



OVERVIEW

- June 24:** Residents may leave facilities for routine and preventive healthcare visits. Beautician and barber services are now permitted in facilities.
- June 29:** Updated visitation guidelines are issued and released to the public via the long-term care (LTC) newsletter and posted on the Indiana Department of Health coronavirus website.
- July 4:** Facilities that are not under restriction due to new facility-onset of cases must allow outdoor visitation and may start offering indoor visitation.
- July 17:** Facilities must offer at least four hours of visitation daily, including evening and weekend hours, unless the facility is under visitor restrictions due to a new facility-onset COVID-19 case. The four hours may be a mixture of outdoor and indoor visitation unless weather prevents outdoor visitation.
- Sept. 17:** Facilities must follow revised Centers for Medicare & Medicaid Services (CMS) guidelines for expanded visitation and definitions of compassionate care.
- Nov. 13:** ~~Due to widespread community outbreaks of COVID-19, the State Department of Health strongly recommends against residents leaving facilities for excursions, funeral and weddings at this time. Individuals who leave the facility for these types of visits should be placed in TBP quarantine for 14 days when returning. These recommendations do not apply to residents who in the last 90 days have been diagnosed with and recovered from COVID-19 or who live in private residences. Such individuals, however, must meet CDC criteria for discontinuing transmission-based precautions.~~

Jan. 26, 2021

In reference to added updates for vaccination appointments at clinic or hospital, resident does not need 14 days quarantine upon return.

Feb. 25, 2021

Removes the requirement for quarantine following an excursion if excursion is less than 24 hours duration. Requires facilities to offer at least eight hours of indoor visitation daily, including evening and weekend hours, unless the facility is under visitor restrictions due to a new facility-onset COVID-19 case or county positivity rate.

GUIDING PRINCIPLES

Precautions and restrictions put in place at long-term care facilities to mitigate the spread of COVID-19 and protect residents should be balanced against residents' need for increased socialization and visitation and their physical and mental well-being.

Key Community Indicators: Community COVID-19 status indicators

- 14-day trend in COVID-19 cases and hospitalizations in the facility's community



- Community spread mitigation as directed in forthcoming Indiana’s Back on Track Stage 5 Guidelines

Key Facility Indicators: New facility-onset cases and positive staff cases

- New facility-onset COVID-19 cases in the last 14 days
 - **Resident:** New onset COVID-19 cases in the facility do not include a resident who is admitted to the facility whose status is COVID-19 positive or unknown and who develops COVID-19 in the 14-day quarantine period.
 - “New facility-onset COVID-19 resident case” is defined as a resident who contracts COVID-19 within the facility without prior hospitalization or other outpatient/external facility-based health service within the last 14 days. New facility-onset cases in residents do not include any new admission with a known COVID-19 positive status or unknown COVID-19 status but who became positive within 14 days after admission.
 - Facilities that accept new admissions must place the resident in transmission-based precautions for 14 days to quarantine unless the resident has tested positive in the last 90 days meets the criteria for discontinuation of transmission-based precautions; 10 days from onset of symptoms for mild to moderate illness; or 20 days for severe illness or immunocompromised state/ + 24 hours fever free. If the resident tested positive and was asymptomatic, transmission-based precautions are for 10 days since the date the positive test was taken. Residents may also complete the recommended isolation time in the facility. Facilities that practice effective transmission-based precautions to prevent transmission of COVID-19 for 14 days after admission are not required to test residents upon admission or within a specified period of time upon admission to continue internal activities or visitation from family/the community. **New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty.** (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>) (updated 10/5/20).
 - If a new admission develops signs and symptoms of COVID-19, the facility should test the resident for COVID-19. As stated above, the time frame after admission will determine whether a COVID-19 positive result is considered new facility onset.
 - **Positive Staff Cases:**
 - Because staff may contract COVID-19 outside of the facility, a new COVID-19 positive staff member does not count as a new facility-onset case. Such cases, however, must still be reported to the state Department of Health as new facility cases.
 - The new staff positive will be contact traced by the local health department (LHD) or the state Department of Health for outside the facility contacts. For exposure control within the facility, the infection preventionist will use the tools in the COVID IP Toolkit for assisting with potential risk for exposure and control for outbreak surveillance.
 - Long-term Care (LTC) Respiratory Surveillance Line List
 - Long-term Care (LTC) Respiratory Surveillance Outbreak Summary
 - Staffing assignment sheets that correspond with LTC Line Lists



