

Resident Right to Access and Visitation while under COVID-19 PHE

<i>Date Implemented:</i>		<i>Date Reviewed/ Revised:</i>		<i>Reviewed/ Revised By:</i>	
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Policy:

It is the policy of this facility to support and facilitate the resident's right to receive visitors of their choosing, at the time of their choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of other residents.

This facility will allow visitation of all visitors and non-essential health care personnel and can be conducted through different means based on the facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. The visitation will be person-centered, consider the resident's physical, mental, and psychosocial well-being, and support their quality of life. Exceptions will be in accordance with current CMS directives and CDC recommendations, or as directed by state government (whichever is more stringent).

Definition:

"Reasonable clinical and safety restrictions" include a facility's policies, procedures or practices that protect the health and security of all residents and staff.

"Up to Date" means a person has received all recommended COVID-19 vaccines.

Policy Explanation and Compliance Guidelines:

1. The facility must provide immediate access to any resident by:
 - a. Any representative of the Secretary;
 - b. Any representative of the State;
 - c. Any representative of the Office of the State Long Term Care Ombudsman;
 - d. The resident's individual physician;
 - e. Any representative of the agency responsible for the protection and advocacy system for the developmentally disabled individuals;
 - f. Any representative of the agency responsible for the protection and advocacy system for individuals with mental disorder;
 - g. The resident representative.
2. The facility must provide immediate access to a resident by immediate family and other relative of the resident, subject to the resident's right to deny or withdraw consent at the time.
3. The Office of the State Long-Term Care Ombudsman will be given access to examine a resident's medical, social, and administrative records in accordance with State law.
4. The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time.
5. The facility will inform each resident and/or resident representative of his or her visitation rights and related facility policies and procedures, including any clinical or safety restriction or limitation of such rights, in a manner he or she understands.
6. The facility will inform each resident of the right, subject to his or her consent, to receive the visitors whom he or she designates as well as deny visitation, including but not limited to:
 - a. A spouse, including a same-sex spouse;

- b. A domestic partner, including a same-sex domestic partner;
 - c. Another family member;
 - d. A friend.
7. The facility will not restrict, limit, or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
 8. The facility will ensure all visitors enjoy full and equal visitation privileges consistent with resident preferences.
 9. Facilities shall provide 24-hour access to other non-relative visitors who are visiting with the consent of the resident. These other visitors are subject to reasonable restrictions, which may include:
 - a. Those restrictions imposed by the facility that protect the security of all the facility's residents, such as keeping the facility locked at night;
 - b. Denying access or providing limited and supervised access to a visitor if that individual has been found to be abusing, exploiting, or coercing a resident;
 - c. Denying access to a visitor who has been found to have been committing criminal acts such as theft;
 - d. Denying access to visitors who are inebriated and disruptive;
 - e. Establishing reasonable visitation hours to facilitate care giving for the resident or to protect the privacy of other residents, such as requiring that visits not take place in the resident's room if the roommate is asleep or receiving care;
 - f. Changing the location of visits to assist care giving or protect the privacy of other residents, if these visitation rights infringe upon the rights of other residents in the facility.

COVID-19 Policy Explanation and Compliance Guidelines:

1. The Infection Preventionist will monitor the status of the COVID-19 situation through the CDC website and local/state health department and will keep facility leadership informed of current directives/recommendations and the need for restricting visitation if indicated.
2. The facility will communicate this visitation policy through multiple channels. Examples include signage, calls, letters, social media posts, emails, and recorded messages for receiving calls.
3. Non-essential staff, as designated in emergency preparedness plans, will be notified through routine and emergency communication procedures for staff.
4. The core principles of COVID-19 infection prevention will be adhered to and as follows:
 - a. Visitors, who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility until they meet the criteria used for residents to discontinue transmission-based precautions (quarantine). The facility will screen all who enter for these visitation exclusions.
 - b. Visitors will be counseled about their potential to be exposed to COVID-19 in the facility and facility's infection control procedures.
 - c. Hand hygiene, using an alcohol-based hand rub, will be performed by the resident and the visitors before and after contact.
 - d. A face covering or mask (covering the mouth and nose) and physical distancing at least six feet between people will be observed in accordance with current CDC guidance.
 - e. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, and other applicable facility practices will be conducted.
 - f. Cleaning and disinfection of highly touched surfaces in the facility and in designated visitation areas after each visit will be performed.
 - g. Staff will adhere to the appropriate use of personal protective equipment (PPE).

