



VISITATION, ACTIVITIES & QUARANTINE

Frequently Asked Questions

Revised: April 20, 2021

In March 2021 CMS issued revised guidance regarding in-person, indoor nursing home visitation, and CDC issued new guidance on certain issues concerning quarantine of staff and residents. The Minnesota Department of Health (MDH) has adopted the CMS and CDC guidance and is applying it to both nursing homes and assisted living facilities. Providers should review all of these new guidance documents carefully:

- [CMS QSO Memorandum 20-39-NH-Revised \(03/10/21\)](#)
- [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination \(03/10/21\)](#)
- [MDH COVID-19 Guidance: Long-term Care Indoor Visitation for Nursing Facilities and Assisted Living-type Settings \(03/17/21\)](#)
 - [Long-term Care Visitation Guidance Flowchart for Outbreak Status \(Updated 4/20/21\)](#)
 - [Long-term Care Visitation Guidance Flowchart for Exceptions \(3/17/21\)](#)
- [COVID-19 Guidance for Dining and Activities in Assisted Living Settings \(04/02/21\)](#)
- [MDH Long-term Care Guidance for Non-medically Necessary Outings \(04/01/21\)](#)
- [CDC Infection Prevention & Control Recommendations for Nursing Homes \(03/29/21\)](#)
- [MDH COVID-19 Recommendations for Health Care Workers \(04/07/21\)](#)
- [MDH Responding to and Monitoring COVID-19 Exposures in Health Care Settings \(04/07/21\)](#)

This resource provides answers to common questions about the new guidance and reflects our current understanding as of the date above. When guidance changes or we receive new information, we will revise this document, and please contact [Kari Everson](#) or [Jonathan Lips](#) any time with questions. For simplicity, this document uses the terms “facility” and “resident” for nursing homes and assisted living.

VISITATION

Do nursing homes and assisted living now follow the same guidance concerning visitation and activities?

Both nursing homes and assisted living now follow the same guidance concerning visitation. All certified nursing facilities must follow CMS guidance, and, while CMS does not govern assisted living settings, MDH has decided to adopt the CMS guidance and apply it to assisted living. In terms of activities, MDH issued separate guidance for assisted living in early April that varies from the CMS guidance for nursing homes. See below for more information. (Updated)

Is indoor visitation allowed at all times, or are there exceptions?

There are exceptions. Facilities should allow indoor visitation at all times and for all residents, regardless of whether they are vaccinated, except in a few circumstances when visitation should be limited due to a high risk of spreading COVID-19.

Indoor visitation should be limited for the following residents – with the exception of compassionate care visits (including essential caregivers) – under the following circumstances:

- 1) Unvaccinated residents, if the LTC facility's 14 day COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated.
- 2) Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue Transmission-Based Precautions.
- 3) Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
- 4) Visitation should also be restricted in certain outbreak situations. See below for more information about outbreaks.

Is the COVID-19 county positivity rate still relevant to whether we can allow indoor visitation?

The COVID-19 positivity rate is still relevant but in a more limited way than before. Under the prior guidance, if the county positivity rate was >10%, facilities were expected to restrict visitation for all residents, except for compassionate care visits (including essential caregiver). Under the new guidance, if the COVID-19 county positivity rate is >10% and < 70% of residents in the facility are fully vaccinated facilities are expected to restrict visitation for **unvaccinated** residents. Fully vaccinated residents may continue to receive visitors in this scenario.

What does “fully vaccinated” mean?

People are considered fully vaccinated for COVID-19 two weeks after their second dose of a vaccine that requires two doses (like Pfizer or Moderna), or two weeks after they get a single dose of a vaccine that requires one dose (like Johnson & Johnson).

We have some residents who were COVID-19 positive greater than 90-days ago. When they received their first COVID-19 vaccine does they became very ill. After this reaction, their provider recommended against getting the second dose. Can we consider those exceptions to be “fully vaccinated”?

Residents who received only 1 dose in a 2-dose series would not meet the definition of fully vaccinated.

How do I document my resident vaccination rate?

CMS and MDH are leaving this in the facility's discretion. The key is to have a formal system for documenting and tracking vaccinations among residents, and to re-calculate the data periodically to account for newly vaccinated individuals, move-ins and move-outs. One suggested way to do this is to report aggregate vaccination rates to MDH using its weekly vaccination reporting form, and/or to report vaccination rates to the CDC's National Healthcare Safety Network (NHSN). These reporting tools are both optional at this time, but the process of completing these submissions would give you ready access to the data on an on-going basis. If you use an electronic health record, that system may also be able to generate a report for you.

