

Nursing Home Visitation - COVID-19 QSO-20-39-NH Frequently Asked Questions

Created 11/29/2021

1. Facilities are asking if they can be more conservative in their approach and place new admissions in quarantine regardless of their vaccination status. Will facilities get cited for deviating from the guidance in PA-HAN 599 – *“Residents who meet the criteria as fully vaccinated, or residents within 90 days of a SARS-CoV-2 infection do not need to be quarantined upon admission or readmission.”*

From a regulatory perspective, there should not be an issue with the facilities being more conservative in their approach with new admissions. The key is to inform the resident prior to admission so that they have knowledge of the practice and are given a choice to not be admitted to that facility.

2. With the changed guidance regarding visitors and outings, we have many visitors asking about bringing their pets in to visit again. Is there any guidance that would prohibit or allow pets to visit?

We generally advise following the CDC guidance for pet visits and recommend that residents in quarantine and isolation should not have pet visitors. Facilities should create their own pet visitation policies.

- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/pets.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/animals/service-therapy-animals.html>

Additionally, refer to 28 Pa Code 211.17 Pet therapy for regulations related to pet therapy.

3. Do the new guidelines for visitation in QSO-20-39 apply to PCHs?

The updated CMS visitation guidance in QSO-20-39 applies to SNFs. Other facility types should seek guidance from their licensing agency. In general, the guidance in PA-HANs 598 & 599 or their successors will continue to apply to a broad arrange of LTCFs including SNFs, PCHs, ALFs, and ICFs except regarding visitation, which will only apply to SNFs. PA DHS is currently reviewing visitation policies.

4. When are the changes in visitation in this revised QSO required to be implemented?

Per page 9 of QSO-20-39, the effect date is immediately.

5. We’ve heard from facilities that they are interpreting the Resident Outings section of QSO-20-39-NH to mean that all residents can go on outings – including residents on transmission-based precautions (TBP) (those in isolation for COVID-19 infection and those in quarantine). They are pointing to the following sentence in the guidance, “Facilities must permit residents to leave the facility as they choose.”

Can residents on TBPs go on outings?

Residents who have or are suspected of having or who have signs and symptoms of COVID-19 should not leave the facility, except for medical reasons, until they have met the criteria to discontinue transmission-based precautions or quarantine. This should be reflected in the facility's policy and communicated to residents and families. It parallels the community guidance which states that persons on isolation or quarantine should stay home.

However, if a resident chooses not to follow this guidance, the facility should make every attempt to fully educate the resident and the responsible party regarding the risks to the resident's health and the risk of transmission of COVID-19 in the community, as well as what steps to take if the resident's condition declines while on leave of absence.

Does vaccination status affect this recommendation?

No, if it has been determined that the resident needs to be on transmission-based precautions for either isolation or quarantine, then they should only leave the facility for medical reasons.

6. Under what circumstances can visitors and residents remove their masks and have physical contact? The way it is presented in QSO-20-39 and in CDC guidance makes it sound like it is tied to the community level of transmission and can only take place if the transmission is low to moderate. Is this correct?

In the indoor visitation section of the CMS visitation memo QSO-20-39 Revised, it states "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. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status." Visitors should be counseled on how to reduce the risk of transmission, but there are no restrictions by level of community transmission.

7. Can resident council decide not to follow the CMS memo?

The resident council cannot make decisions regarding visitation for other residents. Each resident has a right to visitation, and to make choices about aspects of his/her life and his or her care, as long as those choices do not put other residents at risk.

8. Are facilities allowed to check vaccination status of visitors at entrance? Are we allowed to restrict entrance to only fully vaccinated visitors?

Yes, you can check vaccination status at entrance, which can inform follow up if needed for contact tracing. Education of visitors about vaccination is encouraged but vaccination cannot be a condition of visitation.

9. When are employees required to wear source control?

[CDC guidance for nursing homes](#) states "Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for

everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in counties with **substantial to high community transmission.**”

CDC guidance also states that when community transmission is **low to moderate**, fully vaccinated healthcare personnel “could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).” They should wear source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors).

