Guidance for Smaller Residential Settings Regarding Visitation, Communal Dining, Group and Outside Activities

June 26, 2020

We appreciate the efforts of our family care, behavioral health/IDD and Traumatic Brain Injury providers across the state in responding to the COVID-19 Crisis. Ensuring the health and safety of consumers has been challenging and required tremendous sacrifices on the part of facility management and frontline staff. Residents and families have also been challenged by the inability to have in person visits and participate in outside activities.

Restrictions for residential care facilities were put in place due to vulnerabilities of the population served and the size of these settings. As we move forward, this guidance differentiates smaller facilities from larger residential care facilities. This guidance applies to settings with 6 or fewer beds. For example: family care homes, supervised living group homes, and alternate family living arrangements where there is an ongoing need for caution but also a recognition of the differences in smaller family-like settings.

Each facility must have a written plan which outlines their facility’s policy on visitation, communal dining, and group/outside activities. If your facility has an Infection Control Plan, these elements can be addressed in that document. The plan needs to include evaluations of the following factors:

1. The current COVID status of residents and staff or the presence of any symptoms.
   a. Visitation, communal dining, or indoor or outdoor group activities should not take place if there are residents with either symptoms or a diagnosis of COVID-19.
2. Individual risk factors for complications from COVID-19 (including age and pre-existing conditions), needs, and ability of each resident to safely participate in activities. This includes the residents’ ability to abide by infection prevention measures such as hand hygiene, use of cloth face covering, and social distancing.
3. The physical layout of the facility and the ability to provide space for social distancing.
4. Staff availability for supervision.
5. Procedures for conducting daily screening for temperature check, presence of symptoms, and known exposure to COVID-19 of all residents and staff, particularly those returning from extended visits or time outside of the home.

All of these factors will impact whether the facility should ease mitigation measures and provide opportunities for visitation, communal dining, and/or group/outside activities including residents’ employment, day programs, and external visits. Facilities will need to balance the needs of all residents in making decisions regarding these activities; these guidelines are intended to assist facilities, families, and clients with decision making. Ultimately, this decision is based on the above factors. Some facilities may not be able to ease restrictions safely. The COVID-19 response policy, and any changes in plans, are to be communicated with residents, families,
and guardians. Information on the policy and evaluation of factors used to determine the policy should be documented and available for administrative or regulatory agencies upon request.

If a decision is made by the facility based on the above factors to allow visitors, communal dining, or indoor or outside group activities, the following guidelines should be followed:

**Visitation**

1. Identify designated locations conducive to visiting that allows for social distancing and limits visitor movement within the facility.
2. Ensure adequate staff to supervise, monitor, and assist as appropriate for the individual’s needs.
3. Screen visitors for symptoms of illness, known exposure to COVID-19, and presence of a face covering.
4. The facility has the right to refuse visitation based upon screening and adherence to infection control measures including hand hygiene, use of cloth face covering, and social distancing.
5. Determine whether visitors should schedule visits in advance to provide adequate staff supervision of visits.
6. Consider limiting the number of visitors, such as to 2 per individual at a time.
7. Visitors should not enter the facility beyond the designated visiting area if one has been designated.
8. Disinfect any areas of the home where visitors have been with an approved EPA registered disinfectant after each visit.

**Communal Dining**

1. Ensure 6 feet of space between each individual.
2. Plate food individually rather than family style.
3. Emphasize hand hygiene before and after meals.

**Group Activities and Outside Activities, including Employment, Adult Day and BH/IDD Day Programs, and Home Visits**

1. Adhere to infection prevention measures including hand hygiene, use of cloth face covering, and social distancing.
2. Ensure face covering for all individuals.
3. Maintain social distance wherever possible, particularly in community settings. It is important to avoid close contact (being within 6 feet for 15 minutes or longer).
4. Limit group size such that infection prevention measures such as hand hygiene, use of cloth face covering, and social distancing can be appropriately followed.
5. Consider asking residents upon return for any exposure to close contacts with known COVID-19 (Close contact is defined as being within 6 feet for 15 minutes or longer).

For additional information, please see CDC guidance on COVID-19 related to individuals with disabilities and these settings:

- Guidance for Direct Service Providers
- Guidance for Group Homes for Individuals with Disabilities
- Guidance for Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders
- People with Developmental and Behavioral Disorders
- Steps to Take if You are Sick
- Ending Home Isolation (If You Have Been Sick with COVID-19)
- Steps to Take if You are Exposed to COVID-19 (Quarantine)

Additional information for family members: Community-based resources to support long-term care residents at home may be available. If a family member is interested in learning about options for supporting a loved one at home, please contact the facility’s social worker/administrator or the long-term care Ombudsman for resources that may be available.