Guidance and responses were provided based on information known on 3/11/2021 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

COVID-19 and LTC

March 11, 2021

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

ICAP
Infection Control Assessment and Promotion Program

Presentation Information:

Panelists today are:

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Slides and a recording of this presentation will be available on the ICAP website:
https://icap.nebraskamed.com/covid-19-webinars/

Use the Q&A box in the webinar platform to type a question. Questions will be read aloud by the moderator.
If your question is not answered during the webinar, please either e-mail it to NE ICAP or call during our office hours to speak with one of our IPs.

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Continuing Education Disclosures

- 1.0 Nursing Contact Hour and 1 NAB Contact Hour is awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must be present for the entire live webinar and complete the post webinar survey
- No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content
- This CE is hosted Nebraska Medicine along with Nebraska ICAP and Nebraska DHHS
- Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation

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Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

3/10/2021

ICAP

Infection Control Assessment and Promotion Program

CDC Update 3/10/2021

Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure.

Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for:

- HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.
    - However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.

HCP who have traveled should continue to follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler.

In other words:

- Non-vaccinated staff if exposed to COVID-19 will still need to quarantine.
- Fully vaccinated staff who is immunocompromised may need to be restricted from work for 14 days if exposed to COVID-19
- After international travel staff may have to be restricted from work regardless of vaccination status as per the CDC and state guidance

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

CDC Update 3/10/2021

Fully vaccinated *inpatients and* ***residents*** in healthcare settings **should continue to quarantine** following **prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period)** with someone with SARS-CoV-2 infection.

- This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.

***Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated patients and residents following prolonged close contact with someone with SARS-CoV-2 infection as a strategy to address critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable.

These decisions could be made in consultation with public health officials and infection control experts.

This means yellow zones in outbreaks will continue even for fully vaccinated residents

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

Visitation: Update to CMS Memo QSO-20-39-NH

3/10/2021

ICAP

Infection Control Assessment and Promotion Program

Summary of Updates to CMS Memo QSO-20-39-NH

1. Upon screening, denial of entry to "those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)"
2. Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status) with **the following exceptions:**

Red counties with low vaccine rate

- Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated

Red Zone

- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the 2 criteria to discontinue Transmission-Based Precaution

Yellow Zone

- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

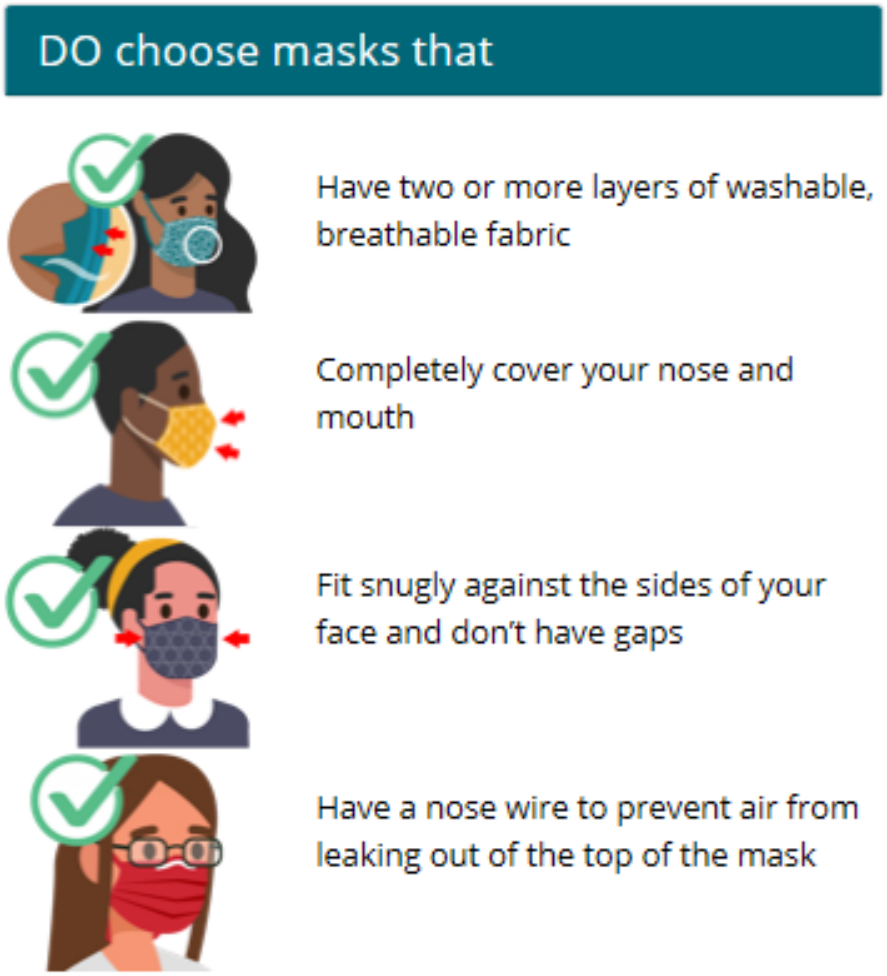
https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Summary of Updates to CMS Memo QSO-20-39-NH