Indiana State Department of Health Visitation Guidelines for Long-term Care Facilities

- Any resident or staff who spent a total of more than 15 minutes or longer over a 24-hour period closer than 6 feet without the use of masks (either resident or staff) should be [quarantined for up to 14 days](#). (Staff may work in COVID-positive unit as stated in previous guidelines [if they are asymptomatic](#).)
- This does not prohibit other residents from continuing with [outdoor](#) visitation.
- If any of the close contacts of the HCP or resident within the facility tests positive for COVID-19, then this would be considered facility-onset due to outbreak exposure control, and the 14-day quarantine would start at the time of the last contact with the positive HCP or resident.
- If more than one staff member tests positive in the same shift and/or unit, this would be considered a "[New Facility-Onset COVID-19 Case](#)," and 14-day quarantine would start.

CONTINUED INFECTION PREVENTION

As long-term care facilities move to a reopened phase in resident care, it is expected that COVID-19 infection prevention and control measures should remain in place as long as the virus is present in epidemic levels and until a vaccine is available and can be widely administered. The following measures would be maintained until guidance is otherwise issued by the Indiana Department of Health: [\(Edited 10/19/20\)](#)

- Long-term care facilities maintain an updated COVID-19 Preparedness Checklist.
- Continued universal mask use by all staff (medical grade masks) and visitors (cloth is acceptable).
- Residents to wear mask (cloth is acceptable) when they leave their rooms, as tolerated, unless otherwise outlined below.
- Continue to maintain social distancing of at least six (6) feet between residents and staff as much as possible.
- Continue staff screening and temperature checks at the start of each shift and do not [permit entry if any symptoms of COVID-19 are present](#). We have seen multiple outbreaks in our state when HCP are allowed to work with [symptoms of COVID-19 that do not include a fever](#). While a fever is one criteria whereby HCP should not report to the facility for work, facilities should be vigilant to not allow staff with runny nose and sore throats, as one example, [to work without first testing for COVID-19 and improved symptoms](#). All staff should adhere to the CDC's [Return to Work Criteria](#) if symptoms are present or the staff member is confirmed COVID-19 positive. However, those facilities [with active COVID-19 cases can continue to employ COVID-positive staff who are asymptomatic in the COVID-dedicated areas of the facility](#). The Indiana Department of Health asks that [asymptomatic COVID-positive staff who do not have a COVID-19 unit in the facility stay off duty for minimum of 10 days and 24 hours fever free without the use of fever-reducing medications, and with improvement in other symptoms before returning to work](#).
- Continue visitor screening and temperature checks; do not permit entry if symptoms are present.
- Continue monitoring residents for signs and symptoms daily and increase monitoring if a resident becomes symptomatic.
- Cohort residents within a facility if COVID-19 cases are confirmed, as outlined in the Indiana Department of Health's Standard Operations Procedures for cohorting strategy and utilize dedicated staff for COVID positive units (https://www.coronavirus.in.gov/files/IN_COVID-19%20IP%20Toolkit%20ISDH_6.3.2020.pdf).



