

Reopening Guidance for Long-term Care Facilities (LTCF) September 28, 2020

PLEASE NOTE: New or updated information appears in orange text.

Background

The New Hampshire (NH) Division of Public Health Services (DPHS) works with federal, state, and local partners to control the COVID-19 epidemic which has disproportionately affected our vulnerable residents living in LTCFs. LTCFs should implement the following to ensure the health and safety of residents and staff according to the phased reopening approach.

Phases of Reopening

Each NH LTCF can reopen and reduce restrictions by moving gradually through three phases, which are in accordance with [CMS Nursing Home Reopening Recommendations](#). Phases are informed by facility-onset cases, county incidence rates and facility readiness. Changes in these parameters may require that facilities move between phases, causing changes in visitation policies and other allowable activities.

New Hampshire LTCFs not experiencing outbreaks are eligible for phased reopening as summarized in the tables below. Note:

- Advancing through phases is not mandatory: Each phase identifies maximum allowances for activities in that phase, but facilities may choose to be more restrictive and have fewer activities than specified in this guidance. **However, CMS mandates that facilities may not restrict visitation without a reasonable clinical or safety cause. For example, if a nursing home has had no COVID-19 cases in the last 14 days and its county positivity rate is ≤10%, the facility must facilitate in-person visitation.**
- Facilities should consider the epidemiology in their community, the layout of their facilities, staffing levels at their facility, personal protective equipment (PPE) supplies, access to PCR or antigen testing with turnaround time no more than 72 hours, and local hospital capacity when deciding to advance through the phases of reopening.

Phase 0: Facilities with one or more new [facility-onset](#) cases should follow [NH DHHS Recommendations for Response](#)

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care only
Non-essential personnel	None
Trips outside the facility	Only medically necessary trips
Communal dining	None
Group activities	None
Testing	Response testing (every 3-7 days until no new cases for 14 days)
Animal Policy	No companion or therapy animals [†] permitted

Phase I: Facilities with no new facility-onset cases of COVID-19 in the prior 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Indoor* and outdoor social visitation
Non-essential personnel	None
Trips outside the facility	Only medically necessary trips
Communal dining	Limited, with physical distancing
Group activities	Limited [§] to no more than 10 people with masking and physical distancing; cohorting encouraged
Testing	Routine surveillance ^Δ testing in accordance with CMS and NH DPHS guidance
Animal Policy	No companion or therapy animals [†] permitted

Phase II: Facilities in counties with a prevalence of active COVID-19 cases of 50 cases per 100,000 population or fewer who have been operating successfully in Phase I for at least 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Indoor* and outdoor social visitation Designated essential support visitor
Non-essential personnel	Allow limited number with additional precautions as determined necessary by the facility
Trips outside the facility	Only medically necessary trips
Communal dining	Limited, with physical distancing
Group activities	Limited [§] to no more than 10 people with masking and physical distancing, cohorting encouraged
Testing	Routine surveillance ^Δ testing in accordance with CMS and NH DPHS guidance
Animal Policy	Therapy animals [†] allowed. No companion animals permitted.

Phase III: Facilities in counties with a prevalence of active COVID-19 cases of 10 cases per 100,000 population or fewer and have been operating successfully in Phase II for at least 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Indoor* and outdoor social visitation Designated essential support visitor
Non-essential personnel	Allow with additional precautions as determined necessary by the facility
Trips outside the facility	Some non-medically necessary trips permitted, based on risk of activity
Communal dining	Communal dining permitted with physical distancing

Group activities	Permitted, including outings, with physical distancing, cohorting encouraged
Testing	Routine surveillance ^Δ testing in accordance with CMS and NH DPHS guidance
Animal Policy	Therapy animals [†] allowed. Companion animals permitted under below Animal Policy Guidelines .

