



# Visitation Policy for DDS Residential Programs

Updated July 1, 2020

The purpose of this document is to provide guidelines for DDS Residential Programs, individuals, families and loved ones of individuals to allow visitation during the COVID-19 pandemic while adhering to recommended Centers for Disease Control and Prevention (CDC) and Massachusetts Department of Public Health (DPH) guidelines. The Department of Developmental Services (DDS) 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 visitation may take place when certain precautions, such as social distancing and face coverings, are strictly followed.

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 each Program. This guidance should be adjusted to accommodate individual circumstance to the extent reasonable with risk reduction in mind.

DDS Residential Programs should adjust visitation policies and practices following the updated rules below, starting July 1, 2020. Off-site visitation may begin starting July 3<sup>rd</sup>, 2020. Each DDS Residential Program (hereafter "Program") must determine whether visitation can be safely permitted for residents, visitors, and staff.

## Outdoor Visitation

### Designated Outdoor Area

- Visits will be permitted in a designated outdoor area, such as the yard, patio, open porch, 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 Program's home 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.



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Updated July 1, 2020

## 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 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.



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Updated July 1, 2020

### **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 individuals served by the Program 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 Program in advance to allow coordination with others that may also want to visit and to ensure appropriate staffing levels.
- It is preferable to have visits occur at the same time each week for planning purposes.
- Visitors should call ahead to 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**

- 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.

### **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](#) after each visit.



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Updated July 1, 2020

### Off-Site Visitation

Starting July 3rd, 2020, individuals may go with family or loved ones for an off-site visit, including an overnight visit subject to the following:

- The resident is not currently under isolation because they are presumed or confirmed COVID-19 positive or quarantined because of close or household contact.
- The resident and visitor(s) must not have signs or symptoms of COVID-19 and must not have a temperature of >100.0 deg F.
  - Thermometers must be disinfected after each use, per the manufacturer instructions.
- The family member or loved one must sign an attestation form, attesting that:
  - All individuals who the resident plans on visiting are free from any symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, or new loss of taste or smell, and have not been in close contact<sup>1</sup> with anyone with a confirmed or suspected case of COVID-19 in the past 14 days.
  - Close contact will be prevented with anyone who has not been screened for symptoms of COVID-19.
  - A face mask or covering will be worn by all visitors, and by the resident if they can do so safely, while unable to socially distance, indoors including in the family home, and in other enclosed areas such as a car.
  - If staying overnight, the resident will sleep in their own room, or if not possible, at least six feet from others, to the greatest extent possible.
  - Medical attention will be sought by family and the residential program will be notified if individual starts displaying symptoms of illness or comes into contact with a COVID-19 positive person while away on visit.
  - Infection control protocols will be followed during the entirety of the visit.
- For home visits, family or loved ones will be asked to provide the names and contact information for any person the resident is anticipated to come into contact with on the visit in case contact tracing becomes necessary. Family or loved ones should communicate modifications to this section of the form upon return.

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<sup>1</sup> Close contact is defined as being within 6 feet of a COVID-19 positive person, for at least 10-15 minutes, while they were symptomatic or within the 48 hours before symptom onset, or someone who tested positive for COVID-19, regardless of symptoms, in the 48 hours before their test was taken or anytime in the 10 days after the test



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Updated July 1, 2020

- Additionally, family or loved ones should inform Program staff if the individual traveled out of state during the visit
- Families or loved ones must monitor themselves and the individual for COVID-19 symptoms during the visit. Program staff will screen the individual for COVID-19 symptoms and fever before they return to the residential program.
- To the extent possible, off-site visits and activities should occur outdoors where resident and visitors are able to maintain social distancing. Time spent in highly populated, public areas or other areas where the ability to social distance may be limited should be minimized.
- If the resident shows symptoms of COVID-19, including fever, cough, shortness of breath, sore throat, muscle pain, chills, congestion or runny nose, nausea, vomiting or diarrhea, or new loss of taste or smell, the family must seek medical attention and contact the residential program to discuss where the individual may be safely isolated. The individual may not be able to return to the residence until they are free of symptoms.
- Off-site visits will not be permitted 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.
- Any individual who participates in a visit with a resident and develops signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, muscle pain, chills, congestion or runny nose, nausea, vomiting or diarrhea, or new onset loss of smell or taste within 2 days after the visit must immediately notify the program of the date of the visit, the individuals they were in contact with, and the locations where the visit occurred.
  - Programs should immediately screen any resident and staff who had contact with the visitor for the level of exposure and follow up with the program's medical staff or the resident's care provider.
- Once the resident returns to the home, he or she should be proactively monitored for any symptoms of COVID-19 each day for fourteen days.

### **Visitation Policies Subject to Change**

- DDS, 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 prohibit 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.