INDOOR VISITATION DURING AN OUTBREAK

Background: When a new case of COVID-19 among residents or staff is identified, begin outbreak testing and immediately suspend all visitation until at least one round of facility-wide testing is completed.

Visitation may resume (or not) based on the following criteria:

- If the first round of outbreak testing **does not** identify any additional COVID-19 cases in other areas or units of the facility, indoor visitation can resume for residents in areas/units with no COVID-19 cases. Visitation should be suspended in the unit/area where the first case was identified until outbreak testing is complete (14 days without new case)

- If the first round of outbreak testing **does** identify additional COVID-19 cases in one or more other areas/units of the facility, then facilities should suspend visitation for all residents, vaccinated and unvaccinated, until the facility meets the criteria to discontinue outbreak testing.
- Outbreak testing should continue throughout the entire facility, regardless of visitation status, until no new cases of COVID-19 have identified among staff or residents for at least 14 days since the most recent positive result. If a subsequent outbreak testing round (i.e. after the first round), identifies one or more additional COVID-19 cases in other areas/units of the facility, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing. (Added for clarity.)

What is the definition of an “area” or “unit”? Is it a floor? A wing? A Household?

Each facility will need to determine how to identify an area or unit for purposes of the guidance. It could potentially be a wing or household, a secured unit, or a floor depending on your physical plant make up because there are so many different sizes and shapes. Please contact [Kari Everson](#) or [Jonathan Lips](#) to discuss individual situations, and we will update this response if we receive further guidance from CMS or MDH.

What happens if an outbreak starts with a positive case in a staff member, and the initial round of facility-wide testing reveals additional cases in staff but no cases in residents?

CMS is focused on where the cases are in the facility, and not on whether a case is in a staff member versus a resident. If staff member who initially tested positive worked only in one area or unit of the facility, then visitation may resume in other areas of the facility. If the additional identified cases are in staff who also worked only in that same area of the facility, then visitation can still occur in other areas of the facility. If the staff member who initially tested positive, or the additional staff cases identified in the facility-wide round of testing, worked throughout the facility – such as staff from Unit A and staff from Unit B – then the facility should suspend visitation for all residents until the facility meets the criteria to discontinue outbreak testing. We anticipate CMS or MDH may provide more information that can help as you evaluate these scenarios to make decisions around visitation. Until we receive additional guidance, please feel free to contact [Kari Everson](#) or [Jonathan Lips](#) to discuss individual situations.

May compassionate care visits continue during times when visitation is suspended because of an outbreak?

Yes. [MDH COVID-19 Guidance: Long-term Care Indoor Visitation for Nursing Facilities and Assisted Living-type Settings](#) addresses this issue: When a new case of facility-onset COVID-19 is identified among residents or staff, a facility should, as a health standard of care, immediately begin outbreak testing and suspend all visitation (*except essential caregiver, compassionate care visits and visits required under disability rights laws*), until at least one round of facility-wide testing is completed. The CMS guidance also states that compassionate care visits should be permitted at all times.

TIMING AND MANAGEMENT OF VISITS

The guidance says facilities should allow indoor visitation at all times. Does all times mean 24/7 or whenever a family wants to visit? Can we continue to schedule visits as long as we are lenient with hours of visitation.

“At all times” means facilities should accommodate visits on all days of the week and at times that work for the resident and family, taking a person-centered approach. Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles

of infection prevention. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors. Yes, facilities may continue to schedule visits, so long as you offer flexibility. For example, if a resident’s family member wants or needs to visit during the evening, the facility should accommodate that request.

Is active screening required? What options do facilities have? What practices are recommended?

Screening remains a very important strategy to identify those who could have COVID-19 so appropriate precautions can be implemented. Facilities must have an effective system for screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denying entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days regardless of the visitor’s vaccination status. If you have a survey, MDH will be looking to make sure that you have a system and process in place, and you will have to be able to demonstrate that you have been conducting screening.

Active screening is not required, but it may be the most effective way to ensure that sound and appropriate screening occurs on a consistent basis for all visitors. Whether you implement an active screening process or a self-screening process, it will be important for your practices to match your policy. In either approach, key elements to address in your policy include:

- Educating visitors about the importance of screening; that they may not enter if they “fail” an aspect of the screening process; and specifically, what they should do if that occurs (e.g., contacting a designated person on your staff)
- Assess and audit your screening practice regularly to confirm all visitors are consistently screened and all information and questions are completed each time.