Indiana State Department of Health Visitation Guidelines for Long-term Care Facilities

- Facilities should then adhere to the CDC's Discontinuation of Transmission-Based Precautions guidance prior to moving a resident off the isolation unit (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>).
- A COVID-positive symptomatic person (staff or resident) meets the criteria for discontinuation of transmission-based precautions for COVID-19 when 10 days have passed since the person's first day of symptoms, (b) the person has had improved respiratory symptoms, and (c) the person has been fever-free for 24 hours without use of fever-reducing medications. For persons who test positive but are asymptomatic, 10 days must have passed since the day the test was taken.
 - Affected staff are free to return to work, and residents may resume activities.
 - These persons do not need to be tested; again, they are currently not considered infectious based on current knowledge.
 - Staff who test positive again may continue to work, and residents may continue with activities, provided they have met the isolation guidelines stated above.
- Adherence to strict hand hygiene should continue for all, particularly staff, including when entering the facility and before and after resident care. Alcohol Based hand rubs >60% are preferred unless hands are visibly soiled or when handwashing is advocated by CDC guidance.
- Staff should continue to wear appropriate personal protective equipment (PPE), beyond universal surgical mask use, as noted in the IDH SOP Checklist. (N95 (or approved KN95) mask use with COVID positive and PUIs, gown guidance and eye protection for direct care fewer than 6 ft in all facilities per CDC changes 10.05.20).
 - Gloves: Perform hand hygiene before putting on nonsterile gloves upon entry into a resident's room for direct care and change gloves if they become torn or when visibly soiled while in the resident's room. Remove and discard gloves when leaving the resident's room and immediately perform hand hygiene after removal of gloves. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>
 - Gowns: HCP will wear single gown with each resident, glove, N95 (or approved KN95) mask and eye protection (face shield/or goggles). Gowns and gloves should be changed after every resident encounter followed by hand hygiene: This is conventional gown use for each resident encounter. It is expected that facilities will follow conventional use (new gown for every encounter) unless absolutely necessary to do gown conservation. Staff should batch tasks (medication and food delivery, cleaning, vital checks) to maximize single gown use.
 - IF gown conservation is necessary; then extended gown use may be used in the COVID (RED) zone for all residents' care as part of crisis capacity gown use. (See SOP checklist for crisis capacity guidance)
 - Single gown use is prioritized during gown conservation times for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of the staff, including dressing, changing linens, bathing, wound care, changing briefs or assisting with toileting, and device care or use.



- Gowns should always be doffed (removed) prior to leaving unit/or resident room (hot zone) when working in the nurse's stations and break rooms (cold zone). Hand Hygiene and a new clean gown is required when returning back to the COVID unit from the cold zone.
- Masks: Universal use of masks should continue for all HCP, residents, and visitors that come into the facility. All HCP are asked to wear a clean medical/surgical mask for delivery of care and an N 95 (or approved KN95) for anyone who is symptomatic or tests positive for COVID 19. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>. Cloth masks are still acceptable for residents for general social distancing. A clean medical/surgical mask should be used for residents in the salon and any COVID PUI or + resident who is being transferred to a new room or facility.
 - Residents should be wearing masks when within 6 feet of the HCP.
 - Masks and face shield may be used for the entire shift if not wet or visibly soiled.
 - Staff may only remove mask to eat or drink and it is expected that they are more than 6 feet away from other staff and residents while the mask is removed.
- Use of Face shields or protective eyewear/goggles: To align with updated Centers for Disease Control and Prevention (CDC) updated guidance on potential transmission by aerosol transmission, Indiana Department of Health is now recommending the use of eye protection as a standard safety measure to protect long-term care (LTC) healthcare personnel (HCP) who provide essential direct care within 6 feet of the resident in all levels of care in all LTC and AL. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html>.
- Examples include:
 - The delivery of direct care for COVID 19 residents in any type of transmission-based precautions throughout the facility- both COVID positive and those being tested or monitored for unknown COVID status.
 - They should be used for any resident regardless of COVID status in all buildings
 - In high risk situations when fewer 6 feet away spray or splash is anticipated HCP should use both gown and eye protection as standard precautions: High-risk examples include assistance in showers, tub rooms, salons, and assistance in toileting, hygiene, changing linens and environmental cleaning.
- Continue focused and frequent environmental cleaning on all high-touch surfaces with approved disinfectants according to the manufacturer's instructions and recommendations.
- Limit performance of aerosol-generating procedures on confirmed or presumed COVID-19 positive residents unless medically necessary. CDC guidance for aerosol-generating procedures should be followed for infection control measures and the appropriate PPE and eyewear, including keeping the door closed throughout the procedure and disinfecting all surfaces following the procedure.