- h. The facility will utilize effective strategies of cohorting residents (e.g., separate areas dedicated to COVID-19 care).
 - i. The facility will conduct resident and staff testing as per current CMS guidance.
 - j. Physical barriers (e.g., clear Plexiglass dividers, curtains) may be used to ensure privacy and reduced risk of transmission during in-person visits.
 - k. Visitors who are unable to adhere to these principles of COVID-19 infection prevention will not be permitted to visit or will be asked to leave.
5. Outdoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission as follows and is the preferred method when the resident and/or visitor are not up to date with all recommended COVID-19 vaccination doses:
 - a. Visits will be held outdoors whenever practicable and will be facilitated routinely barring weather conditions or a resident's health status.
 - b. The facility will have an accessible and safe outdoor space on patio or in front of the facility in which to conduct outdoor visitation.
 - c. All appropriate infection control and prevention practices will be followed when conducting outdoor visitations.
6. Indoor visitation will be conducted in a manner that reduces the risk of COVID-19 transmission based on the following guidelines:
 - a. The facility will allow indoor visitation at all times and for all residents and will not limit the frequency and length of visits, the number of visitors, or require advance scheduling of visits.
 - b. Visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.
 - c. Physical distancing will be maintained during peak times of visitation.
 - d. Visitors will go directly to the resident's room or designated visitation area.
 - e. If a resident's roommate is not up to date with all recommended COVID-19 vaccine doses or immunocompromised (regardless of vaccination status), visits 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 attempt to enable in-room visitation while adhering to the core principles of infection prevention.
 - f. Visitors should wear face coverings or masks and physically distance when around other residents or healthcare personnel, regardless of vaccination status.
 - g. If the facility's county COVID-19 community level of transmission is **substantial to high**, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
 - h. If the facility's county COVID-19 community level of transmission is **low to moderate**, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are not up to date with all recommended COVID-19 vaccine doses.
 - i. Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor. Residents (or their representative) and their visitors, who are not up to date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.
 - j. For residents who are on transmission-based precautions or quarantine, visits may occur in the resident's room and the resident should wear a well-fitted facemask (if tolerated). Visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit and should adhere to the core principles of infection prevention.
7. Visits will be allowed during outbreak investigations, but visitors will be made aware of the potential risk of visiting during the outbreak investigation and adhere to the core principles of infection

prevention. If visiting, during this time, residents and their visitors should wear face coverings or masks during the visits, regardless of vaccination status, and visits should ideally occur in the resident's room. The facility may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

8. Visitors will 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 and prevention, including effective hand hygiene and use of face coverings.
9. Compassionate care visits will be allowed at all times.
10. Visits required under the federal disability rights laws and protection and advocacy (P & A) programs will be allowed at all times. If the resident is in transmission-based precautions or quarantine, or a resident who is not up to date with all recommended COVID-19 vaccine doses is in a county where the level of community transmission is substantial or high in the past 7 days, the resident and P & A representative should be made aware of the potential risk of visiting and the visit should take place in the resident's room.
11. Ombudsmen who plan to visit a resident in transmission-based precautions or quarantine, or a resident who is not up to date with all recommended COVID-19 vaccine doses, in the facility in a county where the level of community transmission is substantial or high in the past 7 days, the ombudsman and resident, will be made aware of the potential risk of visiting and the visit should take place in the resident's room.
12. Alternative communication methods (phone or other technology) may be used if the resident or Ombudsman program requests it in lieu of an in-person visit.
13. Visitor testing may be offered, if feasible, in facilities in counties with substantial or high levels of community transmission. If the facility does not offer testing, the facility should encourage visitors to be tested on their own before coming to the facility (e.g., within 2-3 days).
14. The facility may ask about a visitor's vaccination status, however, visitors will not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. If the visitor declines to disclose their vaccination status, the visitor should wear a face covering or mask at all times. (*Refer to state or local guidance if more stringent.*)
15. All healthcare workers will be permitted to come into the facility as long as they are not subject to a work exclusion or showing signs or symptoms of COVID-19. This includes personnel educating and assisting in resident transitions to the community.
16. Communal activities (including group activities, communal dining, and resident outings):
 - a. Communal activities and dining may occur, but regardless of vaccination status, the safest approach is everyone should wear a face covering or mask while in the communal areas of the facility.
 - b. Residents are permitted to leave the facility as they choose. The facility will remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same.
 - c. If the facility is using a contact tracing approach for an outbreak investigation, those residents who are identified as potentially being a close contact of the individual who tested positive for COVID-19, are considered to have had close contact and should not participate in communal dining or activities. Residents who are not up to date with all recommended COVID-19 vaccine doses and have had close contact with someone with COVID-19 infection should be placed in quarantine, even if viral testing is negative. In general, residents who are up to date