- This new guidance **clarifies indoor visitation** during an outbreak in a facility.
  - If the facility has a yellow zone and a green zone, visitation can continue in the green zone if after initial outbreak testing no additional cases are found outside of the yellow zone.
  - If more units are found to be impacted, these units may also become a yellow zone and visitation to all parts of the facility will stop at this time.

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html

Summary of Updates to CMS Memo QSO-20-39-NH



- During visitation, **If the resident is fully vaccinated**, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after.

  •Regardless, visitors should physically distance from other residents and staff in the facility.

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf
https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html

Summary of Updates to CMS Memo QSO-20-39-NH

- Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

- This guidance further emphasizes that visitors are encouraged to become vaccinated when they have the opportunity.
    - While visitor testing and 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.***

This means LTCF can offer the test to visitor but cannot mandate

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

CDC UPDATES ON VISITATION

3/10/2021

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CDC Summary of Visitation Changes and Recommendations

- Indoor visitation for unvaccinated residents should be limited solely to compassionate care situations if the COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.
- Indoor visitation should be limited solely to compassionate care situations, for:
  - Vaccinated and unvaccinated residents with SARS-CoV-2 infection until they have met criteria to discontinue Transmission-Based Precautions.
  - Vaccinated and unvaccinated residents in quarantine until they have met criteria for release from quarantine.
- Facilities in outbreak status should follow guidance from state and local health authorities and CMSexternal icon on when visitation should be paused.
  - Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

CDC Summary of Visitation Changes and Recommendations

- Facilities should continue to regularly vaccinate new admissions and HCP.
- Ideally, unvaccinated residents who wish to be vaccinated should not start indoor visitation until they have been fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine).
- Before allowing indoor visitation, the risks associated with visitation should be explained to residents and their visitors so they can make an informed decision about participation.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

CDC Summary of Visitation Changes and Recommendations

- Visitors should still be screened and restricted from visiting if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days.

- Visitors and residents (if tolerated) should still wear a well-fitting cloth mask, facemask, or respirator (N95 or a respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators) for source control.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

CDC Summary of Visitation Changes and Recommendations

- The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (maintaining at least 6 feet between people).
- If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control.
- Hand hygiene should be performed by the resident and the visitors before and after contact.
- Visitors should physically distance from other residents and HCP in the facility.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

CDC Summary of Visitation Changes and Recommendations

- Facilities should have a plan to manage visitation and visitor flow. Visitors should physically distance from other residents and HCP in the facility. Facilities may need to limit the number of visitors per resident at one time as well as the total number of visitors in the facility at one time. in order to maintain infection control precautions.

- Visits for residents **who share a room** should ideally not be conducted in the resident's room.
    - If in-room visitation must occur (e.g., resident is unable to leave the room), an unvaccinated roommate should not be present during the visit.
    - If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices external icon, including physical distancing and source control.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

ICAP Recommendations Managing and Planning for High-Risk Exposure Situations

ICAP

Infection Control Assessment and Promotion Program

CMS Memo QSO-20-30-NH

*Reminder! Required per CMS Memo QSO-20-30-NH

- Dedicated space in facility for cohorting and managing care for residents with COVID-19
- *Plan to manage new/readmissions* with an unknown COVID-19 status and residents who develop symptoms.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-30-NH
REVISED 09/28/2020

DATE: May 18, 2020

TO: State Officials

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials *(REVISED)*

CMS has updated this memorandum to be consistent with more recently issued memos:
QSO-20-38-NH (Nursing Home Testing)
QSO-20-39-NH (Nursing Home Visitation-COVID-19)

This guidance has not changed yet

https://www.cms.gov/files/document/qso-20-30-nh.pdf

CDC Update 3/10/2021
Admissions and Quarantine

Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents

- Quarantine is no longer recommended for residents who are being **admitted** to a post-acute care facility if they are **fully vaccinated** and have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html

ICAP Suggested Plan to Manage New Admissions, Readmissions and Return from Community Outings

Screen for symptoms and exposure upon admission.