VISITATION

Visitation Guidance prior to Sept. 17

Unless a long-term care facility is under visitor restrictions due to a new facility-onset COVID-19 case, the state Department of Health requires that long-term care facilities provide at least eight hours per day of visitation, including



Indiana State Department of Health Visitation Guidelines for Long-term Care Facilities

evening hours, consistent with state Department of Health guidelines. Facilities must provide outdoor visitation and may also allow indoor visitation consistent with guidelines.

Updated Visitation Guidance as of Sept. 17 ([CMS Memorandum](#): Nursing Home Visitation- COVID-19)

- All facilities are mandated to provide outdoor visitation. Health Facility Administrators (HFA) and Residential Care Administrators (RCA) have the discretion to prohibit outdoor visitation if they have an outbreak and while outbreak testing continues. If there are circumstances that the facility feels they can continue outdoor visitation and maintain safety for residents, staff and visitors, the HFA or RCA may make that decision. Such circumstances could be: The facility can contain the positive cases in one hall, one small house, or in a separate building. If there are additional circumstances to consider, please contact us immediately. Outdoor visitation is preferred when possible and can continue during an outbreak in some facilities.
- All facilities should support and accommodate indoor visitation (especially during inclement weather and when residents are unable to go outside due to their medical condition) unless:
 - There has been a new case in the last 14 days, and the facility is doing outbreak testing.
 - The county positivity rate (according to the CDC-provided [positivity rates](#)) is more than 10%.
- Visitation should be allowed in compassionate care circumstances, including during outbreak testing and when the positivity rate is more than 10%. Such circumstances include but are not limited to:
 - End-of-life situations.
 - A resident, who was living with his/her family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
 - A resident who is grieving after a friend or family member recently died.
 - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
 - A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking or crying more frequently (when the resident rarely cried in the past).
 - A resident's relative or other loved one is an essential caregiver for the resident.

• **Outdoor Visitation**

If a staff member is confirmed COVID-19 positive before any confirmed new facility-onset COVID-19 resident cases are confirmed, then the facility may resume outdoor visitation after the facility has completed contact tracing related to the confirmed positive staff member and any exposed residents are quarantined.

○ **Indoor Visitation** [CMS Memorandum](#): Nursing Home Visitation - COVID-19 QSO-20-39-NH

- Indoor visitation should be allowed if county positivity rate is at 10% or less. As of February 25, 2021, guidelines were updated to require eight hours per day of indoor visitation, including evening and weekend hours, if there has not been a new facility-onset COVID-19 case in 14 days. A facility can create a policy for length of visits, the number of visitors per resident, and the number of visitors at any one time.
- The facility should establish visits in a private resident room for bedbound residents or those who, for health reasons, cannot leave their rooms. Accommodations should be made for bedbound residents with roommates so safe visitation can occur.



- **CMS QSO-20-39** Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:
 - a) There has been no new **onset** of COVID-19 cases in the last 14 days and the facility is not currently conducting **outbreak testing**;
 - b) 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;
 - c) Facilities should limit the number of visitors per resident at one time and **limit the total number of visitors in the facility at one time (based on the size of the building and physical space)**. Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and
 - d) Facilities should limit 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. Visits for residents who share a room should not be conducted in the resident's room.
- **NOTE:** For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

Consideration should be given to staffing availability, PPE stocks and resident needs. Other requirements include:

