



# Visitation Policy for DDS Residential Programs

Updated March 19, 2021

## Overview

The purpose of this document is to provide guidelines for Department of Developmental Services (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. 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 determined that visitation may take place when certain precautions 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 Residential Program (hereafter "Program"). This guidance should be adjusted to accommodate individual circumstances to the extent reasonable with risk reduction in mind.

Programs should adjust visitation policies and practices following the updated rules below, including the policies which apply specifically to fully vaccinated individuals. Fully vaccinated individuals are defined as 14 days or more after their final dose. In a 2-dose series, like the Pfizer or Moderna vaccines, the individual is fully vaccinated 14 days or more after their second dose. After a single-dose vaccine, like Johnson & Johnson's Janssen vaccine, the individual is fully vaccinated 14 days or more after the single dose.

Facilities can encourage visitors to become vaccinated when they have the opportunity. While visitor vaccination can help prevent the spread of COVID-19, visitors **should not be required to be tested or vaccinated (or show proof of such)** as a condition of visitation.

## On-Site Visitation

### Designated Outdoor Area

Visits will be permitted in a designated outdoor area, such as the yard, patio, open porch, parking lot, or driveway.

### Indoor Visitation

Programs may allow indoor visitation in Programs that have not had any confirmed or suspected COVID-19 cases in residents or staff in the past 14 days. In larger settings with distinct wings or units, Programs may allow indoor visitation in wings or units that have not had any confirmed or suspected COVID-19 cases in residents or staff in the past 14 days.

**Residents who are fully vaccinated may visit with loved ones who are fully vaccinated** in their rooms, if they reside in a private room or their roommate is also fully vaccinated.

- Residents who are fully vaccinated may visit with loved ones who are fully vaccinated without maintaining physical distance<sup>1</sup>, if both are wearing facemasks, as able.

**If either the resident or the visitor(s) are not fully vaccinated**, visitation should occur in a space which meets the following criteria:

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<sup>1</sup> "Physical distance" and "social distance" both are used to mean "stay(ing) at least 6 feet (about 2 arm lengths) from other people who are not from your household in both indoor and outdoor spaces," [per the CDC](#).



## Visitation Policy for DDS Residential Programs

Updated March 19, 2021

- Allows visitation to occur in a way that ensures physical distancing with residents and staff.
  - Residents may visit with their child(ren) or sibling(s) who may be unvaccinated without maintaining physical distance, if both are wearing facemasks, as able.
- Minimizes visitor impact on the Program space and routine of other residents.
- Uses ventilation systems that operate properly, have been serviced in accordance with manufacturer recommendations, including filter cleaning, and increasing 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.

Except in the case of a fully vaccinated resident and a fully vaccinated visitor as described above, a visitor should remain at least 6 feet from the resident and staff member(s) to the maximum extent feasible. However, close contact, including touch, may be allowed if desired by the resident and visitor, regardless of vaccination status. In order to reduce the risk of transmission, individuals should:

- Use alcohol-based hand sanitizer with at least 60% alcohol before and after contact;
- Hug with faces in opposite directions; and
- Limit the duration of close physical contact and avoid close face-to-face contact even when face coverings are used.

### Limitations on Visitors

Visits will be limited to either (a) two individuals, OR (b) more than two visitors if all visitors are part of the same household, per resident at a time.

- Individuals at-risk are strongly encouraged to remain home.
- Programs should limit the number of visits and / or the number of visitors present at the same time to ensure physical distance can be maintained.
- For the purpose of this guidance, visitors do not include designated support workers for individuals with a disability or special needs.

### Visitor Screening

All visitors must be screened for COVID-19 symptoms and close contact with someone with COVID-19 infection in the prior 14 days, and have their temperature checked prior to visiting with a resident. 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 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 or public health official to quarantine due to exposure.



## Visitation Policy for DDS Residential Programs

Updated March 19, 2021

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, including fully vaccinated visitors, over 2 years of age are required to wear a face covering during the visit if they can do so safely. Residents, including fully vaccinated residents, will also be encouraged to wear face coverings if they can tolerate it and do so safely.

- Public health guidance recommends that all individuals, including fully vaccinated individuals, continue to wear face coverings in public settings or settings in which some individuals may not be vaccinated such as a group home ([link to DPH guidance on face coverings](#)).
- Masks may not be appropriate for individuals with I/DD or a behavioral condition who are not able to tolerate wearing a mask or individuals for whom wearing a mask causes trouble breathing
- 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.

### 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:

- Physical distance must be maintained while food is being shared during an indoor visit unless the resident and the visitor(s) are both fully vaccinated.
- Visitors and residents must wear masks to the extent possible and practice hand hygiene before and after eating.
- Food should not be shared off the same plate nor residents and visitors drink by mouth from the same container. Each person should use their own eating utensils and not share plates or cups.
- 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.

### Planning for Visits

A Program has the discretion to request that visits be scheduled in advance, 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 allow coordination with other visitors and 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 physical distancing.
- It is preferable to have visits occur at the same time each week for planning purposes.



## Visitation Policy for DDS Residential Programs

Updated March 19, 2021

- 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, contact information, 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.

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.

### Disinfecting the Visitation Area

All surfaces in the visitation area should be disinfected using an [EPA-approved disinfectant for use against SARS-CoV-2](#) after each visit.

### Off-Site Visitation

Individuals may go with family or loved ones for an off-site visit, including an overnight visit subject to the following:

- The resident and visitor are 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  $>100.0^{\circ}\text{F}$
- The family member or loved one signs the [DDS Off-Site Visit Attestation form](#), and agrees to the provisions contained therein.

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. Additionally, family or loved ones should inform Program staff if the individual traveled out of state during the visit.

### Precautions and Protocols for Off-Site Visits

If the either resident or visitor(s) are **not fully vaccinated**, off-site visits and activities should occur outdoors where resident and visitors are able to maintain physical distance, to the extent possible.

Residents and visitor(s) who **are fully vaccinated** are not required to maintain physical distance in private settings, such as a private home. Indoor visits between fully vaccinated people who do not wear masks or physically distance from one another are likely lower risk. However, fully vaccinated individuals should continue to physically distance and wear face coverings in public settings or settings in which some individuals may not be vaccinated such as a group home.

Time spent in highly populated, public areas or other areas where the ability to physically distance may be limited should be minimized, regardless of vaccination status.



## Visitation Policy for DDS Residential Programs

Updated March 19, 2021

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 Program:

- 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 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.
- Any individual who participates in an off-site 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.