Do we have to supervise visits?

No. Supervision of visits is not required and residents should be afforded privacy during visits. If staff see that visitors are not following core infection control principles such as masking, hand hygiene, and social distancing. With the exception written in recent guidance that fully vaccinated residents may now choose to engage in physical touch during a visit provided they remain masked and practice hand hygiene before and after contact. Providers should remind and re-educate visitors about the protocols.

May children visit our facility?

Yes, but all visits and visitors – both adults and children – must follow the core principles of COVID-19 infection prevention, including screening, hand hygiene, masking, and social distancing. The guidance states that visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. We recommend that facilities notify families that children who visit should be able to abide by infection prevention and control protocols and be supervised by an adult.

ACTIVITIES & DINING

With non-medically necessary outings allowed, and an increase in opening for indoor visitors, can we expect our fully vaccinated residents to be able to gather in closer proximity for dining and activities?

Nursing Homes: There are no changes for dining or activities at this time. While CMS and CDC made revisions relating to visitation, they have not modified guidance for meals or activities, including for fully vaccinated residents. If additional guidance is released, we will notify members and update this

document. As a reminder, communal activities and dining can occur as long as you continue to adhere to the core principles of COVID-19 infection prevention: masks, minimum 6-foot social distancing, restriction for those on transmission-based precautions, cleaning and disinfection of surfaces and spaces, and so on.

(Updated) Assisted Living: On April 2 MDH issued [COVID-19 Guidance for Dining and Activities in Assisted Living Settings](#) which provides as follows:

- Residents who are unvaccinated, or do not disclose vaccination status, should not gather with anyone with an increased risk of severe illness from COVID-19 without wearing a mask and following the core principles listed above. See CDC guidance regarding severe illness: [People with Certain Medication Conditions](#).
- Residents who are fully vaccinated* can gather indoors, to play cards or sit in the dining room, with residents living in another unit or household** within the assisted living setting.
- Residents who are fully vaccinated* can gather informally with one other unit or household** of residents who are unvaccinated, or who do not disclose vaccination status, as long as everyone is following guidance to reduce the spread of COVID-19.
- Residents who are fully vaccinated* can sit closer than 6 feet apart during organized activities and dining in the assisted living setting. MDH recommends that each resident wears a mask when gathering closer than 6 feet (except when eating).

*Fully vaccinated: Residents are considered fully vaccinated for COVID-19 two weeks after their second dose of a vaccine that requires two doses (like Pfizer or Moderna), or two weeks after they get a single dose of a vaccine that requires one dose (like Johnson & Johnson). **Household: Each apartment in the assisting living or independent living setting is considered a household.

May communal activities and dining continue if the facility is in outbreak status?

Yes, with exceptions for some participants. Residents who are in quarantine for observation, or in isolation with suspected or confirmed COVID-19 status, should not participate. However, other residents may eat in the same room and participate in group activities if there is social distancing among residents, appropriate hand hygiene, and use of a face covering.

QUARANTINE

Do residents need to quarantine upon admission/move-in or readmission?

The [MDH COVID-19 Guidance: Long-term Care Indoor Visitation for Nursing Facilities and Assisted Living-type Settings](#) states that quarantine is no longer required for residents who are being admitted to a post-acute (congregate care setting) ***if they are fully vaccinated and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days.*** MDH references this CDC guidance: [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

We have had families ask about overnight visits for residents. Is there any time limitation that affects the guidance about quarantine after non-medically necessary outings? Does the answer depend on vaccination status? **(Updated)**

In most circumstances, quarantine is not recommended for residents – whether vaccinated or not vaccinated – who leave the nursing home or assisted living-type facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with COVID-19 infection while away from the building. Close contact is defined as spending 15 minutes or more in a 24-hour period within 6 feet of someone who has COVID-19. MDH guidance states that facilities might consider quarantining residents who leave the nursing home or assisted living-type

facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention and control measures.

Residents who leave the nursing home or assisted living-type facility for 24 hours or longer should generally be managed as described in guidance for new admissions and readmissions. Fully vaccinated residents would not need to quarantine after such an extended outing, unless they had close contact with someone with COVID-19 infection while away from the building. Unvaccinated residents that have not had COVID-19 in the last 90 days need to quarantine if they're out of the building longer than 24 hours. An unvaccinated resident who has had a positive COVID test in the last 90-days does not need to quarantine unless they've had exposure to someone known to have COVID-19 or if they have symptoms.

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