- There have been no new facility-onset COVID-19 resident cases in the past 14 days.
 - Visitation is limited to COVID-negative or COVID-recovered residents, as defined by the resident meeting the CDC's guidance for discontinuation of transmission-based precautions. Exception for compassionate care circumstances.
 - The facility has proper PPE for residents, staff and visitors, although visitors are encouraged to bring their own masks to help conserve facility supplies.
 - The facility notifies residents and their representatives of its intention to resume visitation, outlining the guidelines below.
 - The facility ceases indoor visitation if a new facility-onset COVID-19 resident case is confirmed in the facility. Fourteen (14) days must pass without a new facility-onset of a COVID-19 case occurring among residents prior to visitation beginning once again.
 - The facility ceases indoor visitation when the county positivity rate is more than 10%, according to CDC calculations.
 - If a staff member is confirmed COVID-19 positive before any confirmed new facility-onset COVID-19 resident cases are confirmed, then the facility may resume indoor visitation after either of the following: the facility has completed contact tracing related to the confirmed positive staff member *or* the contacts are quarantined.
 - Facilities are also strongly encouraged to cease indoor visitation if it is highly likely there has been COVID-19 exposure in the facility, even if testing has not been conducted or completed yet.
- **Visitors shall:**



Indiana State Department of Health **Visitation Guidelines for Long-term Care Facilities**

- Participate in and pass a symptom screening and temperature check. Facilities shall also require visitors to sign in and attest to their current COVID status and symptoms. There should be a visitor log that includes name of visitor, contact information and start and end time of visit.
 - Wash their hands or utilize an alcohol-based hand rub upon arriving at the facility.
 - Wear a mask at all times while visiting.
 - Maintain at least 6 feet physical distance from all residents in the facility.
 - Utilize the routes indicated by the facility to travel to and from the visitation area.
 - Be able to manage children they bring with them. Children must be able to wear a face mask during the entire visitation; those younger than 2 are not required to wear a mask, per CDC guidance.
 - Follow these criteria or may have the privilege of visitation revoked.
- **Staff shall:**
 - Educate visitors and other staff on proper PPE use and visitation policies.
 - Ensure residents wear a mask when visitors are present.
 - Designate certain areas inside and outside the facility that will be utilized for visitation and determine proper space considerations.
 - Establish visits in a private resident room for bedbound residents or those who, for health reasons, cannot leave their rooms. Accommodations should be made for bedbound residents with roommates so safe visitation can occur.
 - Visitation in outdoor spaces should continue to be prioritized.
 - If indoor spaces are utilized, increased social distancing and other protective measures such as physical barriers may be considered, as is use of privacy curtains.
 - Create a route for visitors to travel to and from the visitation areas.
 - Disinfect visitation areas after each use.
 - Recommend facilities utilize scheduling to ensure proper PPE and staffing are available.

Outdoor Visits and COVID-Positive Staff

On June 3, 2020, the Indiana Department of Health issued guidance for outdoor visits. Under that original guidance, outdoor visitation can start only if there have been “no new COVID cases that originated within the facility, including those involving residents or staff, within the last 14 days.” The guidance also states that “new COVID admissions to a facility would not constitute a facility-onset COVID case.”

This document, including the Visitation Guidelines for Long-Term Care at pages 1-5 above, updates and clarifies how facilities should handle visitation when they have COVID-19 positive staff. **Staff members who test positive need to be contact traced.**

- A healthcare personnel (HCP) who tests positive in a COVID-19 free building for 14 days, does not assume there is COVID-19 transmission within the building. This can be community acquired.
- Outdoor visits are allowed for the facility if an HCP tests positive. If the facility has additional positive cases with staff or residents, continuing outdoor visits is at the discretion of the HCA or RCA based on the facility’s ability to keep residents, staff and visitors safe from exposure.