[†][Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

**Per [CMS visitation guidance](#), indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility.*

[§]*The number of individuals involved in group activities depends on facility layout and ability for masking and 6ft of space between residents*

^Δ*Surveillance testing is mandated by CMS for nursing homes and optional for other facilities*

Key definitions:

- **Response Testing:** Per [CMS testing guidance](#), response testing should occur when any new case arises in the facility, regardless if the case is determined to be facility-onset or not. For response testing, all staff and residents should be tested using PCR. All staff and residents who test negative should be retested every 3-7 days until no new cases of COVID-19 are identified for 14 days. See [CDC testing guidance](#) for more details.
- **Facility-onset COVID-19 case:** CMS and CDC define a facility-onset case of COVID-19 as a resident with confirmed SARS-CoV-2 infection that originated in the facility.
 - New facility-onset COVID-19 resident case is defined as a resident who contracts COVID-19 within the facility without prior hospitalization or other outpatient/external-facility based health service within the last 14 days.
 - New facility-onset resident cases do not include:
 - a. Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate transmission-based precautions to prevent transmission to others in the facility
 - b. Residents who were placed into transmission-based precautions on admission and developed SARS-CoV-2 infection within 14 days after admission. (Source: [CDC](#)).
 - Because staff may contract COVID-19 outside of the facility, a new staff positive is not immediately considered a facility-onset case.
- **Outbreak status:** An outbreak is defined by the DHHS Congregate Settings Investigation Unit to declare on-going transmission within a facility for internal purposes and tracking.

Visitation Protocol

	Compassionate Care Visitation	Social Visitation Outdoors	Social Visitation Indoors	Essential Support Visitation
Possible under what CMS county positivity rate ?	All	All	≤ 10%	N/A
Possible in which phases?	All phases	Phases I-III	Phases I-III	Phase II and III
How many eligible visitors allowed?	Up to 2 per visitation	Up to 2 per visitation	Up to 2 per visitation	One consistent, designated visitor
Should visitor wear surgical facemask or cloth face covering?	Surgical facemask	Cloth face covering	Surgical facemask	Surgical facemask
Can residents on quarantine or isolation have visitors?	Yes. Visitors wearing full PPE .	No	No	No
Does visitation need to be monitored?	Yes	Yes, only in Phase I	No	No
Occurs in resident room or designated visitation space?	Either	Designated visitation space	Designated visitation space	Either

Key Definitions:

- Compassionate Care Visitation:** Refers to end-of-life context and also situations where visitation is critical to the psychological and/or emotional well-being of the resident. These visits are allowed on a limited basis and should not be routine. Facilities should consult with NH DHHS, families, and ombudsman, to help determine if and how a visit should be conducted for compassionate care. [CMS further defines compassionate care situations here](#). Examples of 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).
- *Social Visitation*: Refers to 1-2 adult visitors indoors or outdoors for the purpose of socialization, usually limited in duration and in a designated area. Per [CMS guidelines](#), outdoor visitation is allowed regardless of county test positivity rates. CMS requires the [county positivity rate](#) to be <10% for indoor social visitation. See [table](#) for more details.
- *Essential Support Visitation*: Refers to visitation where each a designated essential support visitor can provide consistent support to the resident in activities of daily living (ADLs). Every resident can designate one essential support visitor chosen by the resident, or the resident's power of attorney, if activated, to provide emotional and other support. These are intended to be the same visitor, who agrees to limit their own possible social exposure to and has been educated regarding COVID-19 safety. *Please note CMS does not distinguish between essential support visitors and other visitors. For the purpose of facility inspection, these essential support visitors are considered as compassionate care visitors.*

I. Before and During Visitation

A. Eligible Facilities and Requirements for Visitation:

- Facilities with active COVID-19 outbreaks are not eligible to allow visitation besides in compassionate care circumstances.
- Per [CMS guidelines](#), outdoor visitation is allowed regardless of county test positivity rates. Indoor visitation can occur when [county positivity rates](#) are ≤ 10%.
- Indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility.
- Facilities must develop and comply with their own facility-specific visitation plan in accordance with this guidance.
- The processes put in place for visitation must be in compliance with state and federal laws and regulations, including but not limited to infection control, care planning, and resident rights.
- The number of visitation sessions allowed per resident per day/week/month depends of facility size and staff capacity.
- A facility may limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a resident may be visited.

