**Healthcare Personnel (HCP) refers to all persons, paid and unpaid, working in the facility who have the potential for exposure to resident and/or to infectious materials. HCP include, but are not limited to, nurses, nursing assistants, therapists, contractual personnel, as well as all persons not involved in direct patient care (e.g., administrative, dietary, activities, volunteer services, maintenance and facilities management, billing, inventory services, laundry and housekeeping, and security). (Rev. 11/21)**

<table>
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<tr>
<th>STATUS</th>
<th>Visitation and Service Considerations</th>
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| Nursing Home Reopening | **General Visitation & Facility Entry**  
- Visitations can be conducted through different means based on a facility’s structure and residents’ needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents:  
  - **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 or observations about signs or symptoms), Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, will not be able to enter the facility.  
    - Hand hygiene (use of alcohol-based hand rub is preferred)  
    - Face covering or mask (covering mouth and nose) and physical distancing at least six feet between people, in accordance with CDC guidance  
    - 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  
    - 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)  
  - **These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes and should be adhered to at all times.**  
    - If the nursing home’s county COVID-19 community level of transmission(10,30),(995,988) is **substantial to high**, all residents and visitors, regardless of vaccination status, will wear face coverings or masks and physically distance at all times.  
    - If the nursing home’s county transmission rate is **low to moderate**, residents and visitors will wear masks and physically distance.  
      - If the resident and all their visitors are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact.  
      - Unvaccinated residents may also choose to have physical touch based on their preferences and needs.  
    - Visitors will wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.  
  - **Screening:**  
    - All persons coming into the facility, as described above, will be screened. This screening will be done prior to entering designated visitation area (outside or inside) and will include risk assessment, questioning, symptomology, and temperature assessment per CDC and CMS guidance. Those who do not meet the screening criteria will be restricted entry to the facility.  
    - Residents will have a daily Infection Screening Assessment to include monitor residents at least daily for temp > 100 or subjective fever; symptoms suggestive of COVID-19; and observation of any signs(including low oxygenation saturation) or symptoms suggestive of COVID-19.  
  - **Indoor Visitation:**  
    - Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. Facilities cannot limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.  
    - 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. |

**Note:** The COVID-19 Facility Risk Assessment allows the facilities to monitor several factors and adjust what level of COVID-19 mitigation is currently in place. Decisions on restrictions will be made after careful review of facility-level, surrounding community, and State factors/orders, in collaboration with state/local health officials and recommendations received from CDC and CMS.

Anticipated Date: March 2021– TBD, 2021
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Volunteer healthcare personnel, including nurses, nursing assistants, therapists, contractual personnel, and other paid or unpaid workers, are not limited to those who perform administrative, dietary, activities, volunteer services, maintenance and facilities management, billing, inventory services, laundry and housekeeping, and security. (Rev. 11/21)
Residents previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection; however, after clinical assessment and if deemed appropriate, the resident will still be required to follow the 14-day isolation and TBP protocols. Determinations will be made on a case-by-case basis.

Residents who have recovered from a laboratory-confirmed SARS-CoV-2 infection and who experience new symptoms consistent with COVID-19 within 3 months since the date of symptom onset of the previous illness or date of last positive viral diagnostic test, and they never experienced symptoms, may undergo repeat viral diagnostic testing if alternative etiologies for the illness cannot be identified. If reinfection is suspected and retesting is undertaken, the resident should follow isolation and TBP pending clinical evaluation and testing results.

**Healthcare**

Dining:

- If the facility has a new onset of COVID-19 cases and is conducting outbreak testing in the previous 14 days, communal dining will be restricted. Residents who share a room may eat in their room at the same time.
- All residents, as described above, will be encouraged to maintain proper hand hygiene and appropriate physical distancing (at least 6 feet) during the dining process per CDC guidance.

**Activities:**

- Group activities may be facilitated for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status as long as residents are practicing social distancing, appropriate hand hygiene, and use of a face covering (if tolerated).

**Glossary of Terms**

- **Asymptomatic:** Without signs and symptoms
- **Antigen Test:** Detects specific proteins on the surface of the virus
- **CDC:** Center for Disease Control
- **CMS:** Center for Medicare & Medicaid Services
- **Compassionate Care:** End of life, resident struggling with change in environment, grieving, cueing, or distress, etc.
- **COVID-19:** Caused by a coronavirus called SARS-CoV-2
- **DNS:** Director of Nursing
- **EMS:** Emergency Medical Service
- **HCP:** Healthcare Personnel
- **Isolation:** Keeps someone who is infected with the virus away from others in their home or designated room.
- **Medically Necessary Visit:** Scheduled medical/video interaction with a patient using a smartphone, tablet, appointments, or ER visits.
- **Outbreak:** Any new cases in HCP or residents the facility
- **PCR Test:** Detects the virus's genetic material
- **PPE:** Personal Protective Equipment, i.e. mask, gown, gloves, eye protection
- **Quarantine:** Keeps someone who might have been exposed to the virus away from others.
- **Recovered:** (Per ISVH criteria) Refers to a fever that has resolved for at least 24 hours, without the use of fever-reducing medications, and their other symptoms have improved, and the resident has completed 28 days of isolation and TBP’s per CDC and CMS guidance.
- **Subjective Fever:** Feeling feverish
- **Symptomatic:** With signs and symptoms
- **Tele-health:** Using real-time telephone or live audio

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