Indiana State Department of Health **Visitation Guidelines for Long-term Care Facilities**

- The facility should do contact tracing within the building with this HCP who tested positive and monitor any residents exposed by placing in TBP in 14-day quarantine. The resident is considered a close contact, even if the staff and resident were both masked and the staff was practicing proper infection precautions, if they have been in close contact with one another (within about 6 feet for a total of more than 15 minutes or longer in a 24-hour period).
- If the decision is made to hold outdoor visits due to outbreak status, if any resident or other HCP in the building then become symptomatic or test COVID-19 positive, then the 14-day period to hold on outdoor visits begins again.
 - COVID-19 recovered patients may still visit and will not be subject to the 14-day period.
 - Additionally, if there is good cohorting of residents and staff, and the staff or residents, for example, between two buildings did not have contact with one another, then only the building with the positives needs to suspend visitation.

PERSONAL SERVICES AND ACTIVITIES INSIDE THE FACILITY Q&A

With the partial reopening of many businesses, the state Department of Health has received several questions about whether similar services would be allowed to return to long-term care facilities. **The guiding principle has been that if the service is essential and directly relates to the health and safety of the individual residents, then it can be allowed as long as infection-control practices (screening, masks, hand sanitizing) can be employed.** More is known about the SARS-CoV-2 virus, and proper infection control practices can prevent the spread of COVID-19. Based on that information, the following resident services are allowed:

- **Salon: Can a hairdresser come in if the person wears a mask and serves only one customer at a time with environmental cleaning of the chair and instruments between clients?**
Yes, using the state Department of Health Guidance for [Personal Services](#) in Long-Term Care.
- **Stand-alone Gym/ Swim area: Can residents use gym equipment or have swim therapy activities?**
Yes. Exercise is both important for the physical and mental health and well-being of individuals and should be allowed if can be done safely. The facility needs to limit the use to **one individual at a time on each piece of equipment or therapy pool** and must wipe down equipment with approved antiviral disinfectants after each individual use.
- **Therapy Gyms for Occupational Therapy (OT)/Physical Therapy (PT): Can more than one resident be in the therapy gym at one time? (Updated Guidance 10/5/20)**
Yes. Facilities must assure that they provide 6 feet for physical distance in the therapy gym with resident/residents and staff wearing masks. The equipment must be wiped down with approved antiviral disinfectants after each use. **If residents in rehabilitation units are in 14-day quarantine in TBP and need to get to the skilled therapy gym, they may go when there is 1 HCP and 1 resident; both in full gown, glove, mask and HCP in face shield/eye protection. Equipment must be disinfected with compatible SARSCoV2 disinfectants after use and the room remain empty for an hour afterward before allowing another resident in the gym for therapy.**
- **Dentist/Podiatry Visits:** *Routine and preventive visits can resume* in addition to the emergent and urgent care that has already being provided. Dentists and podiatrists, like any outside visitor, should be screened for symptoms and wear appropriate PPE while in the facility.
- **Construction or Maintenance Vendors:** If a facility needs construction or maintenance, an infection preventionist must review and approve the proposed work before it starts to ensure proper use of infection control



environmental controls. Infection preventionist in the building will use the relevant policies and provide written guidance for these controls.

- **Therapy Pets:** Therapy pets can be brought to the facility. COVID-19 positive patients should not pet or hold the therapy pets, but they may be petted by residents not in COVID-19 precautions. Residents should use hand sanitizer before and after contact with therapy pets.
- **Communal Dining and Activities:** In recognition of the impact and increased staffing requirement for social isolation, communal dining/activities can occur under these conditions:
 - No new facility-onset cases of COVID-19 in the last 14 days.
 - COVID-19 recovered residents can resume communal dining despite facility active status if able to cohort these residents. Proper social distancing precautions still need to be in place.
 - Facilities can adhere to physical distancing, such as being seated at least 6 feet apart.
 - Dining area is environmentally cleaned before and after each group comes to the area.
 - Residents should be offered hand hygiene before dining and after returning to their room.
 - Residents should not share food, drinks or other personal items during dining.
 - Caregivers in the dining area should wear masks and perform hand hygiene before assisting residents with eating and between each resident that they assist.
 - Caregivers should perform hand hygiene after leaving the dining area or the resident's room if assisting him/her there.

