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To: All BSAS Licensees and Contractors

From: Deirdre Calvert, LICSW, Director of the Bureau of Substance Addiction Services

Date: September 23, 2020

Re: Limitations on Visitors in BSAS-licensed/contracted Programs

The purpose of this memo is to provide guidance to all programs and providers licensed/contracted by the Massachusetts Department of Public Health's (DPH) Bureau of Substance Addiction Services (BSAS) on limitations on visitors. This Memorandum replaces the Memorandum dated July 1, 2020: "Limitations on Visitors in BSAS-licensed/contracted Programs." Language has been revised to allow for indoor visitation effective October 1, 2020.

While the guidance in this document includes important measures and precautions to stop the spread of the virus, it is not possible to anticipate the specific circumstances of each individual and their visitors or each Program. This guidance should be adjusted to accommodate individual circumstance to the extent reasonable with risk reduction in mind.

**This guidance is intended to supplement, not supplant, provisions from regulatory agencies that oversee programs licensed/contracted by BSAS.**

**This guidance will be updated as needed and as additional information is available. Please regularly check [mass.gov/covid19](http://mass.gov/covid19) for updated guidance.**

**Limitations on Visitors**

BSAS-licensed/contracted programs (hereafter "program") may allow visits with patients/residents to occur, provided that the physical distancing and protection requirements described below are followed. **Programs should continue to support alternative electronic methods for communications** between patients/residents and visitors, such as Skype, FaceTime, WhatsApp, or Google Duo. Restrictions on visitation must be communicated to families and/or guardians, and receipt of such communication must be recorded by the program.

## **Outdoor Visitation**

Effective July 1, 2020, BSAS-licensed/contracted programs may allow in-person visitation as described below in a designated outdoor visitation space, provided that the program implements **all** of the following safety, care, and infection control measures:

- A patient/resident who is confirmed to be infected with COVID-19, or who is showing any symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle pain, chills or new onset of loss of taste or smell) **cannot be visited**. A patient/resident who has recovered from COVID-19 may be visited.
- Prior to a patient/resident arriving at the designated outdoor visitation space, the program must screen the visitor for COVID-19 symptoms. Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle pain, chills or new onset of loss of taste or smell) will not be permitted to visit with a patient/resident. Any individuals who have tested positive for COVID-19 in the past 14 days, or who have been ordered by a medical professional or public health official to quarantine due to exposure, will not be permitted to visit with a patient/resident.
- Residential programs must keep a log of all visitors, including the visitor's name, date of visit, and staff on shift.
- A program staff member must accompany the patient/resident to and from the designated outdoor visitation space in a safe and orderly manner. At a minimum, safe transport means that the patient/resident cannot be transported through any space designated as COVID-19 care space, or space where patients/residents confirmed to be infected with COVID-19, or who are showing symptoms of COVID-19 infection are present.
- A program staff member knowledgeable about this guidance on visitation, and trained in patient safety and infection control measures contained in CDC/DPH guidance must plan/maintain oversight of the patient/resident at all times during the visit to ensure that guidance and protocols are followed at all times.
- Visitors must be limited to **no more than two individuals per patient/resident**.
- A visitor must remain at least 6 feet from the resident and staff member(s) to the maximum extent feasible.
- Brief physical contact may be allowed if desired by the patient/resident and visitor(s). In order to reduce the risk of transmission, individuals should:
  - Hug with faces in opposite directions, or hug around the legs (for children).
  - Limit the duration of close physical contact and avoid close face-to-face contact even when face coverings are used.
- Staff and patients/residents must wear face masks for the duration of the visit, with the type of face mask allowed depending on care setting as follows:
  - For non-residential services, including Acute Treatment Services (ATS), Clinical Stabilization Services (CSS), Transitional Support Services (TSS), Opioid Treatment Programs (OTP), Office Based Opioid Treatment (OBOT), and outpatient service

programs, face masks are defined as surgical or procedure masks worn to protect the mouth/nose against infectious materials.

- For residential services, face masks may include cloth face coverings **only** if approved Personal Protective Equipment (PPE) is not available.
- Masks may not be appropriate for individuals with a behavioral condition who are not able to tolerate wearing a mask, and/or individuals for whom wearing a mask causes trouble breathing.
- Visitors over 2 years of age must wear face masks for the duration of the visit if they can do so safely, including but not limited to cloth face coverings.
- Visits with a patient/resident in a designated outdoor space must be scheduled in advance and are dependent on permissible weather conditions, availability of outdoor space, sufficient staffing at the program to meet patient/resident care needs, and the health and well-being of the patient/resident.
- A program has discretion to limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a patient/resident may be visited in order to ensure the safety of their residents and staff. Programs are encouraged to allow visiting hours throughout the day and should stagger visits as necessary, to accommodate social distancing.
- If the designated outdoor space includes chairs, tables, or a picnic bench, all surfaces must be disinfected using an [EPA-approved disinfectant for use against COVID-19](#) after each visit.

