STAY SAFE MN

COVID-19 Guidance: Long-term Care Indoor Visitation for Nursing Facilities and Assisted Living-type Settings

3/17/2021

MDH has adopted the March 10, 2021, Centers for Medicare & Medicaid Services (CMS) guidance for visitation that applies immediately to nursing homes and assisted living-type settings, published in QSO-20-39-NH Revised (www.cms.gov/files/document/qso-20-39-nh-revised.pdf).

This guidance replaces previous Minnesota Department of Health (MDH) visitation guidance for Minnesota's long-term care facilities, such as nursing facilities, skilled nursing facilities, and assisted living-type facilities (including registered housing-with-services settings with an arranged home care provider).

- Nursing homes must also put into practice the measures described in CMS memo QSO-20-38-NH (www.cms.gov/files/document/qso-20-38-nh.pdf), 8/26/2020.

Definition of fully vaccinated: People are considered fully vaccinated for COVID-19 two weeks after their second dose of a vaccine that requires two doses (like Pfizer or Moderna), or two weeks after they get a single dose of a vaccine that requires one dose (like Johnson & Johnson).

All long-term care providers should continue to follow basic core principles for preventing COVID-19 infection, including:

- Screening all who enter the setting for signs and symptoms of COVID-19, and deny entry of those with signs or symptoms or those who have had close contact with someone who has COVID-19 infection in the past 14 days regardless of the visitor's vaccination status.
- Hand hygiene. An alcohol-based hand rub is best, unless hands are visibly soiled, and then soap and water is recommended.
- Wearing a well-fitting facemask that fully covers the mouth and nose.
- Keeping people 6 feet apart (social distancing).

- Educating visitors about basic steps to prevent COVID-19 infection and posting signs throughout the building to help them remember.
- Cleaning and disinfecting of frequently touched surfaces in the facility often, and designated visitation areas after each visit.
- Having staff wear face masks and other needed personal protective equipment.

The QSO 20-39 NH Revised memo does not say that providers are expected to supervise or to watch visits. Residents should be able to have private visits. Providers should remind residents and families of infection control practices if they forget to follow the basic steps. Facility staff shall not restrict visitation without a reasonable clinical or safety cause.

Key components of visitation, as identified in QSO-20-39-NH Revised

- Compassionate care visits, essential caregivers, and visits required under state and federal disability rights laws, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.
- Screening visitors: Screening questions must now include whether **the visitor has had close contact in the prior 14 days with someone who is infected with COVID-19** (regardless of whether the visitor is vaccinated). If the visitor answers yes, the visitor should not be allowed to enter.
- While taking a person-centered approach, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19, because outdoor visits generally pose a lower risk of spreading the disease. Visits should be held outdoors **whenever feasible**.
- **Facilities should allow indoor visitation at all times and for all residents**, regardless of whether they are vaccinated, except in a few circumstances when visitation should be limited due to a high risk of spreading COVID-19. Indoor visitation should be limited for the following residents under the following circumstances:
  - Unvaccinated residents, if the LTC facility's 14 day COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated; CMS county percent positivity data can be found at CMS: COVID-19 Nursing Home Data (https://data.cms.gov/stories/s/bkwz-xpvg) and MDH weekly percent of tests positive by county of residence data can be downloaded at COVID-19 Weekly Report (www.health.state.mn.us/diseases/coronavirus/stats/index.html).
  - Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue Transmission-Based Precautions in Interim Guidance for Discharge to Home or New/Re-Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions (www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf).
  - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

- Quarantine is no longer recommended for residents who are being admitted to a post-acute (LTC setting) if they are fully vaccinated and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days. CDC: Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html).

Facilities should consider how the ability to maintain the core principles of infection prevention is affected by the number of visitors received at one time per resident and the total number of visitors in the facility at one time (based on the building size and physical space). If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.

During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should try to make in-room visitation possible while following the core principles of COVID-19 infection prevention.

- If during a compassionate care visit a visitor and facility identify a way to allow personal contact, it should be done only following appropriate infection prevention guidelines, and for a limited amount of time.
- If a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask (if tolerated) and by performing hand hygiene before and after. However, visitors should stay 6 feet away from all other residents and staff in the building.
- During an outbreak:
  - Visitation can still occur during an outbreak **if there is evidence that the spread of COVID-19 is contained to a single area (e.g., unit) of the facility.** Facilities need to use discretion with how they define a single unit. An outbreak is when a new facility-onset case of COVID-19 occurs among residents or staff. Residents admitted to the facility with known COVID-19 positive status, and residents who develop COVID-19 during the 14-day quarantine period for new admissions and readmissions, are not considered facility-onset cases as long as the residents have been in appropriate transmission-based precautions. If a newly admitted resident is not in quarantine because they are fully vaccinated, yet develops COVID-19 during the first 14 days after admission, this is considered a new facility-onset case of COVID-19.
  - To swiftly detect cases of COVID-19, facilities are reminded to adhere to CMS and MDH regulations and guidance for COVID-19 testing, including routine staff testing, testing of people with symptoms, and outbreak testing.
- When a new case of facility-onset COVID-19 is identified among residents or staff, a facility should, as a health standard of care, immediately begin outbreak testing and suspend all visitation (except essential caregiver, compassionate care visits and visits required under disability rights laws), until at

least one round of facility-wide testing is completed. See COVID-19 Testing Recommendations for Long-term Care Facilities (www.health.state.mn.us/diseases/coronavirus/hcp/ltctestrec.pdf).

Visitation can start again based on the following:

- If the first round of outbreak testing shows **no additional COVID-19 infections in other areas (e.g., units) of the facility**, then visitation can start again for residents in areas/units with no COVID-19 cases. However, the visitation on the affected unit should be suspended until the facility meets the criteria to stop outbreak testing. For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing **shows one or more additional COVID-19 cases in other areas/units of the facility** (e.g., two or more units affected), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to stop outbreak testing.
- In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., signage indicating current outbreak) and should follow the core principles of COVID-19 infection prevention, including effective hand hygiene and wearing well-fitting face masks.
- Facilities in medium or high positivity counties are encouraged to offer testing to visitors as feasible. Visitors should also be encouraged to get vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, **neither testing nor vaccination should be required of visitors as a condition of visitation, nor should proof of such be requested**. This also applies to visits by representatives of the Office of the State Long-Term Care Ombudsman; representatives from MDH, including life safety code inspectors; and protection and advocacy systems.

Access to the Long-Term Care Ombudsman

The Older Americans Act (OAA), Title VII, chapter 2, sections 711/712, authorizes the Long-Term Care Ombudsman Program. The OAA and federal regulations require the Ombudsman for Long-Term Care program to provide services to residents of long-term care facilities with access to effective advocacy in order to ensure the quality of care and quality of life they deserve and are entitled to by resident rights law.

During all MDH long-term care levels of COVID-19 response, long-term care facilities are required to allow in-person visits from the Office of the Ombudsman for Long-Term Care when they are deemed important by the state ombudsman office to assist residents in protecting their health and safety, welfare, and rights, when requested by a resident, or when requested by a resident representative when substitute decision-making authority is activated due to a resident's inability to comprehend because of the complications of disease or advanced dementia. Under CMS guidance and state law, long-term care facilities are required to provide the state ombudsman immediate access to licensed long-term care facilities.

The Ombudsman program has authority to access resident records, 45 CFR, section 1324.11(e)(2) (iv, v, vi), and access to the name and contact information of the resident and the resident representative, if any, where needed to perform the functions and duties, 45 CFR, section 1324.11(e)(2)(iii), Minnesota Statute, section 256.9742, subdivision 4. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, 45 CFR part 160, and 45 CFR part 164, subparts a and E, does not preclude release by covered entities of resident private health information or other resident-identifying information to the ombudsman program, including but not limited to resident medical records, social, or other records, a list of resident names and room numbers, or information collected in the course of a state or federal survey inspection process, 45 CFR, section 1324.11(e)(2)(vii).

Ombudsman staff will comply with MDH-recommended symptom screening, masking and other personal protective equipment requirements during any in-person visit. Visits between representatives of the ombudsman program and residents should not be supervised by facility staff, unless requested by the ombudsman representative.

Independent living tenants in assisted living-type settings

MDH is aware that many long-term care settings also have independent living or separate resident apartments. Independent living tenants who receive no services are not required to be screened and tested for COVID-19, but they are required to follow the same guidelines for visitors, source control, activities, and dining.