

Visitation Guidance

Licensed Child and Adolescent Residential Programs



TEMPORARY GUIDANCE	
Effective Date: June 24, 2020 Modified October 1, 2020	Field Operations – Residential

POLICY STATEMENT

The purpose of this document is to provide guidelines to allow children and youth the opportunity to restore in person visitation on a limited basis during the COVID-19 pandemic while adhering to recommended Centers for Disease Control and Prevention (CDC) and Massachusetts Department of Public Health (DPH) guidelines. We recognize 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 followed. EEC Licensed Child and Adolescent Residential Programs may begin to allow outside visitation, following the rules below, starting June 24, 2020; and indoor visitation effective October 1, 2020.

Programs should use this guidance to update and revise their previously approved visitation policy. Revised policies must be maintained at the program and available to EEC and referral agencies upon request.

We realize each program and child is unique and that there are always extenuating circumstances given the physical make up of your program and the certain needs of your residents. Maintaining good communication with your Licensor and referral source during this time is paramount in helping maintain the very important family connections while keeping the youth and staff safe.

The policy must be shared with all visitors prior to a visit occurring, this includes referral sources, funding agencies, family members and collaterals.

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. Each Program must determine whether visitation can be safely permitted for residents, visitors, and staff. If they are unable to implement for a specific visit, they should contact their referral agency.

In Person Visitation

Outdoor Visitation

All visits conducted for youth, families and others should be outside whenever possible.

- Visitors will be permitted in a designated outdoor area, such as the yard, patio, open porches, parking lot, or driveway.
- If the facility erects a tent or temporary outdoor structure, it must have airflow, no sides. Note: you may need to ask your town or city if they require a temporary permit for the structure.

Indoor Visitation

Beginning October 1, 2020, Programs may allow indoor visitation if certain precautions are followed to reduce the risk of transmission:

- 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.
- Hand hygiene must be performed upon entering the Program, before visit occurs.
 - Use alcohol-based hand sanitizer with at least 60% alcohol before and after contact
- 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.
- All visitors must remain at least 6 feet from the resident and staff member(s) to the maximum extent feasible.
- Brief physical contact may be allowed if desired by the resident and visitor.

General guidance pertaining to all in-person program visits

Whether the visit is occurring indoors or outdoors, the following should be followed to the greatest extent possible:

- Avoid close face-to-face contact and kissing, allowing hugging with faces in opposite direction, hugging legs.
- Limiting close physical contact to less than 15 minutes.
- Masks should be worn at all times (except < 2years old and others who are unable to wear a mask for medical reasons)
- Adults should maintain social distancing to the maximum extent possible during the visit
- A program staff member knowledgeable about the visitation guidance and trained in basic safety and infection control measures should be available if needed during the visit.
- Programs must designate space where visitation is to occur that meets the following criteria:
 - Allow visitation to occur in a way that ensures social distancing from other residents and staff.
 - 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 program allows for safe indoor visitation, meeting the criteria above, then the visit may occur in the program; 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 and outdoor visitation space, including cleaning high-touch surfaces using an appropriate EPA-registered disinfectant.
- A staff member should be designated by the program to be responsible for the cleaning and disinfecting

Limitation on Visits

- The number of visitors at any time per resident should be limited and not exceed (6); and be conducted in a manner that maintains appropriate social distancing. (This limit does not include specialized services to assist with the visit or the staff supervising the visit.)
- Sharing items should be avoided as much as possible. In the event items are shared, ensure that items are disinfected both before and after use.
- Programs should limit the number of visits occurring at the same time to ensure social distance can be maintained.

- Visitors or youth who do not follow the health and safety precautions for indoor visits will be reminded of the importance of the precautions and how to follow them. Refusal to follow health and safety precautions may result in the termination of the visit.

