

Visitation Policy for DMH Adult Residential Programs

Updated: March 19, 2021

The purpose of this document is to provide guidelines to allow residents the opportunity to restore visitation on a limited basis during the COVID-19 pandemic while adhering to recommended CDC and DPH guidelines. The Department of Mental Health (DMH) recognizes how difficult it has been to stay connected during this time, while we all adhere to strict precautions to stop the spread of the virus. Public health experts have now determined that visitation is safe when certain precautions, such as physical distancing and face coverings, are strictly followed.

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 Residential Program (hereafter “Program”). This guidance should be adjusted to accommodate individual circumstances to the extent reasonable with risk reduction in mind.

Programs should adjust visitation policies and practices following the updated rules below, including the policies which apply specifically to fully vaccinated individuals. Fully vaccinated individuals are defined as 14 days or more after their final dose. In a 2-dose series, like the Pfizer or Moderna vaccines, the individual is fully vaccinated 14 days or more after their second dose. After a single-dose vaccine, like Johnson & Johnson’s Janssen vaccine, the individual is fully vaccinated 14 days or more after the single dose.

Programs can encourage visitors to become vaccinated when they have the opportunity. While visitor vaccination can help prevent the spread of COVID-19, visitors **should not be required to be tested or vaccinated (or show proof of such)** as a condition of visitation.

Outdoor Visitation

- Visitors are permitted in a designated outdoor area, such as the yard, patio, open porches, parking lot, or driveway.

Indoor Visitation

- Programs may allow indoor visitation, if certain precautions are followed:
 - 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.
 - In larger settings with distinct wings or units, Programs may allow indoor visitation in wings or units that have not had any confirmed or suspected COVID-19 cases in residents or staff in the past 14 days.
 - Hand hygiene must be performed upon entering the Program, before visit occurs.
 - Face masks or face coverings must be worn by visitors and staff at all times; residents will also be encouraged to wear face coverings during an indoor visit if they can tolerate it and do so safely.

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- **Residents who are fully vaccinated may visit with loved ones who are fully vaccinated** in their rooms, if they reside in a private room or their roommate is also fully vaccinated.
 - Residents who are fully vaccinated may visit with loved ones who are fully vaccinated without maintaining social distance¹, if both are wearing facemasks, as able.
- Except in the case of a fully vaccinated resident and a fully vaccinated visitor as described above, a visitor should remain at least 6 feet from the resident and staff member(s) to the maximum extent feasible. However, close contact, including touch, may be allowed if desired by the resident and visitor, regardless of vaccination status. In order to reduce risk of transmission, individuals should:
 - Use alcohol-based hand sanitizer with at least 60% alcohol before and after contact;
 - Hug with faces in opposite directions; and
 - Limit the duration of close physical contact and avoid close face-to-face contact even when face coverings are used.
- **If either the resident or the visitor(s) are not fully vaccinated**, Programs must designate space where visitation is to occur that meets the following criteria:
 - Allow visitation to occur in a way that ensures physical distancing from other residents and staff.
 - Residents may visit with their child(ren) or sibling(s) who may be unvaccinated without maintaining physical distance, if both are wearing facemasks, as able.
 - Minimize visitor impact on the Program space and routine of other 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.
- If the home allows for safe indoor visitation, meeting the criteria above, then the visit may occur in the home; if not, an indoor visitation option should be arranged by the Program at an alternative site that meets the indoor visitation criteria described above.
- Programs must implement a schedule for frequent cleaning and disinfection of the designated indoor visitation space, including cleaning high-touch surfaces using an appropriate [EPA-registered disinfectant](#).

Limitations on Visitors

- Visits will be limited to 2 visitors OR more than two visitors if all visitors are part of the same household, per resident at a time.

“Social distance” is defined as stay(ing) at least 6 feet (about 2 arm lengths) from other people who are not from your household in both indoor and outdoor spaces,” [per the CDC](#).

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- Individuals at-risk are strongly encouraged to remain home.
- Programs should limit the number of visitors and / or the number of visits occurring at the same time to ensure physical distance can be maintained.
- For the purpose of this guidance, visitors do not include designated support workers for individuals with a disability or special needs.

Visitor Screening

- All visitors must be screened for COVID-19 symptoms prior to visiting with a resident and close contact with someone with COVID-19 infection in the prior 14 days.
 - Visitors are not permitted to visit if they have symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell.
 - Anyone with a fever (100.0 F or over) **will not be permitted to visit** the home.
 - Thermometers must be disinfected after each use, per the manufacturer instructions.
 - Visitors are not permitted to visit if they have tested positive for COVID-19 in the past 14 days or if they have been ordered by a medical professional or public health official to quarantine due to exposure.
- Screening for indoor visitation should occur at a designated single point of entry outside the Program.
- Any individual who participates in a visitation and develops signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, muscle pain, chills, or new onset loss of smell or taste within 2 days after the visitation must immediately notify the program of the date they were on site, the individuals they were in contact with, and the locations where the visit occurred.
- Programs should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up with the program's medical director or the patient/resident's care provider.