- with all recommended COVID-19 vaccine doses and residents who had COVID-19 in the last 90 days do not need to be quarantined or restricted to their room and should wear masks when leaving their room.
- d. When using a broad-based approach for an outbreak investigation, residents who are not up to date with all recommended COVID-19 vaccine doses should generally be restricted to their rooms, even if testing is negative, and should not participate in communal dining or group activities until they have met the criteria for discontinuing transmission-based precautions (quarantine). In general, residents who are up to date with all recommended COVID-19 vaccine doses and residents who had COVID-19 in the last 90 days do not need to be restricted to their rooms unless they develop symptoms of COVID-19, are diagnosed with COVID-19 infection, or the facility is directed to do so by the jurisdiction's public health authority.
 - e. Upon the resident's return, the facility should take the following actions:
 - i. Screen residents upon return for signs or symptoms of COVID-19.
 - a) If the resident or family member reports possible close contact to an individual with COVID-19 while outside the nursing home, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident is not up to date with all recommended COVID-19 vaccine doses.
 - b) If the resident develops signs or symptoms of COVID-19 after the outing, test the resident for COVID-19 and place the resident on Transmission-Based Precautions, regardless of vaccination status.
 - ii. The facility may also opt to test residents, who are not up to date with all recommended COVID-19 vaccine doses, without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time, such as over 24 hours.
 - iii. The facility may consider quarantining residents, who are not up to date with all recommended COVID-19 vaccine doses, and leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.
 - f. The facility will monitor residents for signs and symptoms of COVID-19 daily.
 - g. Residents who leave the facility for 24 hours or longer should be managed as a new admission or readmission and follow current CDC guidance.

References:

- Centers for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Accessed February 2, 2022.
- Centers for Disease Control and Prevention. *Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes*. Located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#new-admissions>. Accessed February 2, 2022.
- Centers for Medicare and Medicaid Services. *Nursing Home Visitation Frequently Asked Questions (FAQs)*. March 10, 2022.
- Centers for Medicare & Medicaid Services. (March 10, 2022) *QSO-20-39-NH: Nursing Home Visitation – COVID-19 (REVISED)*.
- Centers for Medicare & Medicaid Services, Department of Health and Human Services. State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (November 2017 Revision) F563 – Right to Receive/Deny Visitors. 42 C.F.R. §483.10(f).
- Centers for Medicare & Medicaid Services, Department of Health and Human Services. State Operations Manual (SOM): Appendix PP Guidance to Surveyors for Long Term Care Facilities. (November 2017 Revision) F564 – Inform of Visitation Rights/Equal Visitation privileges. 42 C.F.R. §483.10(f).

CHAPTER 2022-34

Committee Substitute for Committee Substitute for Senate Bill No. 988

An act relating to in-person visitation; providing a short title; creating s. 408.823, F.S.; providing applicability; requiring certain providers to establish visitation policies and procedures within a specified timeframe; providing requirements for such policies and procedures; authorizing the resident, client, or patient to designate an essential caregiver; establishing requirements related to essential caregivers; requiring in-person visitation in certain circumstances; providing that the policies and procedures may require visitors to agree in writing to follow such policies and procedures; authorizing providers to suspend in-person visitation of specific visitors under certain circumstances; requiring providers to provide their policies and procedures to the Agency for Health Care Administration at specified times; requiring providers to make their policies and procedures available to the agency for review at any time, upon request; requiring providers to make their policies and procedures easily accessible from the homepage of their websites within a specified timeframe; requiring the agency to dedicate a stand-alone page on its website for specified purposes; providing a directive to the Division of Law Revision; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. This act may be cited as the “No Patient Left Alone Act.”

