REOPENING GUIDANCE FOR
LONG-TERM CARE FACILITIES (LTCF)

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

March 17, 2021

New Hampshire Department of Health and Human Services Division of Public Health Services
Summary of Changes as of 3/17/21:

- Added a table of contents and title page
- Made multiple changes to phases of reopening:
  - Deleted the 10-person limit on group activities
  - Allow therapy and companion animals in Phases I, II, and III
  - Added guidance about when new admissions are permitted
  - Allow essential support visitation in Phase I in addition to II and III
  - Removed the requirement for visitation to be monitored
  - Removed the age requirement for visitors
- Introduced post-vaccination guidance
- Incorporated updated CMS Visitation Guidance and NH COVID-19 Travel Guidance
- Removed footnote from quarantine guidance

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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 Long Term Care Facilities (LTCFs). LTCFs, including nursing homes, assisted living facilities, and other residential care facilities, should implement the following to ensure the health and safety of residents and staff according to the phased reopening approach.

The Centers for Medicare and Medicaid Services (CMS) has recently issued guidance on how COVID-19 vaccination for LTC residents and staff can factor into decisions regarding allowable activities and visitation.

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:

1. Facility-onset cases, and
2. County incidence rates and
3. Facility readiness and resources

Changes in any of 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.
- 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 electing to advance through the phases of reopening.
- A high proportion of NH LTCF staff and residents who are 14 days beyond second mRNA COVID-19 vaccine or 14 days beyond single dose of Johnson & Johnson/Janssen vaccine (“fully vaccinated”) allows for facilities to lift some restrictions on residents. CMS updated guidance outlines differential treatment for vaccinated and unvaccinated residents in certain circumstances described below.
- Compassionate care visits and visits required under federal disability rights law should be allowed at all times for any resident (vaccinated or unvaccinated), whether the facility is in outbreak status or not. Because residents in many of these LTCFs have been without visitation for almost a year, their psychosocial well-being is in jeopardy and a majority, if not all, residents qualify for compassionate care visits. An appropriate plan must be put in place to ensure compassionate care visits are occurring in a way to ensure the health and safety of all residents in the facility. Social and essential support visitation is expected to be allowable under the phases outlined below and should be addressed in the facility plan.
- Facilities should notify residents and families that visitation is allowable and share with residents and families the facilities plan to facilitate visitation.
### Phase 0: Facilities with one or more new facility-onset cases should follow NH DHHS Recommendations for Response

<table>
<thead>
<tr>
<th>Category</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptom screening</strong></td>
<td>Screen 100% of all persons entering the facility</td>
</tr>
<tr>
<td></td>
<td>Screen 100% of residents at least daily</td>
</tr>
<tr>
<td><strong>Visitation</strong></td>
<td>• Compassionate care only</td>
</tr>
<tr>
<td></td>
<td>• Designated essential support visitor</td>
</tr>
<tr>
<td><strong>New resident admissions</strong></td>
<td>Not permitted*</td>
</tr>
<tr>
<td><strong>Non-essential personnel</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Trips outside the facility</strong></td>
<td>Only medically necessary trips</td>
</tr>
<tr>
<td><strong>Communal dining</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Group activities</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Testing</strong></td>
<td><strong>Response testing</strong> (every 3-7 days until no new cases for 14 days)**</td>
</tr>
<tr>
<td><strong>Animal Policy</strong></td>
<td>No companion or <strong>therapy</strong> animals† permitted</td>
</tr>
<tr>
<td><strong>Facility Tours</strong></td>
<td>Not permitted</td>
</tr>
</tbody>
</table>

*Residents who were transferred from a facility to a hospital should be accepted back when the hospital is ready to discharge them back to the facility. In addition, rarely there are circumstances where the resident’s best interests might dictate admission even in Phase 0; these should be considered on a case by case basis with the facility’s DHHS investigators.