Leaving the Facility (Updated 2/25/21)

Are there any changes to the state Department of Health's recommendation that residents not be allowed to leave the facility unless for emergent medical needs (e.g., hospital or dialysis)?

Yes, outbreak guidance changes over the course of time in regard to infection control risks and level of community prevalence. The following have been updated to also add the Infection Control Guidance:

- **Excursions: (leaving the facility for less than 24 hours in duration)**
Independently mobile residents may leave the facility provided they take proper precautions with physical distancing, hand hygiene and mask wearing. They do not require transmission-based precautions (TBP) but should be monitored for symptoms. Residents who are not independently mobile may be escorted on outdoor excursions if all precautions are taken (i.e., social distancing of at least 6 feet, masks and hand hygiene) they do not require transmission-based precautions (TBP) upon return but should be monitored for symptoms.
- **Appointments:** Residents can attend medical appointments both routine and preventive outside of the facility. Telehealth should still be used in appropriate situations. Should residents go to doctor appointments outside the facility, emergency department (ED) visit, a community vaccine site, or dialysis visits, the following is recommended for infection control:
 - **Necessary Appointments/Dialysis:** For those residents leaving for a necessary appointment, including dialysis three times per week, facilities should take infection control precautions to minimize the risk of transmission of COVID-19 (e.g., giving the resident a surgical mask to wear while attending the appointment and performing hand hygiene before and after the appointments).

Based on these infection control precautions provided for the residents' transport, as well as the infection control precautions in place in the physician offices, ED, **community vaccine sites,** and dialysis centers, IDH at this time does



not recommend Transmission-Based Precautions (Contact-Droplet) upon return to the facility. Facilities will continue to monitor these residents for signs and symptoms of COVID-19 per protocols for all other COVID naive residents in the facility.

- **Dialysis residents** who frequently leave the facility may be offered a private room, if possible, or a semiprivate room with a roommate who has not had high exposure risk for COVID-19. (i.e. waiting on test results from an exposure or symptomatic for COVID-19). **Note: A private room is not required but may be recommended as added infection control, should the facility have this space.** These residents do not require transmission-based precautions; however, due to being at high risk, these residents should be monitored closely for symptoms.
- **Funerals and Weddings:** Residents who are attending a funeral or wedding are not required by the state Department of Health or CDC to be in 14-day quarantine upon return. The facility should, however, assure it provides infection control precautions for the resident by instructing the resident to wear a face mask at all times in public; keep physical distance of at least (6) feet, as much as possible, from multiple family members they are not living with; and perform hand hygiene before and after removal of mask or touching face, nose or eyes. Consider providing a resident with clean disposable tissues and avoid the reuse of cloth handkerchief for tears.
- **New Admissions or Readmissions:** CDC recommends managing the **unknown COVID-19 status** for all new admissions or readmissions to the facility. Examples of readmissions are those who are admitted from extended hospital, or those who have gone on family stays that extend over a period of days during the COVID-19 outbreak.
 - **Unknown COVID-19 Status:** CDC recommends facilities create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. CDC allows for **options that may include placing the resident in a single-person room in the general population area or in a separate observation area so the resident can be monitored for evidence of COVID-19.**
 - Residents can be transferred out of the observation area to the general population area of the facility if they remain without a fever and without symptoms for 14 days after their exposure (or admission).
 - Testing at the end of this period could be considered to increase certainty that the resident is not infected but is not required.
 - If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to this location while undergoing evaluation.
 - All [recommended PPE](#) should be worn during care of newly admitted or readmitted residents under observation for unknown COVID status; this includes use of face mask, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves and gown. **Cloth face coverings are not considered PPE and should not be worn by healthcare providers when PPE is indicated.**
 - **Known COVID-19 Positive Status:** Readmitted residents who are known positive for COVID-19 and who have not met the CDC guidance for removal of transmission-based precautions should be placed in the COVID-19 unit and continue (droplet-contact) precautions until recovered.

Resources: *Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html>).