### **Indoor Visitation**

Effective October 1, 2020, programs may allow indoor visitation, provided that the program implements all of the following safety, care, and infection control measures:

- A patient/resident who is confirmed to be infected with COVID-19, or who is showing any symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle pain, chills or new onset of loss of taste or smell) cannot be visited. A patient/resident who has recovered from COVID-19 may be visited.
- The Program where the resident lives must not have any confirmed or suspected COVID-19 cases in residents or staff in the past 14 days.
- Screening of visitors for COVID-19 symptoms should occur at a designated single point of entry outside the program. Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, muscle pain, chills or new onset of loss of taste or smell) will not be permitted to visit with a patient/resident. Any individuals who have tested positive for COVID-19 in the past 14 days, or who have been ordered by a medical professional or public health official to quarantine due to exposure, will not be permitted to visit with a patient/resident.
- Residential programs must keep a log of all visitors, including the visitor's name, date of visit, and staff on shift.

- Visitors must be limited to **no more than two individuals per patient/resident**.
- Hand hygiene must be performed by visitor(s) upon entering the program, before the visit occurs.
- A visitor must remain at least 6 feet from the resident and staff member(s) to the maximum extent feasible.
- Brief physical contact may be allowed if desired by the patient/resident and visitor(s). In order to reduce the risk of transmission, individuals should:
  - Hug with faces in opposite directions, or hug around the legs (for children).
  - Limit the duration of close physical contact and avoid close face-to-face contact even when face coverings are used.
- Staff and patients/residents must wear face masks for the duration of the visit, with the type of face mask allowed depending on care setting as follows:
  - For non-residential services, including Acute Treatment Services (ATS), Clinical Stabilization Services (CSS), Transitional Support Services (TSS), Opioid Treatment Programs (OTP), Office Based Opioid Treatment (OBOT), and outpatient service programs, face masks are defined as surgical or procedure masks worn to protect the mouth/nose against infectious materials.
  - For residential services, face masks may include cloth face coverings **only** if approved Personal Protective Equipment (PPE) is not available.
  - Masks may not be appropriate for individuals with a behavioral condition who are not able to tolerate wearing a mask, and/or individuals for whom wearing a mask causes trouble breathing.
- A program staff member knowledgeable about this guidance on visitation, and trained in patient safety and infection control measures contained in CDC/DPH guidance must plan/maintain oversight of the patient/resident at all times during the visit to ensure that guidance and protocols are followed at all times.
- Visitors over 2 years of age must wear face masks for the duration of the visit if they can do so safely, including but not limited to cloth face coverings.
- Programs must designate space where visitation is to occur that meets the following criteria:
  - Allow visitation to occur in a way that ensures social distancing from other patients/residents and staff.
  - Minimize visitor impact on the program space and routine of other patients/residents.
  - Ensure that ventilation systems operate properly, have been serviced in accordance with manufacturer recommendations, including cleaning of filters, and increase circulation of outdoor air as much as possible.

- A program staff member must accompany the patient/resident to and from the designated indoor visitation space in a safe and orderly manner. At a minimum, safe transport means that the patient/resident and visitor(s) cannot be transported through any space designated as COVID-19 care space, or space where patients/residents confirmed to be infected with COVID-19, or who are showing symptoms of COVID-19 infection are present.
- All indoor visits must be scheduled with the program in advance to allow coordination with other visitors and to ensure appropriate staffing levels.
- A program has discretion to limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a patient/resident may be visited in order to ensure the safety of their residents and staff. Programs are encouraged to allow visiting hours throughout the day and should stagger visits as necessary, to accommodate social distancing.
- Programs must implement a schedule for frequent cleaning and disinfection of the designated indoor visitation space, including cleaning high-touch surfaces using an [EPA-approved disinfectant for use against COVID-19](#).

### **Off-site Visitation**

Effective July 3, 2020, patients/residents may go with family or loved ones for an off-site visit, including an overnight visit, subject to the following requirements:

- The patient/resident is not currently under isolation because they are presumed or confirmed COVID-19 positive or quarantined because of close or household contact
- The patient/resident and visitor(s) must not have signs or symptoms of COVID-19 and must not have a temperature of 100.0 F or higher.
  - Thermometers must be disinfected after each use, per the manufacturer instructions.
- The family member or loved one must sign the attached attestation form, stating that:
  - All individuals who the resident plans on visiting are free from any symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell, and have not been in close contact<sup>1</sup> with anyone with a confirmed or suspected case of COVID-19 in the past 14 days
  - Close contact will be prevented with anyone who has not been screened for symptoms of COVID-19
  - A face mask or covering will be worn by all visitors, and by the resident if they can do so safely, while unable to socially distance, indoors including in the family home, and in other enclosed areas such as a car.