Refer also to [PA-HAN-597](#).

10. Can residents on transmission-based precautions (isolation or quarantine) receive visitors?

Changes to CMS guidance in QSO-20-39 Revised ensure that facilities do not restrict a resident’s right to receive visitors of their choosing at the time of their choosing, and in a manner that does not impose on the rights of another resident, such as a clinical or safety restriction.

CMS and PA DOH *do not recommend* visitors for residents on TBP or quarantine, but visitation is no longer restricted for these residents. In these cases, visits should occur in the resident’s room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents who are on TBPs, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention.

11. Should facilities offer PPE to persons visiting a resident under TBPs?

Facilities are not required to provide PPE for visitors. Visitors should not routinely be offered or required to wear PPE. Without training in how to properly don and doff PPE, this may present more of a risk than a benefit.

CMS guidance says that facilities *may* offer additional PPE specifically for visitors to residents on TBPs. This should be done with care and education provided to the visitor. PPE for visitors could include an N95 that has a more universally acceptable fit, eye protection, or a gown. However, if the respirator or eye protection becomes such that the visitor continues to touch and readjust it, this will create more of a risk to them, and should be removed in favor of a well-fitting facemask.

12. The updated guidance indicates that facilities are no longer permitted to limit the number of visitors, but still are required to adhere to the Core Principles of COVID-19 Infection Prevention, which includes physical distancing. We have determined that our SNF residents’ rooms are large enough to provide for physical distancing of the resident and two visitors. Additional visitors would not allow physical distancing. Are we permitted to limit the number of visitors *at one time* based on the size of the room and the need for physical distancing? If everyone is informed of the risk, can a resident have more than 2 visitors in their room if they do not have a roommate, or the roommate is not in the room?

There are a lot of factors that might impact the answer to this question. Consider the following:

- A roommate in the room;
- High vs low community transmission;
- Vaccination status of resident and visitors; and
- Size of the room.

Based on the guidance, you may consider limiting the number of visitors in resident rooms to two if that's the maximum number that can safely occupy the space. However, facilities should also consider creating a dedicated visitation area in the facility where residents can receive a larger number of visitors.

13. How are we to provide education before a visit with a resident on TBP if we are not able to schedule visits?

Education should be ongoing and frequent, not just at the time someone comes to visit. Provide materials to potential visitors through multiple communication channels—social media, posters, email or phone conversations.

14. How do we determine large gathering in terms of numbers since it is subjective? The CDC did not give any number or range of number for small gathering.

You will need to look at the factors at your facility. How large is the room, how many visitors/residents want to attend? Can they safely social distance and follow the Core Principles?

15. When there is documented spread in a facility, is visitation still allowed? Especially if it is a widespread outbreak where multiple floors or units have positive cases?

Per the CMS Memo 20-39 revised 11/12/21, while not recommended, residents who are on TBP or quarantine can still receive visitors. In these cases, visits should occur in the resident's room and the resident should wear a well-fitting facemask (if tolerated). Before visiting residents, who are on TBPs, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention.

16. What is the recommendation regarding quarantining vaccinated residents after an exposure, if the resident is not able to maintain source control?

This goes then to a case-by-case basis looking at many factors including why they can't wear masks, what kind of activity they have outside their room, what was the potential severity of their exposure, etc. Look at the epidemiology and weigh risks. From PA-HAN-598: Exposed, fully vaccinated residents who are unable to wear source control may need to be restricted to their rooms.

17. Is there provision to allow facilities to place residents in TBPs upon return from an outing if the facility feels the resident/family members did not physically distance, wear mask, etc.?

Per the CMS memo 20-39 revised (page 8), “Facilities might 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.”

18. Can toddlers and infants who are too young to wear masks still participate in indoor visitation?

CDC guidance to “wear a mask” has the caveat of only applying to people who *can* wear the mask, so there are no special recommendations or restrictions for this population. Consistent with guidance for all visitors in QSO-20-39, “During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident’s room or designated visitation area.”