†Surveillance testing is mandated by CMS for nursing homes and optional for other facilities

†Service animals must be permitted to remain with their handlers in accordance with the Americans with Disabilities Act
Phase I: Facilities with no new facility-onset cases of COVID-19 in the prior 14 days and in counties with a prevalence of more than 50 active COVID-19 cases per 100,000 population

| **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*, and  
• Designated essential support visitor |
| **New resident admissions** | Permitted |
| **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**   | Permitted with masking (unless actively eating or drinking) and physical distancing§ |
| **Group activities**  | Permitted with masking and physical distancing§; cohorting encouraged |
| **Testing**           | Routine surveillance testing in accordance with CMS and NH DPHS guidance Δ |
| **Animal Policy**     | • Therapy animals† allowed  
• Companion animals permitted under below Animal Policy Guidelines |
| **Facility Tours**    | Not permitted |

*Social visitation may be limited as outlined below in “Post-Vaccination Visitation Guidance”

§Physical distancing refers to 6ft of space between individuals (residents and staff)

ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

†Service animals must be permitted to remain with their handlers in accordance with the Americans with Disabilities Act
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** |
| **New resident admissions** | Permitted |
| **Non-essential personnel** | Allow limited number with additional precautions as determined necessary by the facility |
| **Trips outside the facility** | Only medically necessary trips. Some non-medically necessary non-overnight trips may be permitted, **based on risk of activity, for fully vaccinated residents** |
| **Communal dining**   | Permitted with masking (unless actively eating) and physical distancing§ |
| **Group activities**  | Permitted with masking and physical distancing§; cohorting encouraged |
| **Testing**           | Routine surveillanceΔ testing in accordance with CMS and **NH DPHS guidance** |
| **Animal Policy**     | • **Therapy** animals† allowed  
• Companion animals permitted under below **Animal Policy Guidelines** |
| **Facility Tours**    | Not permitted for CMS facilities. For non-CMS facilities, permitted in non-resident areas, suggested limit two persons at a time |

*Social visitation may be further limited as outlined below in “Post-Vaccination Visitation Guidance”

§Physical distancing refers to 6ft of space between individuals (residents and staff)

ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

†Service animals must be permitted to remain with their handlers in accordance with the **Americans with Disabilities Act**
### 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 |
| New resident admissions | Permitted |
| 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   | Permitted with masking (unless actively eating) and physical distancing⁵ |
| Group activities  | Permitted, including outings, with physical distancing, cohorting encouraged |
| Testing           | Routine surveillanceΔ testing in accordance with CMS and NH DPHS guidance |
| Animal Policy     | • Therapy animals† allowed  
• Companion animals permitted under below Animal Policy Guidelines |
| Facility Tours    | Not permitted for CMS facilities. For non-CMS facilities, permitted in non-resident areas, suggested limit two persons at a time |

*Social visitation may be further limited as outlined below in “Post-Vaccination Visitation Guidance”

⁵Physical distancing refers to 6ft of space between individuals (residents and staff)

ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

†Service animals must be permitted to remain with their handlers in accordance with the Americans with Disabilities Act
**Key definitions:**

- **Response Testing:** Per [CMS testing guidance](https://www.cms.gov), response testing should occur when any new case arises in the facility. 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](https://www.cdc.gov) for more details.
  - Note: A facility should suspend all social visitation (regardless of vaccination status) when response testing is needed due to a new case of COVID-19. After completing one round of response testing, visitation can resume based on the following criteria in “Post-Vaccination Visitation Guidance” below.

- **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:
    - 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
    - Residents who were placed into transmission-based precautions on admission and developed SARS-CoV-2 infection within 14 days after admission. (Source: [CDC](https://www.cdc.gov)).
  - 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. If a facility has been identified as in outbreak status, aggregate data (i.e., total number of staff and non-staff who have tested positive for COVID-19) may be reported out to the public.

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### Post-Vaccination Guidance

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#### Quarantine Guidance

This quarantine guidance applies to ALFs, SNFs, and similar facilities, including those who are regulated by CMS. The following people\(^1\) do NOT need to quarantine:

- A person who is 14 days beyond the second dose of their mRNA COVID-19 vaccine or 14 days beyond single dose of Johnson & Johnson/Janssen vaccine.
- A person who is within 90 days of a SARS-CoV-2 infection diagnosed by PCR or antigen testing.

