

This an approved definition from the Kentucky Inspector General, Adam Mather

Defining “End of Life” for the Purposes of Visitation during COVID19

In the [CMS Memo from 3-13-2020](#), facilities nationwide were advised they should “restrict visitation from all visitors and non-essential health care personnel” except in certain cases, such as “end-of-life.” Governor Andy Beshear has recommended that all long-term care facilities follow this guidance.

What is the definition of “end-of-life” for purposes of visitation?

It is recommended that the facility defer to the patient’s attending Physician, APRN or PA in consultation with the facility caregiving team when making the decision to call in the family. This is the procedure today and should continue to be the procedure. Please defer to that team for making the decision. Providers should notify family several days and up to one week in advance or when a substantial change of condition occurs. Providers should not wait until active dying.

What procedures should I use during end of life situations?

Facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.