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<sup>1</sup> Close contact is defined as being within 6 feet of a COVID-19 positive person, for at least 10-15 minutes, while they were symptomatic or within the 48 hours before symptom onset, or someone who tested positive for COVID-19, regardless of symptoms, in the 48 hours before their test was taken or anytime in the 10 days after the test

- If staying overnight, the resident will sleep in their own room, or if not possible, at least six feet from others, to the greatest extent possible.
- Medical attention will be sought by family and the residential program will be notified if individual starts displaying symptoms of illness or comes into contact with a COVID-19 positive person while away on visit.
- Infection control protocols will be followed during the entirety of the visit;
- For home visits, family members or loved ones will be asked to provide the names and contact information for any person the patient/resident is anticipated to come into contact with during the visit, in case contact tracing becomes necessary. Family members or loved ones should communicate any modifications to this section of the attestation form upon the patient/resident's return to the program.
  - Additionally, family or loved ones should inform Program staff if the individual traveled out of state during the visit
- Family members and loved ones must monitor themselves and the patient/resident for COVID-19 symptoms during the visit.
- Program staff must screen the patient/resident for COVID-19 symptoms before they return to the program.
- To the extent possible, off-site visits and activities should occur outdoors, and time spent in highly populated/public areas should be minimized. Time spent in highly populated, public areas or other areas where the ability to social distance may be limited should be minimized.
- If the patient/resident shows symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, congestion or runny nose, nausea, vomiting or diarrhea, or new loss of taste or smell, the family must seek medical attention and contact the residential program to discuss where the individual may be safely isolated. The individual may not be able to return to the residence until they are free of symptoms.
- Off-site visits will not be permitted for any patient/resident who is currently under isolation because they are presumed or confirmed COVID-19 positive or quarantined because of close or household contact.
- Any individual who participates in an off-site visit with a resident and develops signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, muscle pain, chills, congestion or runny nose, nausea, vomiting or diarrhea, or new onset loss of smell or taste within 2 days after the visit must immediately notify the program of the date of the visit, the individuals they were in contact with, and the locations where the visit occurred.

- Programs should immediately screen any patient/resident and staff who had contact with the visitor for the level of exposure and follow up with the program's medical staff or the patient's/resident's care provider.
- Once the patient/resident returns to the home, he or she should be proactively monitored for any symptoms of COVID-19 each day for fourteen days.

### **Infection Level Increases**

As a reminder, programs must notify BSAS of any new COVID-19 infections within their program. Visitation should not occur with anyone who is currently under isolation because they are presumed or confirmed COVID-19 positive or quarantined because of close or household contact.

### **Visitors Who Develop COVID-19 Signs/Symptoms**

Programs must inform any individual who visits the program that if they develop signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, myalgia, chills, or new onset loss of smell or taste within two days of the visitation must **immediately notify** the program of the date they were at the program, the individuals they were in contact with, and the locations they visited. Programs should immediately screen the individuals who had contact with the visitor, including staff for the level of exposure and follow up with the program's medical director or the patient/resident's care provider.

### **Section 35 Specific Requirements**

In addition to the requirements stated above, Section 35 facilities must ensure that any visits are held in a secure environment.

### **Exceptions to Visitor Limitations**

**Health care personnel/Program staff:** Programs should follow CDC guidelines for the management of personnel who may have been exposed to COVID-19 which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

- The program must confirm that personnel do not have any signs or symptoms of COVID such as a **cough, shortness of breath, sore throat, myalgia, chills, new onset loss of smell or taste, or a fever**.
- Screening also applies to other health care personnel, such as hospice workers, dialysis technicians, nursing students or Emergency Medical Service (EMS) personnel in non-emergency situations that provide care to patients/residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care personnel linked above.
- In emergency situations, EMS personnel should be permitted to go directly to the patient/resident.

**Ombudsman Programs and Legal Representation:** Patients/residents have the right to access Ombudsman programs and to consult with their legal counsel. When in-person access is not available due to infection control concerns, programs **must** facilitate patient/resident communications by phone or another format.

**Programs Housed Within Hospitals:** BSAS-licensed/contracted programs that are **within** hospitals will conduct visitation in accordance with DPH hospital guidance.

**Youth-Serving Program Specific Requirements:**

Youth-serving BSAS-licensed/contracted programs will conduct visitation in accordance with guidance applicable to youth-serving residential programs.

**Questions Contact**

For any questions on implementing the requirements of this guidance, please contact your BSAS regional manager.

**For the latest information, visit the DPH 2019 Novel Coronavirus website which is updated frequently:** [www.mass.gov/2019coronavirus](http://www.mass.gov/2019coronavirus).

DPH prevention guidance: [printable fact sheets](#)

CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**Call BSAS' Helpline at 1-800-327-5050** (8am-10pm Mon-Fri, 8am-6pm on weekends) to get information on programs and services that are best for you in your area. Go to [www.helplinema.org/help](http://www.helplinema.org/help) for more details.