Section 2. Section 408.823, Florida Statutes, is created to read:

408.823 In-person visitation.—

(1) This section applies to developmental disabilities centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part IV of chapter 400, intermediate care facilities for the developmentally disabled licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429.

(2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include infection control and education policies for visitors; screening, personal protective equipment, and other infection control protocols for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider’s staff and may not require visitors to submit

proof of any vaccination or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor.

(b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care.

(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:

1. End-of-life situations.
2. A resident, client, or patient who was living with family before being admitted to the provider's care is struggling with the change in environment and lack of in-person family support.
3. The resident, client, or patient is making one or more major medical decisions.
4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
5. A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
6. A resident, client, or patient who used to talk and interact with others is seldom speaking.
7. For hospitals, childbirth, including labor and delivery.
8. Pediatric patients.

(d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures.

(e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request.

(f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites.

(3) The agency shall dedicate a stand-alone page on its website to explain the visitation requirements of this section and provide a link to the agency's webpage to report complaints.

Section 3. The Division of Law Revision is directed to replace the phrase "30 days after the effective date of this act" wherever it occurs in this act with the date 30 days after this act becomes a law.

Section 4. This act shall take effect upon becoming a law.

Approved by the Governor April 6, 2022.

Filed in Office Secretary of State April 6, 2022.

March 10, 2022

Nursing Home Visitation Frequently Asked Questions (FAQs)

CMS is providing clarification to recent guidance for visitation (see [CMS memorandum QSO-20-39- NH REVISED 11/12/2021](#)). While CMS cannot address every aspect of visitation that may occur, we provide additional details about certain scenarios below. However, the bottom line is visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents' rights. In short, nursing homes should enable visitation following these three key points:

- Adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing;
- Don't have large gatherings where physical distancing cannot be maintained; and
- Work with your state or local health department when an outbreak occurs.

States may instruct nursing homes to take additional measures to make visitation safer, while ensuring visitation can still occur. This includes requiring that, during visits, residents and visitors wear masks that are well-fitting, and preferably those with better protection, such as surgical masks or KN95. States should work with CMS on specific actions related to additional measures they are considering.

1. What is the best way for residents, visitors, and staff to protect themselves from the Omicron variant?

A: The most effective tool to protect anyone from the COVID-19 Omicron variant (or any version of COVID-19) is to *be up-to-date with all recommended COVID-19 vaccine doses*. Also, we urge all residents, staff, and visitors to follow the guidelines for preventing COVID-19 from spreading, including wearing a well-fitting mask (preferably those with better protection, such as surgical masks or KN95) at all times while in a nursing home, practicing physical distancing, and performing hand hygiene by using an alcohol-based hand rub or soap and water. Residents do not have to wear a mask while eating or drinking, or in their rooms alone or with their roommate.

2. How should nursing homes address visitation when they expect a high volume of visitors, such as over the holidays?

A: In general, visitation should be allowed for all residents at all times. However, as stated in CMS memorandum [QSO-20-39-NH REVISED 11/12/2021](#), "facilities should ensure that physical distancing can still be maintained during peak times of visitation," and "facilities should avoid large gatherings (e.g., parties, events)." This means that facilities, residents, and visitors should refrain from having large gatherings where physical distancing cannot be maintained in the facility. In other words, if physical distancing between other residents cannot be maintained, the facility may restructure the visitation policy, such as asking visitors to schedule their visit at staggered time-slots throughout the day, and/or limiting the number of visitors in the facility or a resident's room at any time. Note: While these may be strategies used during the holidays or when a high volume of visitors is

expected (especially in light of the uncertain impact of the Omicron variant in facilities), we expect these strategies to only be used when physical distancing cannot be maintained. Also, there is no limit on length of visits, in general, as long as physical distancing can be maintained and the visit poses no risk to or infringes upon other residents' rights. If physical distancing cannot be maintained or infringes on the rights and safety of others, the facility must demonstrate that good faith efforts were made to facilitate visitation.