Face Masks

- All visitors, including fully vaccinated visitors, are required to wear a face covering during the visit if they can do so safely.
 - Visitors should bring their own face covering, in order to preserve the program's PPE supply. However, if a visitor does not have a face covering, one will be provided.
 - Public health guidance recommends that all individuals, including fully vaccinated individuals, continue to wear face coverings in public settings or settings in which some individuals may not be vaccinated such as a group home (**link to DPH guidance on face coverings**).
- Residents will also be encouraged to wear face coverings if they can tolerate it and do so safely.

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Eating Together During the Visit

- Visitors may like to bring a favorite food or a meal to share with their loved ones, eating together during the visit should be monitored with risk reduction in mind:
 - Physical distance must be maintained while food is being shared during an indoor visit unless the resident and the visitor(s) are both fully vaccinated.
 - Visitors and residents must wear masks to the extent possible and practice hand hygiene before and after eating.
 - No food should be shared off the same plate or drinking by mouth from the same container. Each person should use their own eating utensils and not share plates, cups, or utensils.
 - Any communal food brought that is left over after a visit should be disposed of or should be taken by the visitor.
 - Any unopened food or snacks bought for the individual may be given to staff who can label with the individual's name.

Scheduling Visits in Advance

- Visits must be scheduled with the Program in advance to allow coordination with others that may also want to visit and to ensure appropriate staffing levels.
- A program may 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 resident may be visited. Programs are encouraged to allow visiting hours throughout the day, and should stagger visits as necessary in order to accommodate physical distancing.
- Limits imposed by the Program should be based upon safety considerations and should not be arbitrary.
- It is preferential to have visits occur at the same time each week for planning purposes.
- Advance notification will ensure that the home is not under quarantine and that the individual served can be emotionally prepared for the visit.
- Programs must keep a log of all visitors, including name, date of visit, and staff on shift.
- Programs will continue to support alternative electronic methods for communication between residents and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.

Off-site Visitation and Community Access

Residents may leave the program to access other community locations, including visits with family and/or friends, subject to the following recommendations:

- The program will provide continued education on infection control and prevention practices, including but not limited to: physical distancing, masking, hand hygiene and other strategies to mitigate risk related to the specific activities/locations the resident intends to access (i.e. visiting family home, purchasing coffee, meeting a friend).
- The program will ensure that the resident has access to a mask.

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- Program staff will regularly screen residents for COVID-19 symptoms and fever. If case contact tracing become necessary, the program should work with the resident to obtain the names and contact information for any person with whom the resident was in contact.
- To the extent possible, the program should encourage residents to limit off-site visits and activities to outdoor locations and minimize time spent in highly populated, public areas, or other areas where the ability to maintain physical distance may be limited.
 - If the resident and those they are visiting are fully vaccinated, the program does not need to discourage visiting indoors. Indoor visits between fully vaccinated people who do not wear masks or physically distance from one another are likely lower risk.
 - However, fully vaccinated individuals should be encouraged to continue to physically distance and wear face coverings in public settings or settings in which some individuals may not be fully vaccinated.
- Off-site visits and community access are strongly discouraged for any resident who is currently under isolation because they are presumed or confirmed COVID-19 positive or quarantined because of close or household contact.

Quarantined Homes and Isolated Residents

- Visitations will not be permitted if there are any residents with a confirmed case of COVID-19 or any residents in quarantine, isolation or recovering from COVID-19 residing in the building.
- A resident may be visited if the resident has recovered from COVID-19; or the resident is not currently isolated or quarantined for COVID-19.

Disinfecting the Visitation Area

- If the designated outdoor area includes chairs, tables, or a picnic bench, all surfaces should be disinfected using an [EPA-approved disinfectant for use against SARS-CoV-2](#) after each visit.

Visitation Policies Subject to Change

- Failure to adhere to these guidelines will require the termination of the visit and may result in a temporary suspension of visitation.
- DMH may have to change this policy with little notice as required by the Massachusetts Department of Public Health or local boards of health.
- Providers, facilities, or group homes may continue to prohibit visitation on a case-by-case basis, if a resident or member staff tests positive or shows symptoms of illness, or it is determined visitation cannot safely be accommodated for residents, visitors, or staff.