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Circular Letter DHCQ 20-03-702

TO: Nursing Home and Rest Home Administrators

FROM: Elizabeth Daake Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

A handwritten signature in blue ink that reads "Elizabeth Kelley".

SUBJECT: Policies and Procedures for Restricting Resident Visitors in Nursing Homes and Rest Homes and Personal Protective Equipment Recommendation Updates during the COVID-19 Outbreak

DATE: March 11, 2020

Nursing homes and rest homes should implement the following provisions effective March 12th to protect the health and safety of residents and staff during the 2019 novel Coronavirus (COVID-19) outbreak.

Resident Visitors Policies and Procedures:

Pursuant to an Order issued by the Commissioner of Public Health, facilities are required to actively screen all visitors. Visitation by those who meet any of the following criteria must be restricted:

- Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
- In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness.
- International travel within the prior 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
- Residing in a community where community-based spread of COVID-19 is occurring.

If a visitor does not meet one of the above criteria, then the nursing home or rest home must confirm that the visitor does not have a fever by taking each visitor's temperature upon arrival. The visitor's temperature must be 100.3 °F or lower for him or her to enter the facility and visit.

If in-person visits are not possible due to one or more of the above criteria, facilities should offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).

In cases when visitation is allowed, facilities must:

- Require visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.).
- Make efforts to allow for safe visitation for residents and loved ones such as suggest limiting physical contact with residents and others while in the facility, practicing social distances with no hand-shaking or hugging, and remaining six feet apart;
- If possible, create dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

Facilities should consider a resident's current state (e.g., end-of-life care) when restricting visitors and make accommodations as necessary on an individual basis.

For facilities that are in counties or counties adjacent to other counties where a COVID-19 case has occurred, we recommend that visitation be limited to essential visits only.

Ombudsman Program:

Residents have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities must facilitate resident communication (by phone or another format) with the Ombudsman program.

Personal Protective Equipment for Healthcare Personnel:

The Centers for Disease Control and Prevention (CDC) has provided important updates to the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. This guidance is applicable to all U.S. healthcare settings.

The interim guidance has been updated based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.

Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when

the infected person coughs or sneezes. Airborne transmission from person-to-person over long distances is unlikely.

Personal Protective Equipment Recommendations when Caring for Residents with Confirmed or Suspected COVID-19:

- Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators is limited.
- When shortages have been identified, available respirators should be prioritized for caring for suspected or confirmed COVID-19 patients or providing care to patients with other infections for which respiratory protection is strongly indicated (e.g., tuberculosis, measles, varicella).
- Eye protection, gowns, and gloves continue to be recommended. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

Environment:

- Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed.
- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

Please review the complete CDC guidance that may be found here:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

For questions about this memorandum please call the Division of Health Care Facility Licensure and Certification at (800) 462-5540.