3. Can residents have close contact with their visitor(s) during a visit and visit without a mask?

A: Visitors, regardless of vaccination status, must wear masks and physically distance themselves from other residents and staff when in a communal area in the facility. Separately, while we strongly recommend that visitors wear masks when visiting residents in a private setting, such as a resident's room when the roommate isn't present, they may choose not to. Also, while not recommended, if a resident (or responsible party) is aware of the risks of close contact and/or not wearing a mask during a visit, and they choose to not wear a mask and choose to engage in close contact, the facility cannot deny the resident their right to choose, as long as the residents' choice does not put other residents at risk. This would occur only while not in a communal area. Prior to visiting, visitors should also be made aware of the risks of engaging in close contact with the resident and not wearing a mask during their visit. For additional information see the CDC website [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.](#)

4. Can visits occur in a resident's room if they have a roommate?

A: Yes. Ideally an in-room visit would be conducted when the roommate is not present, however if that is not an option and as long as physical distancing can be maintained, then a visit may be conducted in the resident's room with their roommate present. If physical distancing cannot be maintained, the visit should occur in a different area of the facility, or the visit should occur at a time when the roommate is not in the room, or the visitors should be asked to limit the number of visitors that are in the room at one time. Also, visitors and residents should adhere to the principles of infection control, including wearing a mask and performing frequent hand hygiene.

5. Can a visitor share a meal with or feed the resident they are visiting?

A: Visitors may eat with a resident if the resident (or representative) and the visitor are aware of the risks and adhere to the core principles of infection prevention. Eating in a separate area is preferred, however if that is not possible, then the meal could occur in a common area as long as the visitor, regardless of their vaccination status, is physically distanced from other residents and wears a mask, except while eating or drinking. If the visitor is unable to physically distance from other residents, they should not share a meal with the resident in a common area. Visitors, regardless of vaccination status, must wear masks and physically distance from other residents and staff when in a communal area in the facility.

6. How should nursing homes work with their state or local health department when there is a COVID-19 outbreak?

A: Prior to the COVID-19 Public Health Emergency (PHE), there were occasions when a local or state health department advised a nursing home to pause visitation and new admissions due to a large outbreak of an infectious disease. Consultation with state health departments on how to address outbreaks should still occur. In fact, we remind nursing homes that they are still expected to contact their health department when any of the following occur, per CDC guidelines:

- ≥ 1 residents or staff with suspected or confirmed SARS-CoV-2 infection
- Resident with severe respiratory infection resulting in hospitalization or death, or
- ≥ 3 residents or staff with acute illness compatible with COVID-19 with onset within a 72-hour period.

While residents have the right to receive visitors at all times and make choices about aspects of their life in the facility that are significant to them, there may be times when the scope and severity of an outbreak warrants the health department to intervene with the facility's operations. We expect these situations to be extremely rare and only occur after the facility has been working with the health department to manage and prevent escalation of the outbreak. We also expect that if the outbreak is severe enough to warrant pausing visitation, it would also warrant a pause on accepting new admissions (as long as there is adequate alternative access to care for hospital discharges). For example, in a nursing homes where, despite collaborating with the health department over several days, there continues to be uncontrolled transmission impacting a large number of residents (e.g., more than 30% of residents became infected*), and the health department advised the facility to pause visitation and new admissions temporarily. In this situation, the nursing home would not be out of compliance with CMS' requirements.

* CMS does not define a specific threshold for what constitutes a large outbreak and this could vary based on facility size or structure. However, we emphasize that any visitation limits should be rare and applied when there are many cases in multiple areas of the facility.

Nursing facilities should continue to consult with state and local health departments when outbreaks occur to determine when modifications to visitation policy would be appropriate. Facilities should document their discussions with the health department, and the actions they took to attempt to control the transmission of COVID-19.