- If symptoms identified - need to admit in light red (isolation in private room but not in COVID-unit unless COVID confirmed)
- If exposure identified will need to establish yellow zone for admission

Non-vaccinated or Partially vaccinated Residents after passing the screen:

- Admit to the Gray Zone
- Follow usual gray zone protocols

Fully Vaccinated Residents after passing the screen:

- Admit to their own room or green zone for new admissions
    - Test twice weekly for the next 14 days (Testing would not apply in cases of COVID-19 recovered patients during the 90 period unless symptomatic with no alternative diagnosis).
    - Increase monitoring (2-3 times per day) for signs and symptoms of COVID-19, including vital signs and pulse oximetry

High-Risk Exposures Recommendations for Fully Vaccinated Residents

Facilities should consider encouraging **fully vaccinated residents** to avoid high risk situations as much as possible when they go out in the community.

These high-risk situations include but not limited to:

- Meeting unvaccinated individuals
- Joining large gatherings,
- Mask-less exposures in community/public (e.g., dining in restaurants)
- Attending crowded gatherings (as maintaining physical distancing will be challenging in that scenario)

General education on hand hygiene and physical distancing should be provided to both residents and family members along with above mentioned guidance.

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

Duration of Gray Zone Quarantine

Duration of quarantine in gray zone remains to be 14 days as this is the preferred duration for quarantine as per the CDC.

- In general, LTCF should use full 14 days quarantine in gray zones and consider testing at 14 day before discontinuing isolation

However, LTCF **with more than 70% resident vaccination rate in green counties** may choose to use the CDC reduced quarantine duration of 10 or 7 days.

- However, ICAP recommends to continue to test twice weekly for 14 days when shorten quarantine duration is used.

Gray zone quarantine may not be required in those Local health department jurisdiction/ counties where no cases are identified for 2 weeks. However still do the following

- Test twice weekly for the next 14 days (Testing would not apply in cases of COVID-19 recovered patients during the 90 period unless symptomatic with no alternative diagnosis).
- Increase monitoring (2-3 times per day) for signs and symptoms of COVID-19, including vital signs and pulse oximetry

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

Duration of Yellow Zone Quarantine

14 Days

Exposure Risk Examples

Exposure Scenario	Exposure Risk
Vaccinated family member /friend taking vaccinated resident home for dinner. -All household members vaccinated	Low
Vaccinated family member /friend taking vaccinated resident home for dinner. -Only one household member vaccinated, and other members present	High *Rationale:* Non-vaccinated house-hold members; eating requires mask removal
Vaccinated family member/friend taking vaccinated resident to a restaurant for meal	High *Rationale:* Unmasked members of general public; eating requires mask removal
Vaccinated family member/friend taking vaccinated resident to a wedding/funeral.	High *Rationale:* Large gathering

Exposure Risk Examples

Exposure Scenario	Exposure Risk
Vaccinated family member or friend taking vaccinated resident to medical appointment	Low
Vaccinated family member or friend taking vaccinated resident to the grocery store	*Low*- if going during non-peak time and able to maintain social distancing/masking *High*-if going during peak time and unable to maintain social distance/masking
Vaccinated family member or friend taking vaccinated resident to an indoor graduation party (small house)	High *Rationale:* Crowded space; social distancing difficult to maintain

COVID-19 Vaccine Wall of Honor

ICAP

Infection Control Assessment and Promotion Program

ICAP COVID-19 Vaccine Wall of Honor!

ICAP wants to celebrate YOU!

You've done the hard work on this COVID-19 journey, and ICAP wants to honor your facilities!

If your facility has vaccinated 70% or more of your staff, we want to know!

Join the ranks of other Long Term Care Facilities in Nebraska as:

Gold: More than 90% vaccinated

Silver: More than 80% vaccinated

Bronze: More than 70% vaccinated

We will include an announcement of new members to the wall of fame on the weekly webinars, as well as feature a facility story on our Facebook page about the facility vaccination journey.