This applies in the following quarantine scenarios:

\(^1\) In either of the above situations, the person does not have new or unexplained symptoms of COVID-19
• Upon admission to a LTCF
• After an unprotected exposure to a person with COVID-19
• After an overnight stay at a hospital or a visit home

**Testing Guidance**

Staff and residents of LTCFs who are at least 14 days beyond the second dose of their mRNA COVID-19 vaccine or 14 days beyond single dose of Johnson & Johnson/Janssen vaccine or who are within 90 days of a previous SARS-CoV-2 infection (diagnosed by PCR or antigen testing), may be exempted from the COVID-19 Resident and Staff Surveillance Program (CRSSSP) unless otherwise required to test under CMS requirements. CRSSSP is still required for nursing homes by CMS. Therefore, vaccinated staff and residents at ALFs (not governed by CMS) do not need to participate in CRSSSP.

Regardless of prior infection or vaccination status, any person with new or unexplained symptoms of COVID-19 must isolate (Isolation Guide), and be evaluated for COVID-19 testing.

**Visitation Guidance**

LTCFs should allow in-person visitation in all phases according to the phased tables above. In summary:

- Compassionate care visitation can occur at all times
- A facility should allow indoor social visitation for all residents, except:
  - Unvaccinated residents cannot have indoor social visits if:
    - The COVID-19 county positivity rate is >10% and
    - <70% of residents in the facility are fully vaccinated
  - Residents on isolation (regardless of vaccination status)
  - Residents on quarantine (regardless of vaccination status)
  - During response testing
- A facility should suspend all social visitation when response testing is needed due to a new case of COVID-19. After completing one round of response testing:
  - If no additional COVID-19 cases are identified in other areas/units of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should continue to suspend visitation on the affected unit until the facility meets the criteria to discontinue response testing.
  - If one or more additional COVID-19 cases are identified in another area/unit of the facility, suspend visitation for all residents until the facility meets the criteria to discontinue response testing.
- Social and compassionate visits should be conducted using social distancing
  - However, during a compassionate care visit, physical contact can be allowed as long as both resident and visitor wear a well-fitting face mask and perform hand-hygiene before and after contact.
  - Fully vaccinated residents can choose to have close contact (including touch) with their visitor during social and compassionate visits as long as both resident and visitor wear a well-fitting face mask and perform hand-hygiene before and after contact.
Communal Dining and Group Activity Guidance

LTCFs should allow communal dining and group activities in Phases I, II, and III according to the phased tables above.

### Visitation Protocol

<table>
<thead>
<tr>
<th></th>
<th>Compassionate Care Visitation</th>
<th>Social Visitation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular</td>
<td>Essential Support</td>
</tr>
<tr>
<td>Possible under what county positivity rate?</td>
<td>All</td>
<td>All</td>
</tr>
<tr>
<td>Possible in which phases?</td>
<td>All phases</td>
<td>All phases</td>
</tr>
<tr>
<td>How many eligible visitors allowed?</td>
<td>Up to 2 per visitation</td>
<td>One consistent, designated visitor</td>
</tr>
<tr>
<td>Should visitor wear surgical facemask or cloth face covering?</td>
<td>Surgical facemask*</td>
<td>Surgical facemask*</td>
</tr>
<tr>
<td>Can unvaccinated residents have physical contact with their visitors?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Can vaccinated residents have physical contact with their visitors?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Can residents on quarantine or isolation have visitors?</td>
<td>Yes. Visitors wearing full PPE.</td>
<td>No</td>
</tr>
<tr>
<td>Does visitation need to be monitored?</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
Occurs in resident room or designated visitation space?

|  | Either | Either | Either | Either |

*During a compassionate care/essential support visit, if a visitor may come within 6ft of the resident, they are expected to wear the same PPE a staff member wears (i.e., if community transmission is substantial enough for the staff to wear eye protection in addition to the facemask, so should the visitor)*

**Key Definitions:**

- **Compassionate Care Visitation:** CMS defines compassionate care visits in memo [QSO-20-39-NH](#): “While end-of-life situations have been used as examples of compassionate care situations, the term ‘compassionate care situations’ does not exclusively refer to end-of-life situations. 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).”

- **Essential Support Visitation:** Essential support visitation is a type of compassionate care visitation. Refers to visitation where each a designated essential support visitor can provide consistent emotional and other support (ADLs) to the resident. Every resident (or the resident’s power of attorney) can designate one essential support visitor. 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.

