

VISITATION AND ACTIVITY GUIDANCE FOR NURSING HOMES AND ASSISTED LIVING FACILITIES

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The Department of Health has identified target goals for the vaccination of staff and residents in long-term care settings and has amended its' visitation procedures accordingly. Facilities should continue to refer to the Core Principles of COVID-19 Infection Prevention below, unless otherwise directed in this document.



80% OF STAFF



90% OF RESIDENTS

Facilities must report their weekly vaccination totals every Monday by 5:00 pm here:

<https://www.surveymonkey.com/r/JH392TC>

KEY CHANGES

In-Room Visits

- **A fully vaccinated resident and fully vaccinated visitors may have in-room visits without supervision**

Fully Vaccinated Staff

- **No routine testing requirements**
- **Can congregate with other vaccinated staff members without PPE**

Fully Vaccinated Residents

- **No routine testing requirements**

CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION

- ✓ 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 denial of 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)
- ✓ Hand hygiene (use of alcohol-based hand rub is preferred).
- ✓ Face covering or mask (covering mouth and nose).
- ✓ 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 high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
- ✓ Appropriate staff use of Personal Protective Equipment (PPE).
- ✓ Effective cohorting of residents (e.g., separate areas dedicated 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 Guidance.

Fully vaccinated is defined as a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC’s Public Health Recommendations for Vaccinated Persons.

<i>ACTIVITY</i>	<i>Vaccinated Residents</i>	<i>Unvaccinated Residents</i>
Group Activities	If all residents participating in the activity are fully vaccinated, they may choose to have close contact and not wear masks during the activity.	If unvaccinated residents are present, then all participants in the group activity should wear a mask and unvaccinated residents should social distance.
Communal Dining	Fully vaccinated residents can participate in communal dining without use of PPE or social distancing.	If unvaccinated residents are dining in a communal area all residents should use PPE when not eating and unvaccinated residents should continue to social distance.
In-Room Visits	Fully vaccinated residents and fully vaccinated visitors may have unsupervised in-room visits with close contact and without PPE. Also, see “Indoor Visitation Plan” below.	Visits must occur in designated visitation area with appropriate PPE and social distancing. Except Compassionate Care Visits. Also, see “Indoor Visitation Plan” below.
Group Transportation	If driver is vaccinated – vaccinated residents may ride without masks If driver is unvaccinated – vaccinated residents should social distance and wear appropriate PPE. Facilities should limit the number of passengers based on social distance ability.	Unvaccinated residents must be able to social distance and wear appropriate PPE. Facilities should limit the number of passengers based on social distance ability.

	<i>$\geq 80\%$ Staff Vaccination Rate</i>	<i>$< 80\%$ Staff Vaccinate Rate</i>
Tours	Allowed with no restriction on the number of tours	No tours allowed

	<i>Vaccinated Staff</i>	<i>Unvaccinated Staff</i>
Testing	No routine surveillance testing requirements	Surveillance testing once per week regardless of county positivity rate
Congregating	Vaccinated staff may congregate in breakrooms	Must maintain social distancing with appropriate PPE.

Facilities should continue to promote and provide vaccinations for staff and residents.

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 practicable. 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 Plan

In the event a new COVID-19 positive case is identified all visitation must stop until the Outbreak criteria are met.

Exception: Compassionate Care/End of Life visits are always allowed.

Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), **except** for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). Indoor visitation should only be restricted based on the chart below:

Indoor Visitation Not Allowed For	When	Visitation
Unvaccinated Residents	The facility's COVID-19 county positivity rate is >10% and < 70% of residents in the facility are fully vaccinated	Closed window or virtual visits only. Frequency determined by the facility based on an individual resident's health status
Residents with confirmed COVID-19 infection	Regardless of vaccination status, until they meet criteria to discontinue transmission-based precautions	Closed window or virtual visits only. Frequency determined by the facility based on an individual resident's health status
Residents in quarantine	Regardless of vaccination status until out of quarantine	Closed window or virtual visits only. Frequency determined by the facility based on an individual resident's health status
All residents (except compassionate care/end of life)	A new COVID-19 case is identified (hot spot/outbreak)	No visitation allowed until all Outbreak criteria are met.