Please submit your facility for the ICAP COVID Wall of Honor at https://forms.gle/DceneS2xABsLMLoQ8

COVID-19 Vaccine Wall of Honor
Bronze Medal Members

Bronze Medal Member by reaching 70% staff COVID-19 vaccination rate

- Blue Valley Lutheran Homes, Hebron, NE
- Good Shepherd Lutheran Community, Blair, NE

COVID-19 Vaccine Wall of Honor
Gold Medal Members

Gold Medal Member by reaching 90% staff COVID-19 vaccination rate

- Kingswood Court Assisted Living, Superior, NE

34 LTC Facilities for the ICAP COVID-19 Vaccine Wall of Honor through 3/11/2021

Gold- Level Members

- Azria Gretna
- Good Sam Beatrice
- Greeley Care Home and AL
- Havelock Manor
- Hillcrest Mable Rose
- Hillcrest Millard
- Hillcrest Silver Ridge
- Kingswood Court Assisted Living
- Rosewood Court Assisted Living- Henderson Healthcare
- Tabitha in Crete
- The Village at Regional West
- Valley View
- Wakefield Care Centers

Silver- Level Members

- Arbor Care Hartington
- Arbor Care Centers Valhaven
- Falls City Care Center
- Hillcrest Grand Lodge
- Hillcrest Shadow Lake
- Jefferson Community Health and Life - Gardenside
- Pawnee City AL
- The Evergreen AL

Bronze-Level Members

- Ambassador health Omaha
- Blue Valley Lutheran Homes
- Christian Homes
- Clarkson Comm Care Center
- Good Shepard Lutheran Community
- Heritage Care Center Fairbury
- Hillcrest Firethorn
- Legacy Square LTC Facility- Henderson Healthcare
- Mid-Ne Lutheran home
- Mitchell Care Center
- New Cassel Retirement
- Prairie Breeze AL
- Well-Life Papillion

Updates and Announcements

ICAP

Infection Control Assessment and Promotion Program

COVID-19 Tele-ICAR Reviews

- ICAP is offering COVID-19 focused virtual ICAR reviews to LTC, outpatient and acute care facilities
- The review will assess the status of COVID-19 policies and procedures and offer a summary of recommendations from ICAP
- Home Health Agencies fall under the outpatient umbrella and ICAP has developed a HH focused review to support our HH partners
- Contact NE ICAP at 402.552.2881 to be connected with the IP responsible for the facility

Project Firstline Update

- Nebraska ICAP is excited to be working on infection control training that is targeted to new hires and non-clinical staff
- In order to address the needs for our state, we have developed an Infection Control Survey
- We would like your help by having your staff complete this short survey so we can provide the training you need
- https://redcap.nebraskamed.com/surveys/?s=K3Y4XYJPKR

Webinar CE Process

1 Nursing Contact Hour and 1 NAB Contact Hour is offered for attending this LIVE webinar

1. A survey will open upon completion of the webinar, **you must complete the survey to get your CE credits.** Please note: Your web browser makes a difference. Google Chrome is the suggested browser.
2. Nursing Credit hours will include the entire month of verified CE on one certificate (Ex: You attended 2 webinars during the month of November, your certificate will reflect the 2 webinar dates and 2 credit hours earned)
3. Nursing Certificates will be emailed to you by the 15th of the following month
4. You must have a NAB account to claim credit with them
5. You must provide your NAB number for us to submit attendance to the NAB system

