread use of laboratory tests with reasonable turnaround times used for the purposes of
 - Diagnosing symptomatic individuals with a COVID-19 infection
 - Regular screening of residents and staff for asymptomatic COVID-19 infection
- The ability to quickly identify and isolate individuals with active COVID-19 infection
- Prompt cohorting practices of residents and staff

The availability of effective vaccines that can prevent severe COVID-19 infections should bring tremendous benefits to PALTC residents, staff, and our society. Early vaccination of PALTC residents and staff, though, does not remove the need for continued masking, physical distancing, and use of other essential infection control precautions. Delayed vaccine availability to other segments of the population, vaccine hesitancy (including among PALTC staff), introduction of unvaccinated individuals into the PALTC setting, and continued community outbreaks prolong the risk from COVID-19. Further, the decrease in outbreaks in LTC have prompted an increase in new admissions creating a dynamic population and changing vaccination rates in the PALTC residents. In addition, several important knowledge gaps around vaccination exist including:

- The efficacy of COVID-19 vaccines among frail elders living in PALTC settings
- The degree to which vaccinated individuals may still shed and transmit SARS-CoV-2 virus
- The duration of protection offered by vaccines against symptomatic and asymptomatic COVID-19 infections
- The efficacy of COVID-19 vaccines against the emerging SARS-CoV-2 variants
- The proportion of individuals in the community and among staff who must be vaccinated to achieve effective herd immunity, and whether this will be sufficient to significantly reduce the risk of COVID-19 infections in PALTC settings

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The data regarding COVID-19 transmission in congregate care settings is evolving. Based on our present knowledge, AMDA offers the following recommendations to support the safety and well-being of residents as PALTC settings develop their individual policies and procedures for visitation, group activities, and communal dining.

1. **AMDA recommends that PALTC settings adopt a measured, stepwise approach to resuming visitation and group activities.** Permitting visitation and resuming group activities involve distinct sets of risks and changes in workflow. Risks specific to visitation include introducing a new set of individuals into the building. Visitors may bring SARS-CoV-2 into the building and visitors traveling from other regions may introduce new variant strains.
 - a. Risks specific to resuming group activities and communal dining typically include outbreaks affecting several residents and staff members at one time. To mitigate risk, leaders should consider starting with providing activities to residents of a single unit or wing at a time, and preferential staffing by individuals who have been vaccinated.
 - b. Our recommendations related to resuming group activities and dining include regularly reminding residents verbally and through signage to continue to mask, perform hand hygiene, and observe physical distancing, and modifying existing community spaces to ensure activities and dining can occur at appropriate physical distances.
 - c. Our recommendations related to visitation include scheduling visits, screening and possibly testing visitors on entry, escorting visitors to designated non-resident visitation areas in the building, providing and instructing proper use of PPE and hand hygiene, supervising visits, and disinfecting designated visiting areas before and after visits.
 - d. Facilities should create a robust process to continuously evaluate the impact of work-flow changes as part of their quality assurance and performance improvement program. This involves monitoring for new cases of COVID-19 infection in the building and continuous quality improvement around the new processes. Any new COVID-19 infection among staff or residents represents an outbreak and should trigger a return to previous restrictions, in conjunction with guidance from Centers for Medicare and Medicaid Services (CMS) and most states.
2. **AMDA recommends that PALTC settings continue to encourage all staff, residents, and visitors to be vaccinated against COVID-19 and seasonal influenza.** Additionally, PALTC settings may consider advocating for COVID-19 vaccines to essential caregivers as part of their overall efforts to support both the safety and well-being of their residents. AMDA recommends that all SNF facilities develop a plan in concert with their state and local health departments and area hospitals and health systems to offer vaccination to new residents and staff members over the remainder of the COVID-19 pandemic.
3. **AMDA recommends that visits with residents be scheduled and supervised by facility staff.** Supervision may include escorting the visitor directly to the visitation area and ensuring safe visiting practices including wearing a mask and practicing hand hygiene. As visitors become accustomed to changes in visitation and demonstrate adherence to the PALTC policies, the level of supervision required for those individual visitors may be decreased.
4. **AMDA recommends that all visitors should continue to be screened for COVID-19 infection each day they visit.** Screening includes asking the visitors about symptoms of COVID-19 infection, a

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temperature check, and, when available, rapid antigen testing prior to entry. If rapid antigen tests are not available, the visitor may present documentation of a recent negative SARS-CoV-2 test.

5. ***AMDA recommends that all visitors be required to wear a medical-grade mask issued by the PALTC facility throughout their visit, to wear the mask properly, to practice effective hand hygiene frequently during their visit, and to only visit one resident a day.***

6. ***AMDA recommends that each PALTC setting develop policies and procedures that align with guidance from their local and state health departments, CDC, and CMS.*** Ideally, visitation will expand beyond those for compassionate reasons including but not limited to end of life, to include visits by essential caregivers who can assist with feeding, bathing, and other care needs for their loved one with eventual progression to social and celebratory visits.

Effective vaccines against COVID-19 are a significant step towards a post-pandemic world. A return to “normal,” though, will not be immediate. Vaccine delays, vaccine hesitancy, admission of unvaccinated residents, and ongoing community COVID-19 cases conspire to prolong the threat of COVID-19. Considering these challenges, facilities should take a thoughtful, stepped approach to reopening. In doing so, it should be possible to safely balance the risks of COVID-19 with the negative impact of restrictions in activities and visitation.

NOTE: This is interim guidance and will be updated as more evidence on vaccine effectiveness in post-acute long-term care settings becomes available.



Approved by the AMDA Board
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