

Phase One Guidelines for ICF/IID Indoor Visitation During COVID-19 Health Emergency

As Ohio continues to cope with COVID-19 and take steps to reopen in phases, the Ohio Department of Developmental Disabilities (DODD) recommends continued vigilance as Ohioans with developmental disabilities, families, guardians, and providers consider visits. People who are considered vulnerable may live in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) settings and be particularly susceptible to the virus. As you consider lifting visitation restrictions, an abundance of caution and planning is advised.

Lack of in-person engagement with family and friends who live outside of the congregate setting may significantly diminish a person's quality of life, making visits necessary to address the person's emotional wellness despite potential physical health risks. For these people, the provider will need to make every effort to mitigate risks to the highest degree possible. For some, their family and friends may be aged, or terminally ill, and delaying visitation may have untenable consequences.

Visits for people in congregate care settings present a significant challenge due to the number of vulnerable people living together, and the number of staff needed to ensure visits are conducted safely. The ability for facilities to understand and know where the residents have been or who has had contact with them is critical to contain the spread of infection if someone tests positive for COVID-19. To ensure the risk of spreading the virus is minimal, staff must be educated and informed of droplet precautions and must adhere to enhanced infection control precautions including:

- reliable and persistent wearing of masks (face coverings)
- diligent handwashing
- use of other PPE such as gloves as the situations warrant

ICF/IID facilities may allow for indoor visitation beginning **[ENTER DATE]** when the following conditions are met:

- The resident's person-centered planning team has considered all implications for the resident's physical and mental well-being and decided visits are advisable
- Providers have evaluated all other facility resident risk levels as a whole and determined visits are reasonable and feasible
- Providers educate residents on the risks of the spread of COVID-19 when interacting with visitors, and the appropriate/applicable safety precautions are presented in a manner consistent with the person's learning style
- Providers educate families, friends, and other visitors of the risks of the spread of COVID-19 and the potential health impact for not just their loved one, but also all residents of the home

- Providers and visitor should consider the Public Health Advisory status of the county where the facility is located and where the visitors live
 - <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/public-health-advisory-system/>

The Facility has, and is implementing, visitation policies that include parameters for when and where visitation can take place, and must meet the following criteria:

- The visitor confirms they have no household members currently in quarantine or isolation status due to COVID-19 exposure, symptoms, testing or travel to high case states
 - <https://coronavirus.ohio.gov/wps/portal/gov/covid-19/families-and-individuals/COVID-19-Travel-Advisory/COVID-19-Travel-Advisory>
- There are no residents in isolation or quarantine status in the distinct residential living area where the person being visited resides due to exposure to suspected or known COVID-19 cases
- There are no personnel who have worked in the distinct residential living area where the person being visited resides within the last 14 days who have been diagnosed with COVID or been assigned quarantine status by the Local Health Department (LHD) within the past 14 days
- The facility has enough Personal Protective Equipment (PPE) to provide for the individual, the visitor and the on-going needs of the facility personnel
- The facility has enough resources and personnel to properly implement the visit according to the policy and state requirements for infection control practices
- If possible, the indoor visitation will take place in a room or building that:
 - Is not currently utilized for other resident activities and has a private entrance and is not to be accessed by residents other than for visitation. If no such location exists in the facility, the visit location should be a location occupied by only the visitor and person(s) having a visitor and, support personnel, if needed, during the time of the visit
 - Is able and will have all hand-touchable surfaces cleaned between visits
 - Has ventilation that will circulate air during the visitation; circulating air should include outdoor air if possible
 - Has enough space to allow for six foot social distancing between the resident, personnel and the visitors
- Facility should address the potential need for visitors to use a restroom
 - Access to a private restroom for visitors only is preferable, if possible
 - Any restroom to be used by visitors will be cleaned before and after use by visitors
- Visitors must sign-in and provide contact information for potential contact tracing
- Visitors will wash hands or use hand sanitizer upon arrival at the location and before entering the visiting location
- Visitors will be screened for symptoms upon arrival and before visitation

- Visitors will be required to wear a face covering during the visit. Visitor may be required to wear additional PPE (such as surgical masks) based on individual circumstances
- The resident will preferably wear a face cover during the visit and will be assisted to not touch their face during the visit until after washing or sanitizing hands

Facilities are encouraged to maintain, and in some cases enhance, outdoor and virtual options to augment visitation. Examples include FaceTime, Skype, and Zoom.

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