

VISITATION AND ACTIVITY GUIDANCE FOR NURSING HOMES AND ASSISTED LIVING FACILITIES

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Acknowledged and Directed by the Secretary of Health

DocuSigned by:

David Scrase

Dr. David R. Scrase

Acknowledged and Directed by the Secretary of Aging and Long-Term Services
Katrina Hotrum-Lopez

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The New Mexico Department of Health (NMDOH) is modifying its visitation policies pursuant to the [QSO Memorandum](#) issued by the Centers for Medicaid and Medicare Services (CMS) and has amended its' visitation procedures accordingly. This guidance expands the CMS visitation guidance for nursing homes to include assisted living facilities. Facilities should continue to refer to the Core Principles of COVID-19 Infection Prevention below, unless otherwise directed in this document. Facilities must inform residents' families of these changes by Wednesday, November 24, 2021. Facilities have until Monday, November 29, 2021 to fully implement this guidance.

KEY CHANGES

Visits allowed for all residents at all times

- **Facilities cannot restrict the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.**

Facilities must permit residents to leave the facility as they choose
Visitor vaccination status does not require proof vaccination

CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION

- ✓ Visitors with a positive viral test for COVID-19, symptoms of COVID-19, or those who currently meet the criteria for quarantine should not enter the facility. Facilities should screen all who enter for these visitation exclusions.
- ✓ Hand hygiene (use of alcohol-based hand rub is preferred).
- ✓ Face covering or mask (covering mouth and nose).
- ✓ Physical (social) distancing at least six feet between persons, according to the [CDC guidance](#).
- ✓ Instructional signage throughout the facility and proper visitor education on COVID-19 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 often high frequency touched surfaces in the facility, e.g., designated visitation areas.
- ✓ 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) (see [QSO-20-38-NH](#)) and the [New Mexico State testing guidance](#).

For more information, see the [Implement Source Control section of the CDC guidance "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic"](#) and the NMDOH's ["Policies for the prevention and control of COVID-19 in New Mexico"](#)

ASSESSING LEVELS OF RISK

Current levels of community transmission

It is imperative facilities check daily the current, county-levels of COVID-19 community transmission. Current levels of community transmission are available on the [NMDOH county data site](#). For facilities located in counties with substantial (orange) or high (red) COVID-19 community level of transmission all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance at all times. In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated.

Physical contact

The CMS and CDC continue to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection. This continues to be the safest way to prevent the spread of COVID-19, particularly if either party has not been fully vaccinated. However, we acknowledge the toll that separation and isolation has taken. We also acknowledge that there is no substitute for physical contact, such as the warm embrace between a resident and their loved one. Residents may choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, unvaccinated residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit. Visitors should also physically distance from other residents and staff in the facility.

GROUP ACTIVITIES

Facilities may offer a variety of activities regardless of the residents' vaccination status.

- Group activities:
 - If all residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity.
 - If unvaccinated residents are present, then all participants in the group activity should wear source control and unvaccinated residents should physically distance from others.
- Communal dining:
 - Fully vaccinated residents can participate in communal dining without use of source control or physical distancing.

Activities are NOT allowed for:

- Residents with confirmed COVID-19 infection – regardless of vaccination status, until they meet criteria to discontinue transmission-based precautions.
- Residents in quarantine – regardless of vaccination status until quarantine period has ended. If unvaccinated residents are dining in a communal area (*e.g.*, dining room) all residents should use source control when not eating and unvaccinated residents should continue to socially distance at least 6 feet from others.

RESIDENT OUTINGS

Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same. Upon the resident's return, facilities should take the following actions:

- Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC's "[Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.](#)"
- Screen residents upon return for signs or symptoms of COVID-19.
- If the resident or their visitor reports possible close contact or prolonged exposure* to an individual with COVID-19 while outside of the facility, test the resident for COVID-19, regardless of vaccination status. Place the resident on quarantine if the resident has not been fully vaccinated. However, fully vaccinated residents and residents within 90 days of a SARS-CoV-2 infection do not need to be placed in quarantine.
- If the resident develops signs or symptoms of COVID-19 after the outing, immediately test the resident for COVID-19 as required at 42 CFR § 483.80(h) (see [QSO20-38-NH](#)), and place the resident on Transmission-Based Precautions, regardless of vaccination status.
- A facility may choose to test unvaccinated residents without signs or symptoms if they leave the facility frequently or for a prolonged length of time, such as over 24 hours.
- Facilities should consider quarantining unvaccinated residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended infection prevention measures.
- Monitor residents daily for signs and symptoms of COVID-19.