B. General Visitation Protocol:

Resident Requirements:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited except for compassionate care situations.
- Residents must wear a surgical face mask that covers their nose and mouth at all times

when transiting to/from the visitation site, and during the visitation.

- With the exception of the essential support person, residents must be separated by at least 6 feet from visitors at all times. If 6 feet of separation is unable to be maintained, a large Plexiglas or other protective barrier should be utilized.

Visitor Requirements:

- The number of visitors is restricted based on type of visitation (see [above table](#)).
- Visitors must be over the age of 12 and able to wear a face covering for the entire duration of the visit.
 - Special family circumstances warranting children under the age of 12 to visit can be approved by individual facilities.

Visitation Process Requirements:

- Facilities must establish and maintain a schedule of visitation.
- Facilities must develop a process for [screening](#) all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation (see details in section below).
- Locations for visitation (both indoor and outdoor) must be designated beforehand, and these locations must allow for at least 6 feet of space consistently between all visitors, staff, and resident at all times.
- Facilities must have adequate staff present to allow for safe transit of residents to the designated visitation location, in-person monitoring of visitation (as specified in the [above table](#)), and environmental cleaning and disinfection after visitation.
 - Safe transport means that the resident should wear a surgical facemask to prevent viral shedding and cannot be transported through any space where residents with suspected or confirmed COVID-19 are present.
 - Monitoring visits ([when required](#)) should be performed by a staff member trained in patient safety and infection control measures. Staff should be close enough to ensure compliance with visitation policy but also allow for privacy.
 - Facilities should develop a process to inform and educate residents and visitors about the necessary precautions and periodically monitor visits for compliance.
- Facilities must have adequate personal protective equipment (PPE) to provide residents, staff, and visitors (who do not arrive with a cloth face covering) with a surgical facemask during the visit and during transit to/from the visitation site.
- Facilities should demarcate spaces for people to sit in the visitation area (both indoors and outdoors) and people may not move closer to each other while visiting. No physical contact is allowed. Mobile visitation (i.e., going on a walk or drive together) is not allowed.
- Staff must carry alcohol-based hand sanitizer with them to the visitation.
- Staff, resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask.
- Facilities should clean and disinfect all touched surfaces prior to and after each visit.
- Facilities should maintain a visitor log with contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be

a need.

Screening Prior to Visitation:

- Screening all visitors:
 - At the time a visitor calls to arrange a visitation date/time, the LTCF must ask all planned visitors about symptoms of COVID-19 or risk factors for exposure, as outlined below.
 - When the visitor arrives for their scheduled visitation, they must call to notify the facility of their arrival and be questioned again about any symptoms of COVID-19 or risk factors for exposure, as outlined below.
- Before visitation, take the residents temperature.
- Ask both residents and visitors about presence of any of the following symptoms before visitation:
 - Fever (feeling feverish or a document temperature of 100.0 degrees Fahrenheit or higher);
 - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
 - Whole body symptoms such as muscle aches, chills, and severe fatigue;
 - New gastrointestinal symptoms such as nausea, vomiting, or diarrhea;
 - Decreased sense of taste or smell.
- Also ask visitors the following questions to identify potential COVID-19 exposure:
 - Have you been in close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days? (Note: healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question because they are not considered to have a COVID-19 exposure)
 - Have you traveled in the prior 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?
 - NOTE: Visitors traveling from areas outside of the six aforementioned states may visit if they have completed a 14 day quarantine AND pass all other screening questions
- If resident or visitors screen positive for any questions about risk factors or signs/symptoms of COVID-19, then the visitation may not occur.

Indoor Visitation Specific Requirements:

Outdoor visitation is preferred as lower risk of transmitting COVID-19. If visitation will occur indoors for any reason ([compassionate care](#), social, or essential support visits), adhere to the following additional requirements:

- Indoor visitors should have their temperature taken in addition to the [above screening process](#).
- Visitation should be restricted to the resident’s room or designated location in the LTCF (depending on visitation type, see [table above](#)).
- Preferably, a single consistent room for indoor visitation is close to a facility

entrance so that visitors do not transit extensively through residential living areas. The room must also be large enough to allow all visitors, resident, and staff to consistently maintain 6 feet of space between each other at all times.