7. Should the facility pause communal activities and dining during an outbreak investigation?

A: If the facility is using a contact tracing approach for an outbreak investigation, those residents who are identified as potentially being a close contact of the individual who tested positive for COVID-19, are considered to have had close contact and should not participate in communal dining or activities. Residents who *are not up-to-date with all recommended COVID-19 vaccine doses* and have had close contact with someone with COVID-19 infection should be placed in quarantine, even if viral testing is negative. In general, residents *who are up-to-date*

with all recommended COVID-19 vaccine doses and residents who had COVID-19 in the last 90 days do not need to be quarantined or restricted to their room and should wear masks when leaving their room.

When using a broad-based approach for an outbreak investigation, residents *who are not up-to-date with all recommended COVID-19 vaccine doses* should generally be restricted to their rooms, even if testing is negative, and should not participate in communal dining or group activities *until they have met the criteria for discontinuing transmission-based precautions (quarantine)*. In general, residents *who are up-to-date with all recommended COVID-19 vaccine doses* and residents who had COVID-19 in the last 90 days do not need to be restricted to their rooms unless they develop symptoms of COVID-19, are diagnosed with COVID-19 infection, or the facility is directed to do so by the jurisdiction's public health authority.

8. Is a resident (not on transmission-based precautions or quarantine) who is unable or unwilling to wear a mask allowed to attend communal dining and activities?

A: A resident who is unable to wear a mask due to a disability or medical condition may attend communal activities, however they should physically distance from others. If possible, facilities should educate the resident on the core principles of infection prevention, such as hand hygiene, physical distancing, cough etiquette, etc. and staff should provide frequent reminders to adhere to infection prevention principles.

A resident who is unable to wear a mask and whom staff cannot prevent having close contact with others should not attend communal activities. To help residents prevent having close contact, such as in the case of a memory care unit, the staff should limit the size of group activities. They should also encourage frequent hand hygiene, assist with maintaining physical distancing as much as possible, and frequently cleaning high-touch surfaces.

If a resident refuses to wear a mask and physically distance from others, the facility should educate the resident on the importance of masking and physical distancing, document the education in the resident's medical record, and the resident should not participate in communal activities.

9. How can a long-term care provider coordinate an onsite clinic to provide COVID-19 vaccine and boosters for staff and residents?

A: Many LTC providers have already identified strategies and partnerships to obtain and administer COVID-19 vaccines for residents and staff, including: working with established LTC partners and retail pharmacy partners or coordinating with state and local health departments. You may request vaccination support from a pharmacy partner enrolled in the Federal Retail Pharmacy Program. See Connecting Long-Term Care Settings with Federal Pharmacy Partners for links and contact information. If you are having difficulties arranging COVID-19 vaccination for your residents and staff, contact your state or local health department's immunization program for assistance. If the state or jurisdictional immunization program is unable to connect your LTC setting with a vaccine provider, CDC is available as a safety net support (Contact CDC INFO at 800-232-4636 for additional support).

10. With COVID-19 cases spiking due to the Omicron variant, should facilities continue to permit visitation?

A: Yes. While CMS is concerned about the rise of COVID-19 cases due to the Omicron variant, we're also concerned about the effects of isolation and separation of residents from their loved ones. Earlier in the pandemic we issued guidance for certain limits to visitation, but we've learned a few key things since then. Isolation and limited visitation can be traumatic for residents, resulting in physical and psychosocial decline. So, we know it can lead to worse outcomes for people in nursing homes. Furthermore, we know visitation can occur in a manner that doesn't place other residents at increased risk for COVID-19 by adhering to the practices for infection prevention, such as physical distancing, masking, and frequent hand hygiene. There are also a variety of ways that visitation can be structured to reduce the risk of COVID-19 spreading. So, CMS believes it is critical for residents to receive visits from their friends, family, and loved ones in a manner that does not impose on the rights of another resident. Lastly, as indicated above, facilities should consult with their state or local public health officials, and questions about visitation should be addressed on a case by case basis.

11. Why can a resident choose to have a visit even when COVID-19 cases are increasing?

A: It is important to note that federal regulations explicitly state that residents have the right to make choices about significant aspects of their life in the facility and the right to receive visitors, as long as it doesn't infringe on the rights of other residents (42 CFR 483.10(f)(2) and (4), respectively). In this case, as long as a visit doesn't increase the risk of COVID-19 for other residents (i.e., by using the guidance for conducting safe visits), the resident still has the right to choose to have a visitor. Therefore, if the resident is aware of the risks of the visit, and the visit is conducted in a manner that doesn't increase the risk of COVID-19 transmission for other residents, the visit must still be permitted in accordance with the requirements.

