

Nursing Home Visitation

CMS QSO-20-39-NH: <https://www.cms.gov/files/document/qso-20-39-nh.pdf>

		CMS County Positivity Rate https://data.cms.gov/download/hsg2-yqzz/application%2Fzip		
Topic	Outbreak: staff or resident positive for COVID-19 within last 14 days	Red (County Positivity Rate in the 14 days > 10%)	Yellow (County Positivity Rate in the past 14 days 5% - 10%)	Green (County Positivity Rate in the past 14 days < 5%)
Core Principles of COVID-19 Infection Prevention for all Visitors (p. 2)	<ul style="list-style-type: none"> Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms Hand hygiene (use of alcohol-based hand rub is preferred because it is has been found to be more effective and less drying than using soap and water) <ul style="list-style-type: none"> 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 COVID19 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 <ul style="list-style-type: none"> Appropriate staff use of Personal Protective Equipment (PPE) Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care) Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH) 			
	<p>Hand Hygiene: CDC recommends using ABHR with 60-95% alcohol in healthcare settings. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink. See CDCs site: https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</p>			

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Outdoors (p. 3)	Allowed based on a facility's ability to meet the Core Infection Prevention Control Principles outlined and the absence of the above visitation restriction factors	<p style="text-align: center;">*** Preferred***</p> <p>o "We note that county positivity rate does not need to be considered for outdoor visitation" (CMS p. 4).</p> <p>o All visits should be held outdoors, when practical (weather, medical condition, outbreak status)</p> <ul style="list-style-type: none"> o Relies on increased space and airflow o Offer at regularly scheduled times o Must be accessible and safe (e.g. courtyards, patios, open tents) o Limit number and size of visits occurring simultaneously based on space; must accommodate for privacy <p style="text-align: center;">Tents must comply with life safety code requirements at 42 CFR 483.90 unless waived</p>		
Indoors (p. 3)	Compassionate care visits only	<p style="text-align: center;">***Should be accommodated and supported for reasons beyond compassionate care situations***</p> <ul style="list-style-type: none"> o Visitors should be able to adhere to core principles and staff monitoring for adherence. o Limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on size of building and physical space) <ul style="list-style-type: none"> o Limit movement in the facility o Avoid visits to shared rooms (see QSO-20-39-NH) <p style="text-align: center;">-----</p> <p>Except for on-going use of virtual visits, facilities may still restrict visitation where indicated due to the COVID-19 county positivity rate, the facility's COVID-19 status, a resident's COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices, or other relevant factor related to the COVID-19 PHE. These other factors include:</p> <ul style="list-style-type: none"> • Staffing levels, • Access to adequate testing for residents and staff, • Personal protective equipment supplies and • Local hospital capacity 		
Only for compassionate care situations		Visitation according to the core principles of COVID-19 infection prevention and facility policies		

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Visitor Testing (p. 4)		Not required. Encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) but all precautions remain		
		Testing encouraged if feasible. Prioritize regular visitors (e.g., weekly).		
Compassionate Care Visits (p. 4)		<p>*** Does not exclusively refer to end-of-life situations*** Other situations include residents:</p> <ul style="list-style-type: none"> o struggling with change in environment; living with family before recently being admitted to the nursing home o grieving loss of family member or friend; o needing cueing and/or encouragement with eating and/or drinking; o experiencing emotional distress who used to talk and interact with others; <p>Can be conducted by anyone who can meet the resident’s needs (e.g. clergy, religious support)</p> <p>These visits are conducted using social distancing, however, if a visitor and facility identify a way to allow personal contact, it should be done following all appropriate infection prevention guidelines, and for a limited amount of time.</p> <p>*Use a person centered approach in collaboration with residents, families, caregivers, resident representatives, and Ombudsman to identify resident need for compassionate care visits.</p>		
Essential Caregivers (p.4)		<p>CMS QSO-20-39-NH, <i>Nursing Home Visitation</i> , September 17, 2020 (p. 4): Some states or facilities have designated categories of visitors, such as “essential caregivers,” based on their visit history or resident designation. CMS does not distinguish between these types of visitors and other visitors. Using a person-centered approach when applying this guidance should cover all types of visitors, including those who have been categorized as “essential caregivers.”</p>		

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Long-Term Care Ombudsman (p. 5)		<p style="text-align: center;">***Immediate access to any resident(See 42 CFR 483.10(f)(4)(i)(C)) ***</p> <ul style="list-style-type: none"> o Limitations may be due to infection control concerns with the Ombudsman and/or transmission of COVID-19 (must have reasonable cause, and facilitate alternative resident communication) o Allow LTC Ombudsman to review resident medical, social, and administrative records 		
Protection and Advocacy (P&A) Program Representatives (p. 5)		<p style="text-align: center;">***Immediate access to a resident (See 483.10(f)(4)(i)(E) and (F))***</p> <ul style="list-style-type: none"> o Includes the opportunity to meet and communicate privately –regularly o Must comply with disability rights laws relating to assistance in communications 		
Health Care Workers & Other Providers (not LTC staff) (p. 6)		<p style="text-align: center;">***Include Hospice and Emergency Medical Service (EMS) personnel, Dialysis technician, laboratory technician, radiology technician, social worker, clergy, etc.***</p> <ul style="list-style-type: none"> o Permitted entry as long as they are not subject to a work exclusion due to COVID-19 exposure or signs and symptoms of COVID-19 o Must comply with the COVID-19 testing requirements o EMS personnel do not need to be screened when attending to an emergency 		
Communal Activities and Dining (p. 6)	Additional limitations may be imposed, up to and including cessation; limitations might address social distancing, group size, or frequency.	<p style="text-align: center;">***Communal activities and dining may occur***</p> <ul style="list-style-type: none"> o Adhere to core principles o Apply social distancing o Group activities may be facilitated for those NOT in isolation for observation [aka quarantine], or with suspected or confirmed COVID-19 o Appropriate Hand hygiene o Use of face coverings o Examples: book clubs, crafts, movies, exercise, and bingo, facilitated with alterations 		