



Guidance for Selecting In-building Visitation Areas in Long-term Care Facilities

11/04/2020

The following guidance was created to help long-term care facilities complete their risk assessment and mitigation plan to accommodate in-building visits. The items in this guidance must be addressed in the facility risk assessment and mitigation plan to allow residents to visit with family while maintaining a proper level of infection control and fire safety. There may be other requirements your facility needs to address that are not included in this document. Ultimately, it is up to each facility to protect their residents from harm at their specific site.

The facility director should work with their mechanical engineer to maximize airflow and fresh air to the visitation area. If possible, maximize airflow and fresh air near the resident in the visitation area and the exhaust, or air return, on the visitor side of the visitation area. It is also recommended to review your plan with the local or state fire marshal to ensure compliance with the Minnesota State Fire Code.

Please do not hesitate to contact the Minnesota Department of Health (MDH) with questions and/or concerns as our time and resources allow as we continue to work together to provide the safest and best health care for Minnesotans.

Visitation area location

- Close to an exterior entrance to minimize visitor traffic through the long-term care building.
- The room or space does not block the required/path to exit.

Room or area requirements

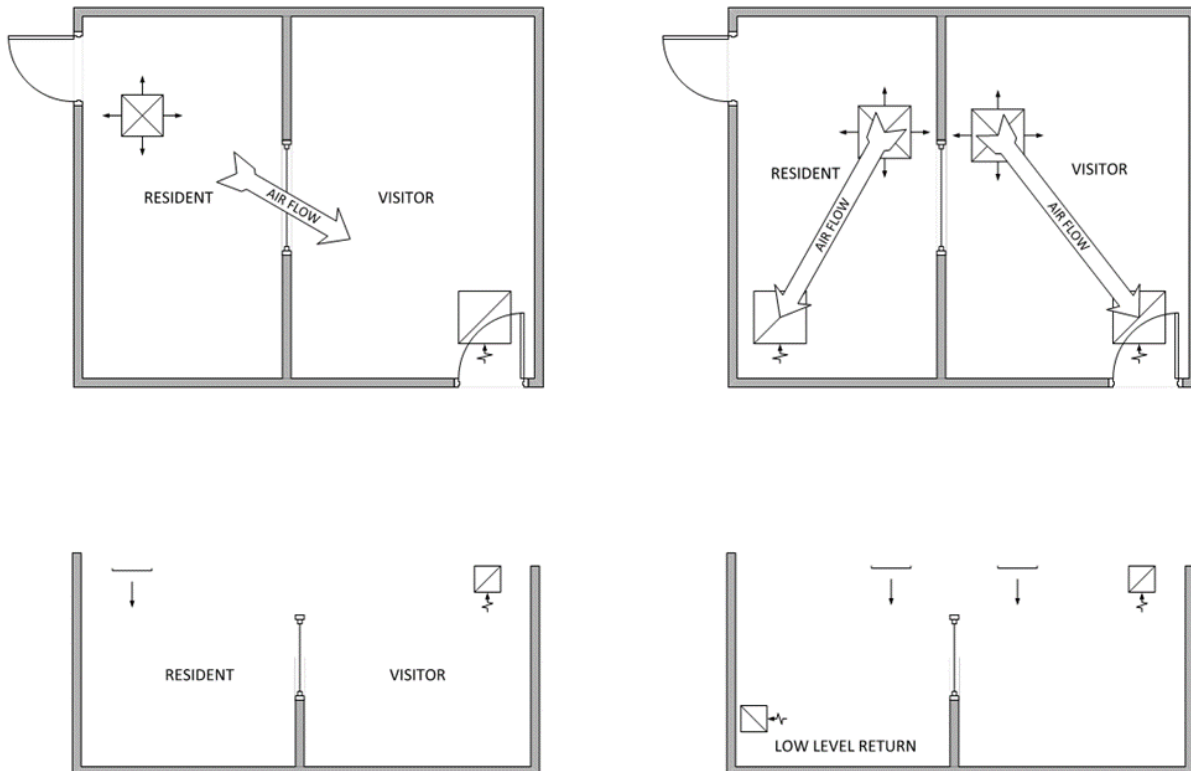
- Provide a hand wash or hand sanitizing station at each access point.
- Choose a space large enough to allow a minimum of 6 feet of separation between the resident and visitor at all times.
- Ensure residents and visitors adhere to current face covering requirements, [Contingency Standards of Care for COVID-19: Personal Protective Equipment \(PPE\) for Congregate Care Settings](http://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf) (www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf).

- Separate entrances for residents and visitors are recommended to maintain proper separation.
- If a divider is used, the following guidelines apply:
 - Dividers are considered an interior finish and must meet rating requirements for interior finish.
 - Clear dividers should be polycarbonate material (Lexan™).
 - If a framed wall is installed as a divider, the walls should be framed with steel studs and completely covered with drywall.
 - Dividers should be sized to ensure separation between staff, residents, or visitors whether sitting, standing, or otherwise moving within the space.
 - Dividers must be at least 18 inches from the ceiling to allow the sprinkler system and smoke detection systems to work properly.
 - Dividers must be stable and secure.
 - Use of a divider is not a replacement for wearing face coverings and physical distancing.

Ventilation

- The room or area should be well ventilated with airflow from the resident area to the visitor area. Please also see [Indoor Air Considerations: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/indoorair.html\)](http://www.health.state.mn.us/diseases/coronavirus/indoorair.html).
- The facility should consider maximizing airflow and fresh air to the room or area.
- Ideally, air should be supplied between the resident and visitor and returned/exhausted along the perimeter of the room on the visitor side.

Room ventilation examples



The visitation area does not need to specifically match the provided examples above; however, as a reminder, the facility director should work with their mechanical engineer to maximize airflow and fresh air to the space. If possible, maximize airflow and fresh air near the resident in the visitation area and the exhaust, or air return, on the visitor side of the visitation area.



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Contact health.communications@state.mn.us to request an alternate format.