- **Social Visitation:** Refers to 1-2 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. See table for more details.

**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.
  - Note that window visits (where the visitors do not enter the facility) are allowed in all phases and must be allowed if able to be performed safely.
• 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.
• A facility may reasonably 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 from visitors by at least 6 feet at all times. If 6 feet of separation is unable to be maintained, a large Plexiglas or other protective barrier should be utilized.

   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. Visitors should not wander throughout other areas of the facility.
   • Facilities must have adequate staff present to allow for safe transit of residents to the designated visitation location and environmental cleaning and disinfection after visitation.
     o 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.
   • 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 may restrict visitors to those who can comply with masking.
   • 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. Residents and visitors may go on a walk together.
   • 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 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;
  - General body symptoms such as muscle aches, chills, and severe fatigue;
  - Gastrointestinal symptoms such as nausea, vomiting, or diarrhea;
  - Changes in a person’s sense of taste or smell.

- Also ask visitors the following questions:
  - Are you 14 days beyond the second dose of their mRNA COVID-19 vaccine or 14 days beyond single dose of Johnson & Johnson/Janssen vaccine?
    - A visitor’s vaccine status does not impact if a visitor can enter, but should be recorded in case of answers yes to below travel question or if there is an inadvertent breach of infection control during the visit.
  - Have you been in close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days?
    - NOTE: Per CMS guidance, someone who answers yes to this question should not visit, regardless of vaccination status.
    - NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” because they are not considered to have exposure.
  - Have you traveled in the prior 10 days internationally (outside of the U.S., except for essential travel to/from Canada*) or on a cruise ship?
    - *Essential travel to/from Canada includes for work, school, personal safety, medical care, care of others, or parental shared custody. Essential travel also includes travel for students and their parents or guardians who are visiting institutions of higher learning or preparatory high schools as potential future students, including allowing the students to remain at the schools for overnight stays.
• 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**
There is no current evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. It appears that it can spread from people to animals (e.g., dogs, cats, mink) in some situations, especially after close contact with a person with COVID-19.
Follow [CDC Guidance for Handlers of Service & Therapy Animals](https://www.cdc.gov/dogsdog/). Service animals must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](https://www.ada.gov/). 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](mailto:health.alert@nh.gov) (To sign up email health.alert@nh.gov)

### 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](https://www.governor.nh.gov/executive-orders), whether or not the facility is certified by CMS.

**Must there be scheduled hours for visitation?**
Yes, the facility can decide what acceptable hours are and whether you need to call ahead. If there is a schedule, it might change. For example, if the facility determines that weather is unsuitable for outdoor visitation, a resident cannot be safely moved to the visitation area, or if the facility cannot comply with NH DPHS guidance requirements.

**Do I need to wear a mask for visits even if staying at least 6 feet apart?**
Yes. You must wear a [well-fitted face covering or mask](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/mask-guidance.html) during your entire visit, even if you are
staying 6 feet apart.

Is the visitation open for all ages?
Visitation is generally restricted to adults and children who are able to comply with mask wearing. If a facility determines that special circumstances justify relaxing this requirement, it may allow visitors younger than 2 years old on a case-by-case basis.

Can I bring food?
Yes. Food can be brought in per the facility’s policy and in accordance with any physician orders or requirements, but because masks should remain on at all times, neither you nor the resident can eat together. Please contact the facility for more information on the facility’s policies regarding food.

Can I visit in the room if my loved one’s roommate doesn’t want me to?
No. If a resident’s roommate (or the roommate’s guardian) does not agree to your visit, then you cannot visit in the room. Instead, the facility should facilitate your visit outdoors or in a designated indoor area.

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.

What difference does completed vaccination make?
Individual vaccination status allows exceptions to quarantine requirements in various scenarios (e.g., contact to a case, upon admission, after travel, after an overnight hospital stay). If a resident is fully vaccinated, there are also increased opportunities for physical touch, and visits even if the county positivity rate is >10%.

This revised guidance is influenced by high rates of vaccination within long term care facilities. Revisions include now allowing essential support visitors in all phases, increased flexibility regarding non-essential personnel, removing the need for supervision of visits, increased flexibility regarding where visits can occur, more flexibility in communal dining and group activities, and allowing animals in the facility.