12. Are there any suggestions for how to conduct visits that reduce the risk of COVID-19 transmission? For example, should facilities have different policies for visitors, *who are up-to-date with all recommended COVID-19 vaccine doses and those who are not up-to-date with all recommended COVID-19 vaccine doses*?

A: While we strongly encourage everyone to *be up-to-date with all recommended COVID-19 vaccine doses*, the facility must permit visitation regardless of the visitor's vaccination status (if the visitor(s) *has not had a positive viral test*, does not report COVID-19 symptoms or meet the criteria for quarantine). There are ways facilities can and should take extra precautions, such as hosting the visit outdoors, if possible; creating dedicated visitation space indoors; permitting in-room visits when the resident's roommate is not present; and the resident and visitor should wear a well-fitting mask (preferably those with better protection, such as surgical masks or KN95), perform frequent hand-hygiene, and practice physical distancing. Some other recommendations include:

- Offering visitors surgical masks or KN95 masks.
- Restricting the visitor's movement in the facility to only the location of the visit.
- Not conducting visits in common areas (except those areas dedicated for visitation).
- Increasing air-flow and improving ventilation and air quality.
- Cleaning and sanitizing the visitation area after each visit.
- Providing reminders in common areas (e.g., signage) to maintain physical distancing, perform hand-hygiene, and wear well-fitting masks.

13. Are there best practices for improving air quality to reduce risks during visitation?

A: Yes, a facility may consider a number of options related to air quality such as:

- Adding ultraviolet germicidal irradiation (UVGI) to the heating ventilation and air conditioning system (HVAC).
- To avoid having multiple groups of people or multiple visitors for a resident within small rooms or spaces, designate special visitation areas that are outdoors when practical or in designated large-volume spaces with open windows and/or enhanced ventilation.
- Adding portable room air cleaners with high-efficiency particulate air (HEPA, H-13 or -14) filters to communal areas.
- Ensure proper maintenance of HVAC system to ensure maximum outdoor air intake.

For additional information on air cleaning, disinfecting, and UVGI, see [CDC's Ventilation FAQs](#) or the American Society of Heating, Refrigerating and Air-Conditioning Engineers site on [Filtration and Disinfection](#).

14. What are ways a facility can improve and or manage air flow during visitation?

A: A facility may consider implementing the following:

- The use of a portable fan placed close to an open window could enable ventilation. A portable fan facing towards the window (i.e. facing outside) serves to pull the room and exhaust air to the outside; a fan facing towards the interior of the room (i.e. facing inside) serves to pull in the outdoor air and push it inside the room. Direct the fan discharge towards an unoccupied corner and wall spaces or up above the occupied zone.
- Activate resident restroom exhaust fans whenever visitors are present.
- Consider opening windows, even slightly, if practical and will not introduce other hazards.
- The use of ceiling fans at low velocity and potentially in the reverse-flow direction (so that air is pulled up toward the ceiling), especially when windows are closed.
- Avoid the use of the high-speed settings for any fan.

For additional information on improving air quality, optimizing air flow and use of barriers, see the Centers for Disease Control and Prevention (CDC) site on [Ventilation in Buildings](#).

15. Is there funding available for environmental changes which reduce transmission of COVID-19?

A: Yes, a facility may request the use of Civil Money Penalty (CMP) Reinvestment funds to purchase portable fans and portable room air cleaners with HEPA filters to increase or improve air quality. A maximum use of \$3,000 per facility including shipping costs may be requested.

16. Can a state require facilities to test visitors as a condition of entering the facility?

A: States can require visitors to be tested prior to entry if the facility is able to provide a rapid antigen test (i.e., the visitor is not responsible for obtaining a test). If the facility cannot provide the rapid antigen test, then the visit must occur without a test being performed if the visitor(s) *has not had a positive viral test*, does not report COVID-19 symptoms or meet the criteria for quarantine.