Visitation Process Requirements

- ✓ Facilities must establish and maintain a schedule of visitation.
- ✓ Facilities must utilize the toolkit provided by the DOH in conjunction with ICC New Mexico
- ✓ Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children.
- ✓ Please see [CDC recommendations](#) for best practices when engaged in in-room visitation.
- ✓ Visitors are restricted from walking around the facility and can go into a designated visitor room, or into a resident's private room if the resident and visitor are fully vaccinated. In-room visits maybe made without supervision. Following the visit, visitors must immediately leave the facility through the designated exit.
- ✓ 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.
- ✓ Locations for visitation (both indoor and outdoor) must be designated beforehand.

- ✓ Facilities must have adequate staff present to allow for safe transit of residents to the designated visitation location, in-person monitoring of visitation when required, and environmental cleaning and disinfection after visitation.
- ✓ Safe transport means that 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.
- ✓ Monitoring visits is required for unvaccinated residents and their visitors and 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 must have adequate PPE to provide residents, staff, and visitors (who do not arrive with a cloth face covering) with a facemask during the visit and during transit to/from the visitation site.
- ✓ Staff, resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask. Staff must provide the alcohol-based hand sanitizer.
- ✓ Facilities must clean and disinfect all touched surfaces prior to and after each visit.

VISITATION

Visitation During an Outbreak

An outbreak exists when a new onset of a COVID-19 case occurs (i.e., a new COVID-19 case among residents or staff).

This guidance describes how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility.

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak/hot spot testing and suspend all visitation (except compassionate care or end of life visits), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

VISITATION DURING AN OUTBREAK

- **If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.**
 - **For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.**
 - **If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitations for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.**

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks, and current staff vaccination rate), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

Contact

- Both the resident and all their visitors are fully vaccinated:
 - While alone in the resident's room or the designated visitation room, residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control.

- Visitors should wear source control and physically distance from other healthcare personnel and other residents/visitors that are not part of their group at all other times while in the facility.
- Either the resident or any of their visitors are not fully vaccinated:
 - The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the patient/resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting mask.

After the Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the LTC and develops signs and symptoms of COVID-19 or tests positive for COVID-19 within 5 days after visiting must immediately notify the LTC. 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. Facilities may consider giving the visitor a written card with the expectations upon leaving the facility.

Compassionate Care Visits / End of Life

Compassionate care, end of life, and visits required under federal disability rights law, should be allowed at all times, regardless of a staff or resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. These visits may happen in a resident room. Visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. Also, as noted above, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor. Regardless, visitors should physically distance from other residents and staff in the facility. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care or end of life visits. In Covid-19 positive end of life visits, extreme precaution must be taken. The visitor must wear full PPE (mask, face shield, gloves, gown) and be instructed how to take off the PPE after visiting.

State Long-Term Care Ombudsman

The Office of the State Long-Term Care Ombudsman must have immediate access to any resident. In-person access may be limited due to infection control concerns and/or transmission of COVID-19, such as the scenarios stated above for limiting indoor visitation; however, in-person access may not be limited. Representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology. Nursing homes are also required under 42 CFR § 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by New Mexico law.

Entry of Healthcare Workers and Other Service Providers

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.

ACTIVITIES

In the event of a new positive COVID-19 case all activities must stop until the criteria in “Activities When a Facility is Experiencing an Outbreak” section below.

Facility Activities

Facilities may offer a variety of activities while taking into account residents’ vaccination status.

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 out of quarantine

Activities When a Facility is Experiencing an Outbreak

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all activities, until at least one round of facility-wide testing is completed. Activities should resume based on the following criteria:

ACTIVITIES DURING AN OUTBREAK

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then activities can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend activities on the affected unit until the facility meets the criteria to discontinue outbreak testing.
 - For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, activities can resume for residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend activities for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.