

COVID-19: VISITATION DECISION-MAKING GRID

Updated July 17, 2020

The Minnesota Department of Health (MDH) has released various visitation guidance for nursing homes and assisted living/housing with services. This tool is designed to help providers make decisions about what type of visitations they can offer and in what circumstances. *Green, Yellow, Red criteria below are based upon information in the [MDH LTC Toolkit](#).*

	GREEN	YELLOW	RED
Situation Criteria	<ul style="list-style-type: none"> No active cases of COVID-19 for 28-days Access to PPE and have PPE cache sufficient for 14-day outbreak Staffing sufficient to meet resident needs Access to testing for residents and staff New COVID-19 case rate in the county is trending down for 7 days (or other designated case number) 	<ul style="list-style-type: none"> Access to PPE but do not have enough PPE for a 14-day outbreak Contingency staffing plan engaged Limited access to testing for residents and staff New COVID-19 case rate in the county is plateaued for 7 days (or other designated case number) 	<ul style="list-style-type: none"> PPE supplies low: < 7-day supply Crisis staffing plan engaged Limited or no access to testing for residents New COVID-19 case rate in the county is rising for 7 days (or other designated case number)
Visitation Options	Compassionate Care Visits Window Visits Essential Caregiver Visits Outdoor Visits	Compassionate Care Visits Window Visits Essential Caregiver Visits	Compassionate Care Visits

Note: The information above is provided as an example for you to develop your own plan for visitation decision-making.

VISITATION CONSIDERATIONS

ESSENTIAL CAREGIVER

[ESSENTIAL CAREGIVER FAQ:](#)
(DRAFT -07/17/20)

[MDH GUIDANCE](#)

There are multiple ways to conduct Essential Caregiver (EC) visits. A staggered approach is recommended for ease of implementation; however, this is not required and not listed in the guidance as a requirement.

First Steps:

- Review those residents who had a caregiver provide a physical service prior to COVID-19-19 (e.g. medication set-up, housekeeping, am/pm cares).
- Consult with the resident and/or responsible party to determine interest in continuing to provide these physical services.
- Coordinate a visitation plan, provide the EC with materials on the setting's COVID-19 related requirements, and provide the EC with training on appropriately donning/doffing PPE.

Next Steps:

- Review the resident list, daily communications, and most recent assessments and determine if you have a resident/group of residents who may benefit from an EC visit for psychosocial health.
- Complete an assessment on these residents to gather information and determine appropriateness of EC.
- Consult with the resident and/or responsible party to determine interest in providing an EC visit(s) for psychosocial health.
- Coordinate a visitation plan, provide the EC with materials on the setting's COVID-19 related requirements, and provide the EC with training on appropriately donning/doffing PPE.

Final Steps:

- Residents and/or families will request participation in EC activities. They feel they are essential to the resident's care.
- Listen to the resident and/or family member to determine rationale.
- Complete an assessment on these residents to gather information and determine appropriateness of EC.
- Consult with the resident and/or responsible party to determine interest in providing an EC visit(s) for psychosocial health.
- Coordinate a visitation plan, provide the EC with materials on the setting's COVID-19 related requirements, and provide the EC with training on appropriately donning/doffing PPE.

<p>WINDOW VISITS</p> <p><u>MDH GUIDANCE</u></p>	<p><u>Ideal Circumstances</u></p> <ul style="list-style-type: none"> • Schedule Visits • 1-2 visitors maximum same family • Technology available to resident if needed (Phone, I Pad) • Visitors maintain 6 feet physical distancing from any other persons in outdoor area • Use resident room window, if able, or another designated window in a common area • Encourage visitor to wear mask <p><u>Acceptable Circumstances</u></p> <ul style="list-style-type: none"> • Visits unscheduled but physical distancing of 6 feet enforced • 2-3 visitors maximum same family • Open window with 6 feet distance with visitor and resident masked • Resident in common area that provides for physical distancing <p><u>Please Avoid</u></p> <ul style="list-style-type: none"> • Multiple visitors from various locations (e.g., Church Group) • Open windows with no masks for both resident/visitors • Less than 6 feet from open window
<p>OUTDOOR VISITS</p> <p><u>MDH Guidance</u></p>	<p><u>Ideal Circumstance</u></p> <ul style="list-style-type: none"> • Create physical, see-through barriers to prevent virus transmission, e.g. plexiglass walls or booths • Designate one outdoor area for visiting that is staffed and provide social distancing of at least 6-feet. No physical contact between residents and visitors such as hugs and handshakes • Require facemasks for all residents and visitors • Recommend limiting visits to 20-30 minutes • If possible, create a regular schedule for weekly visits <p><u>Acceptable Circumstance</u></p> <ul style="list-style-type: none"> • Place benches at least 6-feet between residents and visitors • Limit number of visitors in the area to accommodate for social distancing • Utilize cameras/technology to monitor outdoor visits