**"Prolonged exposure" or "close contact" means spending a cumulative total of 15 minutes or more over a 24-hour period, within 6 feet of someone who is confirmed to have COVID-19 when that person was in their infectious period.*

VISITATION

- ✓ Facilities must 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.
- ✓ Facilities must have a process for screening all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation.
- ✓ Visitors should adhere to the core principles, and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.
- ✓ Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status. If the resident and all their visitor(s) 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. Facilities may offer masks or other appropriate PPE, if available; however, facilities are not required to provide PPE for visitors.
- ✓ Please see the [CDC recommendations](#) for best practices when engaged in in-room visitation; these recommendations should be readily accessible during visits.
- ✓ Whenever possible, visitors should be restricted from walking around the facility, and immediately following the visit, must leave the facility through the designated exit.
- ✓ Safe transport means the resident should wear a facemask to prevent viral shedding and cannot be transported through any space where residents with suspected or confirmed COVID-19 are present.
- ✓ Staff, residents, and visitors must sanitize their hands before and after visitation, and after any touching of face or face covering/mask. Staff must provide alcohol-based hand sanitizer.
- ✓ Facilities must disinfect all touched surfaces prior to and after each visit.

Outdoor Visitation

Outdoor visitation is preferred even when the resident and visitors are fully vaccinated against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever possible. However, weather considerations or an individual resident's health status (*e.g.*, medical condition(s), COVID-19 status, quarantine status) may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.

Indoor Visitation

Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status). A nursing home must facilitate in-person visitation consistent with the applicable CMS regulations and state requirements, which can be done by applying the guidance stated above. Failure to facilitate visitation, per 42 CFR § 483.10(f)(4), which states *"The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident,"* would constitute a potential violation and the facility would be subject to citation and enforcement actions. New Mexico is applying this same CMS requirement for Nursing Facilities to all state licensed long-term care settings (including state licensed assisted living facilities and intermediate care facilities).

As stated above, there are risks associated with visitation and COVID-19. However, these risks are reduced by adhering to the core principles of COVID-19 infection prevention. Furthermore, we remind facilities and all stakeholders that, per 42 CFR §483.10(f)(2), residents have the right to make choices about aspects of his or her life in the facility significant to the resident. Visitors, residents, or their representative should be made aware of the potential risk of visiting and necessary precautions related to COVID-19 in order to visit the resident. However, if a visitor, resident, or their representative is aware of the risks associated with visitation, and the visit occurs in a manner that does not place other residents at risk (*e.g.*, visiting in another resident's room), the resident must be allowed to receive visitors as he/she chooses.

After Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the LTC facility and subsequently develops signs and symptoms of COVID-19 or tests positive for COVID-19 within 5 days after visiting must immediately notify the LTC facility. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) with whom they were in contact, and the locations within the facility they visited. Facilities may consider giving the visitor a written card with the expectations upon leaving the facility.

Entry of Healthcare Workers and Other Service Providers

All health care workers who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened. EMS personnel do not need to be screened, so they can attend to an emergency without delay.

VISITATION DURING A COVID-19 OUTBREAK

An outbreak investigation is initiated or exists when a new onset of a COVID-19 case occurs (*i.e.*, a new COVID-19 case among residents or staff). When a new case of COVID-19 among residents or staff is identified, the facility should immediately begin outbreak testing in accordance with [CMS QSO 20-38-NH REVISED](#), state and CDC guidelines. We remind facilities to adhere to CMS regulations and state guidance for COVID-19 testing, including routine testing of unvaccinated staff, testing of individuals with symptoms, and outbreak testing. While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility.

While not recommended, residents who are on transmission-based precautions (TBP) or in quarantine are permitted to receive visitors. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room. Facilities should consult the NMDOH's "[Policies for the prevention and control of COVID-19 in New Mexico](#)" for specific guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.