Direct any CE questions to Marissa Chaney at machaney@nebraskamed.com

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ICAP

Infection Prevention and Control: Office and On-Call Hours

Call 402-552-2881

Office Hours are Monday – Friday

8:00 AM - 10:00 AM Central Time

2:00 PM - 4:00 PM Central Time

On-Call Hours are

Monday – Friday 4:00 PM – 8:00 PM and

8:00 AM – 8:00 PM Weekends and Holidays

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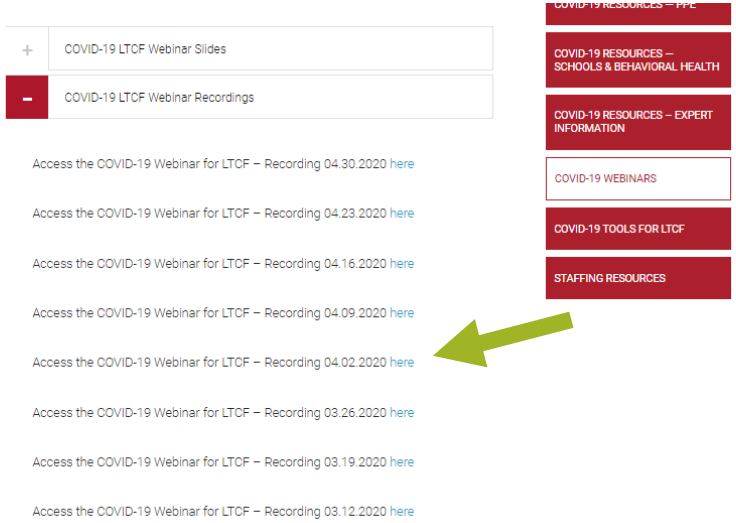
Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator.

Panelists:

- Dr. Salman Ashraf
- Kate Tyner, RN, BSN, CIC
- Margaret Drake, MT(ASCP),CIC
- Sarah Stream, MPH, CDA, FADAA
- Karen Amsberry, MSN, RN
- Lacey Pavlovsky, RN, MSN, CIC
- Dan German

- Moderated by Marissa Chaney
- Supported by Margaret Deacy
- Slide support from Lacey Pavlovsky, RN, MSN, CIC



https://icap.nebraskamed.com/resources/

Don't forget to Like us on Facebook for important updates!

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Update to CMS Memo QSO-20-39-NH

3/10/2021

ICAP

Infection Control Assessment and Promotion Program

Update to CMS Memo QSO-20-39-NH 3/10/2021

Since the release of QSO memorandum 20-39-NH on September 17, 2020, COVID-19 vaccines have received Emergency Use Authorization from the Food and Drug Administration.

Millions of vaccinations have since been administered to nursing home residents and staff, and these vaccines have been shown to help prevent symptomatic SARS-CoV-2 infection (i.e., COVID-19).

Therefore, CMS, in conjunction with the Centers for Disease Control and Prevention (CDC), is updating its visitation guidance accordingly, but emphasizing the importance of maintaining infection prevention practices, given the continued risk of COVID-19 transmission.

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Update to CMS Memo QSO-20-39-NH 3/10/2021

Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions *about and* observations *of* signs or symptoms), and denial of entry of those with signs or symptoms *or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)*
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose)
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high-frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20- 38-NH)

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Update to CMS Memo QSO-20-39-NH 3/10/2021

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred *even when the resident and visitor are fully vaccinated* against COVID-19*. Outdoor visits *generally* pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, facilities should 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, all appropriate infection control and prevention practices should be adhered to.

**Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Update to CMS Memo QSO-20-39-NH 3/10/2021

Indoor Visitation

Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

- *Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% **and** <70% of residents in the facility are fully vaccinated;*[2]
- *Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or*
- *Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.*

Note: CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection, including physical distancing (maintaining at least 6 feet between people). This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Therefore, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Update to CMS Memo QSO-20-39-NH 3/10/2021

Indoor Visitation during an Outbreak

An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). This guidance is intended to describe how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. To swiftly detect cases, we remind facilities to adhere to CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- *If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.[3]*
  - *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 **reveals one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.*

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Update to CMS Memo QSO-20-39-NH 3/10/2021

While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how visitation can occur during an outbreak, but does not change any expectations for testing and adherence to infection prevention and control practices. If subsequent rounds of outbreak testing identify ***one or more additional COVID-19 cases in other areas/units of the facility****, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.*

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

We note that compassionate care visits and visits required under federal disability rights law should be ***allowed at all times****, for any resident (vaccinated or unvaccinated) regardless of the above scenarios. Lastly, facilities should continue to consult with their state or local health departments when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of COVID-19 transmission.*

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Update to CMS Memo QSO-20-39-NH 3/10/2021

Visitor Testing *and Vaccination*

While not required, we encourage facilities in medium- or high-positivity counties to offer testing to visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days). *Similarly, we encourage visitors to become vaccinated when they have the opportunity. While visitor testing and 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. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems, as described below.*

Survey Considerations

Federal and state surveyors are not required to be vaccinated and must be permitted entry into facilities unless they exhibit signs or symptoms of COVID-19. Surveyors should also adhere to the core principles of COVID-19 infection prevention, and adhere to any COVID-19 infection prevention requirements set by state law.

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

Update to CMS Memo QSO-20-39-NH 3/10/2021

Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included. *Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.*

https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf