



## REOPENING PLAN FOR FACILITIES:

**Beginning February 26, 2021, nursing homes may expand visitation and/or activities under this revised guidance if able to continue following the core principles of infection control and prevention, under the following conditions:**

1. Full compliance with both state and federal reporting requirements including *COVID-19* focus surveys, daily HERDS, weekly staff testing surveys, and the federally required weekly submission of *COVID-19* data to the National Healthcare Safety Network (NHSN).
2. The facility retains a copy of the visitation plan where it is easily accessible and immediately available upon request of the Department or local health department.
3. **There has been no new onset of *COVID-19* cases in the last 14 days** and the facility is not currently conducting outbreak testing as reported on daily HERDS submissions.
4. Visitors must be able to adhere to the core principles, including infection prevention and control practices, and staff will provide monitoring for those who may have difficulty adhering to core principles.
5. Movement in the facility is limited, including no walking around halls of the facility. Visitors should go directly to the designated visitation area. Visits for residents who share a room should not be conducted in the resident's room unless the roommates are spouses. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of *COVID-19* infection prevention.
6. Adherence to screening protocols for all staff during each shift, each resident daily, and all persons entering the facility or grounds, including visitors, vendors, students and volunteers.
7. **The number of visitors to the facility must not exceed twenty percent (20%) of the resident census.**
8. The length of time for the visit is specified to help ensure all residents are able to receive visitors.
9. Visitors under the age of 16 must be accompanied by an adult 18 years of age or older.
10. Current *COVID-19* positive residents, residents with *COVID-19* signs or symptoms, and residents in a 14-day quarantine or observation period remain ineligible for in-person visits. In these instances, every effort will be made to accommodate visits using electronic devices and alternative visitation techniques.
11. The facility utilizes the CMS *COVID-19* County positivity rate, found on the *COVID-19* Nursing Home Data site: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home->

[Data/bkwz-xpvg](#) to determine how to facilitate indoor visitation and when visitation must be paused. The facility must abide by the following:

- **Low (<5%)** = Visitation should occur according to the core principles of *COVID-19* infection prevention and facility policies (beyond compassionate care visits). For county *COVID-19* positivity rates below 5%, visitor testing is strongly encouraged; facilities may use rapid testing.
  - **Medium (5% - 10%)** = Visitation should occur according to the core principles of *COVID-19* infection prevention and facility policies (beyond compassionate care visits). Visitor testing is required. Visitors must either: present a negative *COVID-19* test result from within the past seventy-two (72) hours, or facilities may utilize rapid testing to meet the testing requirement. Additionally, all visitors must adhere to all infection control practices.
  - **High (>10%)** = Visitation must only occur for compassionate care situations according to the core principles of *COVID-19* infection prevention and facility policies. Facilities should offer rapid testing whenever possible.
12. While taking a person-centered approach and adhering to the core principles of *COVID-19* infection prevention, outdoor visitation can be conducted in a manner that reduces the risk of transmission. Outdoor visits post a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (i.e. inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status, or a facility's outbreak status, outdoor visitation should be facilitated routinely. The facility will create accessible and safe outdoor spaces for visitation, such as in courtyards, patios or parking lots, including the use of tents, if available. When conducting outdoor visitation, the facility will have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (i.e. maintaining social distancing).

#### **Additional Guidelines:**

1. Adequate staff will be present to allow for personnel to help with the transition of residents, monitoring of visitation and cleaning and disinfecting of areas used for visitation after each visit using an EPA-approved disinfectant.
2. Appropriate signage will be available regarding facemask or face covering utilization and hand hygiene, and applicable floor markings to cue social distancing delineations must be in place at all times.
3. Screening for signs and symptoms of *COVID-19* prior to residents access.
4. Documentation of screening must be maintained onsite in an electronic format and available upon the Department's request for purposes of inspection and potential contact tracing. Documentation must include the following for each visitor:
  - First and last name of the visitor;

- Physical (street) address of the visitor;
  - Daytime and evening telephone number;
  - Date and time of visit; and
  - Email address if available
5. Adequate PPE must be made available by the facility to ensure residents wear a facemask, if medically able to utilize a face covering during visitation. Visitors must wear a face covering at all times when on the premises of the facility and maintain social distancing. The facility must have adequate supply of masks on hand for visitors and make available to visitors who lack an acceptable face covering.
  6. The facility will provide alcohol-based hand rub to visitors or representatives of the long-term care ombudsman visiting residents and those individuals are able to demonstrate appropriate use.
  7. The facility will provide a quick, easy to read fact sheet outlining visitor expectations including appropriate hand hygiene and face coverings. The fact sheet must be provided upon initial screening of all visitors.
  8. Small group activities will be permissible when the facility is not experiencing an outbreak and when space allows for appropriate social distancing, however, no more than 10 residents and staff will be permitted to engage in such activities at any one time.
  9. Weather permitting, residents may also be assisted to go outdoors with staff supervision and the appropriate infection control, safety and social distancing requirements maintained.
  10. All non-essential personnel are subject to the same infection control requirements as staff, including but, not limited to testing for *COVID-19* with the same frequency as for staff; screening, wearing a mask, performing hand hygiene, maintaining social distancing.
  11. Allow for students and trainees enrolled in programs to become licensed, registered, certified, board eligible or otherwise to complete a program for health care professionals to receive training and otherwise participate in duties relevant to their program of training provided the facility environment is appropriate to the student's education, training and experience. Students should follow the guidelines established in their agreement between the nursing home and academic institution.

### **Compassionate Care Visits:**

1. Compassionate Care Visits are permitted when visitation may not otherwise be permitted in accordance with the Department's current visitation guidance, and facilities may waive requirement of a visitor presenting a negative *COVID-19* test prior to commencement of such visit under any of the circumstances below.
2. Compassionate care visits should include:
  - Newly admitted residents with difficulty adjusting to the facility environment and lack of in-person family support.

- Residents recently grieving the loss of a friend or loved one.
- Resident who previously received in –person support and/or cueing from family for eating and drinking and are now experiencing dehydration and/or weight loss.
- Residents who are exhibiting signs and symptoms of emotional distress including, but, not limited to, seldom speaking or crying more frequently (when the resident had rarely cried in the past), refusing to participate in an activity or activities, staying in bed longer than usual, or exhibiting behavior considered abnormal for the individual.
- Residents who receive religious or spiritual support from clergy or another layperson.

Excluding end of life situations, an assessment of the resident will be conducted by the Attending Physician to ascertain whether compassionate care visitation is warranted.