Scheduling Visits in Advance

- All 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.
- All visitations must be approved by the referral source or guardian
- Visits should be scheduled in a staggered manner that supports social distancing, and avoids overlap with other visits
 - 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 youth may be visited. Programs are encouraged to allow visits at varying times to accommodate program and family schedules. Limits imposed by the Program should be based upon safety considerations and should not be arbitrary.
- Visits must be scheduled with the program in advance to allow coordination with others who may also want to visit and to ensure appropriate staffing levels and supervision.
- Visits will be scheduled in a manner that limits exposure and ensures staff can assist with the visit as required.
- The frequency and duration of the visit should be discussed with the contracted agency or individual with legal custody (such as DCF, DYS, DMH, LEA's, parent/guardian, etc) to ensure it meets the clinical needs of the youth.
- Advance notification of the visit will ensure that the program 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 youth, family and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.

Screening Visitors in Preparation for the Visit

All visitors must be screened prior to visiting with a youth

- The screening must be conducted for all individuals attending the visit. All participants should be screened by telephone or video one day prior to the visit.

- The Program should appoint one person to contact individuals prior to their scheduled visit to review the screening protocols and how the visit will be managed.
- The below screening questions should be reviewed:
 - Do you or anyone in your household have symptoms of COVID-19, including fever, cough, and shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell.
 - Do you or anyone in your household have a fever (100.4 F or higher)?
 - Have you or anyone in your household tested positive for COVID-19 in the past 14 days or been asked to quarantine due to exposure?
 - Within the past 14 days have you traveled outside of the lower-risk states included in the Commonwealth's travel order: <https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states->
- Visitors are not permitted to visit if they or someone in their household, have symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell
- 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 health care professional or local board of health official to quarantine due to exposure.
- Visitors reporting a fever (100.4 or higher) will not be permitted to visit.
- If a parent or child answers yes to any of these questions the in-person visit cannot occur and will need to be rescheduled
- Visitors who have traveled outside the lower risk states will not be allowed to visit without a negative COVID test or their return to Massachusetts was at least 14 days prior
- Visitors for whom the CDC considers to be at high risk should consider visitation via skype or zoom. Older adults and persons with pre-existing medical conditions or compromised immune systems are at a higher risk. This includes people who have heart disease, lung disease, or diabetes.

Managing the Visit

- All visitors must be screened for COVID-19 symptoms prior to visiting with a youth
- Screening for indoor visitation should occur at a designated single point of entry outside the Program
- 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 reporting a fever (100.4 F or over) **will not be permitted to visit** the program.

- 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.
- Hand sanitizers, wipes, and trash disposal should always be made readily accessible during visits
- If needed, access to a rest room can be allowed when appropriate safety precautions are followed.

Face Masks

- All visitors over 2 years of age and program or support staff supervising the visits must wear a face covering mask during the visit if they can do so safely.
- Visitors should bring their own face covering, to preserve the Program's PPE supply. However, if a visitor does not have a face covering, one may 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

Quarantined Programs and Isolated Residents

- Visits will not be permitted with anyone who is currently under isolation because they are presumed or confirmed COVID-19 positive or quarantined because of close or household contact.
- 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 any residents and staff who had contact with the visitor for the level of exposure and follow up with the Program's medical staff or the patient/resident's care provider
- 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.

Visitation Policies Subject to Change

- EEC, a residential program, or provider may be required 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 postpone in person visits on a case-by-case basis if a resident, staff, or visitor tests positive or shows symptoms of illness, or it is determined visitation cannot safely be accommodated for residents, visitors, or staff. As an alternative the program should explore the feasibility of conducting the visit virtually via skype, zoom or facetime.
- 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 youth may be given to staff who can label with the youth's name.
- If bathroom accommodations are available outside the program space, plan around their use and cleaning, if your program can do this in a safe manner.
- Any physical contact guidelines should be clearly communicated, no prolonged physical contact should occur.
- Plan for how any items brought in for youth will be disinfected or quarantined for 48 hours.
- To ensure consistency, criteria should be established for when visits should be postponed, cancelled, or converted to virtual visits.

Please see the links below for the minimum standards and Health and Safety guidelines as you develop your policies:

https://eeclead.force.com/resource/1590354235000/Operating_ResidentialSite

https://eeclead.force.com/resource/1591620826000/Residential_HealthSafety