The purpose of this document is to provide guidelines to allow residents the opportunity to restore visitation 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 outside visitation is safe when certain precautions, such as social distancing and face coverings, are strictly followed. DMH Adult Residential Programs may begin to allow outside visitation, following the rules below, starting July 1, 2020. Each DMH Adult Residential Program (hereafter “Program”) must determine whether visitation can be safely permitted for residents, visitors, and staff.

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 individual circumstances of each resident and their visitors. This guidance should be adjusted to accommodate individual circumstance to the extent reasonable with risk reduction in mind.

**Outdoor Visitation**

**Designated Outdoor Area**

* Visitors will be permitted in a designated outdoor area, such as the yard, patio, open porches, parking lot, or driveway.
	+ No enclosed outdoor spaces are permitted. For example, if a tent is used, it must have airflow and no sides.
	+ If the Program erects a tent, the Program may need to ask the town or city if a temporary permit for the structure is required.
* Visitors will not be allowed entry into the home or facility for any reason.

**Limitations on Visitors**

* Visits will be limited to 2 visitors at a time.
* Children and individuals at-risk are strongly encouraged to remain home.
* Programs should limit the number of visits allowed at one time to ensure social distance can be maintained

**Visitor Screening**

* All visitors must be screened prior to visiting with a resident.
	+ 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 to quarantine due to exposure.
* 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 over 2 years of age are required to wear a face covering mask 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.
* Residents will also be encouraged to wear face coverings if they can tolerate it and do so safely. Masks may not be appropriate for:
	+ Individuals with I/DD or a behavioral condition who are not able to tolerate wearing a mask

Individuals for whom wearing a mask causes trouble breathing

**Social Distancing and Supervision**

* Individuals should maintain social distancing to the maximum extent possible during the visit
* Physical contact may be desired by individuals who have not seen each other for several months. In order to reduce risk of transmission, individuals should:
	+ Use alcohol-based hand sanitizer with at least 60% alcohol before and after contact
	+ Avoid close face-to-face contact and kissing
	+ Hug with faces in opposite directions
	+ Limit the duration of close physical contact
* A Program staff member knowledgeable about the visitation guidance and trained in basic safety and infection control measures should be nearby during the visit.

**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:
	+ 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**

* 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 resident may be visited in order to ensure the safety of their residents and staff. Limits imposed by the Program should be based upon safety considerations and should not be arbitrary.
* Programs are encouraged to allow visiting hours throughout the day and should stagger visits as necessary in order to accommodate social distancing.
* Visits must be scheduled with the DMH residential program in advance to allow coordination with others who may also want to visit and to ensure appropriate staffing levels.
* 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.

**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.

**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](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) after each visit.

**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.
	+ 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 social distance may be limited
	+ 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.

**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.