

Long-Term Care Guidance

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1

Visitation



- Facilities shall not restrict visitation without a reasonable clinical or safety cause, consistent with 42 CFR § 483.10(f)(4)(v). A nursing home must facilitate in-person visitation consistent with the applicable CMS regulations, which can be done by applying the guidance stated below. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR § 483.10(f) (4), and the facility would be subject to citation and enforcement actions.
- Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through closed windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described below.



2

Outbreak Response in Long-term Care

Newly identified positive case in resident or staff

- Pause indoor and outdoor visitation, communal dining, and group activities on all units until the first round of testing is completed.
- When a new case of SARS-CoV-2 is identified in a resident or staff, ***indoor and outdoor visits (except compassionate care and end-of-life visits, and representatives of the protection and advocacy systems) should pause until the first round of facility-wide testing is completed.*** Facility-wide testing allows the facility to evaluate the extent of the outbreak and what units may be involved.
- **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.**



3

Outbreak Response in Long-term Care

Newly identified positive case in resident or staff

- One case is considered an outbreak. Staff must now wear an N95 respirator and eye protection on all units until there are no more positives for 14 days.
- Pause indoor and outdoor visitation, communal dining, and group activities on all units until the first round of testing is completed.
- Complete facility-wide testing of residents and staff regardless of vaccination status (first round of testing). Test all previous negative residents and staff 3-7 days after the first round of testing and continue to test every 3-7 days until no new positives are identified for 14 days. Residents or staff within 90 days of active COVID-19 infection may be excluded from testing.
- Evaluate whether the outbreak is contained to one unit (affected unit).
- If contained to one unit, the remaining units (unaffected units) may resume indoor and outdoor visitation, communal dining, and group activities following guidance for vaccinated and unvaccinated persons.
- Staff must continue to wear N95 respirators and eye protection on all units. Gowns and gloves are used per standard precautions when caring for all residents on the unaffected units.



4

Outbreak Response in Long-term Care Newly identified positive case in resident or staff

□The affected unit must:

- a. Suspend indoor visitation until no new positives are identified for 14 days
- b. Residents with higher risk exposure to the positive case (another resident or staff) should be placed in quarantine and restricted to their room. Ideally, the resident should be in a single room.
- c. Residents with higher risk exposure may shelter in place or be moved to the observation or yellow zone and be placed in quarantine. Ideally, residents should be in a single room.
- d. Residents that did NOT have a higher risk exposure (unexposed) are allowed to participate in outdoor visits. Source control must be worn when walking through the building to get to the outdoors.
- e. Unexposed residents should not participate in communal dining and group activities in the main dining hall or activity center. However, unexposed residents on affected units with separate areas for dining and activities may participate in dining and activities on the unit following guidance for vaccinated and unvaccinated persons.
- f. Full PPE (N95 respirator, eye protection, gown, gloves) should be worn for residents in quarantine or those with suspected or confirmed COVID-19.
- g. Staff must continue to wear N95 respirators and eye protection. Gowns and gloves are used per standard precautions when caring for all residents on the affected units unless in isolation for another diagnosis.



5

Outbreak Response in Long-term Care Newly identified positive case in resident or staff

□If more than one unit is involved, then the facility must:

- a. Suspend all indoor visitations for the entire facility until there are no more positives for 14 days except those required by the disability rights law (end-of-life, compassionate care).
- b. Allow outdoor visits except for those in quarantine for high-risk exposures or a newly admitted unvaccinated person or in isolation for suspected or confirmed COVID-19.



6

Who should Quarantine

- Unvaccinated new admissions or readmissions
- Symptomatic resident awaiting test results
- Vaccinated or unvaccinated residents following higher risk exposure (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection
- Unvaccinated residents who leave the facility may need to be quarantined based upon the risk assessment.
- Unvaccinated residents who leave the facility for 24 hours or longer should generally be managed as described in the New Admission and Readmission section.
- Roommates of residents with SARS-CoV-2 infection should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents while they are in quarantine (i.e., for the 14 days following the date their roommate was moved to the COVID-19 care unit).