- If visitation occurs in the resident's room but the resident has a roommate, the roommate or the roommate's guardian must consent to the visit. While the visit is ongoing, the roommate must wear a facemask and whenever possible, social distancing and physical barriers (e.g., curtain, Plexiglas) be used.
- Visitation should ideally occur in a well ventilated room. If the building does not have an HVAC system, then look to open windows if/when possible to allow in outdoor air.

II. After the Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the LTCF and develops signs and symptoms of COVID-19 (as outlined above) within 2 days after visiting must immediately notify the LTCF. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) they were in contact with, and the locations within the facility they visited. Long-term care facilities should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up with the facility's medical director or resident's care provider. Facilities should follow the NH DPHS guidance for [actions to take in response to residential institutional outbreaks of COVID-19](#).

Animal Policy Guidelines

Follow [CDC Guidance for Handlers of Service & Therapy Animals](#). [Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#). As facilities make allowances for therapy and companion animals throughout the phases of visitation, they should adhere to legal definitions for what constitutes a [therapy animal](#). Animals are not permitted during an outbreak (Phase 0). Animal handlers must have alternate housing plans for care for their pets should an outbreak occur.

All animals permitted in LTCF must be:

- Free from apparent infectious diseases
- Never have resided in household of a confirmed case
- Continuously restrained
- Prevented from any face-licking
- Residents and staff must perform hand hygiene after contact

Additional Information

Ombudsman Program and Legal Representation:

Residents have the right to access the Ombudsman program and to consult with their legal counsel. When in-person access is not available due to infection control concerns, facilities must facilitate resident communication (by phone or another format).

Stay Updated on COVID-19

Monitor information from public health officials. Key sources of information include:

- [NH Health Alert Network](#) (To sign up email health.alert@nh.gov)
- [CMS Current Emergencies Dashboard](#)
- [CDC “What’s New?”](#)

Frequently Asked Questions

What types of facilities are covered by this visitation guidance?

The guidance pertains to all long-term care facilities, assisted living facilities, and similar settings who previously prohibited visitation as a result of the [Governor’s Executive Order 2020-04](#). This includes facilities who are licensed by CMS: nursing homes, residential care facilities, and licensed assisted living.

Must there be scheduled hours for visitation?

Yes, the facility will set those hours and the schedule may change. For example, if the facility determines that weather is unsuitable, a resident cannot be safely moved to the visitation area, or if the facility cannot comply with NH DPHS guidance requirements, the facility should cancel visitation. Facilities may establish more restrictive guidelines as needed to ensure the safety of visitations and their facility’s operations.

Do I need to wear a mask for visits even if staying at least 6 feet apart?

Yes, a face covering or mask must be worn during the entire visitation. The guidance discusses other visitor requirements, and the facility may require other reasonable precautions to protect the residents.

Is the visitation open for all ages?

Visitation is generally restricted to adults and children who are 12 years of age or older. If a facility determines that special circumstances justify relaxing this requirement, it may allow younger visitors on a case-by-case basis.

Can I bring food?

Yes, you can bring food, but because masks should remain on at all times, neither you nor the resident cannot eat together. Additionally, be sure that any food you bring meets dietary restrictions the resident may have. If you are unsure if your loved one has food restrictions, contact the facility ahead of time to learn what is allowed.

What if the resident’s roommate (or the roommate’s guardian) does not allow visitation?

If a resident’s roommate (or the roommate’s guardian) does not consent to visitation, then the visitation may not occur in the room. Instead, the facility should consider visitation outdoors or in a designated indoor area. Alternatively, the facility could consider moving the resident into a single room when feasible.

What if I am wrongly denied visitation with my loved one?

If you believe you have been wrongly denied visitation, or you have questions that aren't answered by these FAQs or the guidance, you may contact the Office of the Long Term Ombudsman at (603) 271-4375, or toll-free (in-state) at (800) 442-5640.