



## GUIDING PRINCIPLES

Infection Prevention 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' fully vaccinated status for COVID-19 and need for increased socialization and visitation, in addition to their physical and mental well-being.

**Key Community Indicators:** Community COVID-19 status indicators

- County positivity rate based on CDC tracker: <https://covid.cdc.gov/covid-data-tracker/#county-view>
- Community spread mitigation as directed by CMS NH testing guidelines QSO 20-38. <https://www.cms.gov/files/document/qso-20-38-nh.pdf>
- Outbreak testing is discontinued when testing identifies no new cases of COVID-19 infection among staff or residents for at least 14 days since the most recent positive result.

**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 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.
  - Fully vaccinated residents in healthcare settings should continue to [quarantine](#) following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with COVID-19 infection.

### Staff Guidance:

- The new staff positive will be contact traced by the local health department (LHD) or the Indiana 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
- 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.
- Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for:
  - HCP who have underlying immunocompromising conditions. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available.
  - Unvaccinated HCP who have traveled should continue to follow CDC [travel recommendations and requirements](#), including restriction from work, when recommended for any traveler.
  - Fully vaccinated asymptomatic HCP who have traveled both domestic and internationally should follow the CDC current guidance for travelers at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>.
  - Fully vaccinated travelers should still follow CDC’s recommendations for traveling safely including:
    - Wear a mask over your nose and mouth
    - Stay 6 feet from others and avoid crowds
    - Wash your hands often or use hand sanitizer

**New Admissions or Readmissions:** CDC recommends managing the **unknown COVID-19 status** for all new admissions or readmissions to the facility. 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**. Examples of readmissions are those who are readmitted after hospitalization over 24 hours, or those who have gone on family visits that are greater than 24 hours.

- **Fully-Vaccinated Resident Status: Quarantine is no longer recommended** for residents who are being admitted to the facility if they are fully vaccinated **and have not** had prolonged close contact with someone with COVID-19 infection in the prior 14 days.
  - **Fully vaccinated** is considered to be 14 days post final vaccination for a 2 dose series or after the 1 dose vaccine.
  - **Close Contact** is considered to be someone who was within 6 feet of an infected person for a **cumulative total of 15 minutes or more over a 24-hour period\*** starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. *\* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or fewer can be used as an operational definition for contact investigation.*
- **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.
- **COVID Recovered Residents within 90 days:** COVID recovered residents have met the criteria for discontinuation of transmission-based precautions; 10 days from onset of symptoms for mild to moderate illness; or up to 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. **These residents do not need to be in 14 day quarantine upon admission or readmission to the facility if within the 90 days of COVID onset.**
- New residents requiring 14-day quarantine 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.

### CORE PRINCIPLES OF 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 core principles be adhered to at all times and remain in place as long as the virus is present in epidemic levels. Facilities should be mindful of the core principles of infection prevention for COVID-19 when implementing visitation or conducting any activity for the residents:

- **Screening** of all who enter the facility; (e. g. visitors, vendors, and staff) 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).



- While a fever is one criterion 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.
- **Hand hygiene** (use of alcohol-based hand rub is preferred)
  - 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.
- **Face covering or mask** (covering mouth and nose)
  - Continued universal mask use by all staff (medical grade masks) and visitors (cloth is acceptable) and eye protection for staff when delivering care within 6 feet of the resident.
  - 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, staff, and visitors as much as possible. Be mindful of the close contact definition and consider less than 15 minutes of close contact over the 24 our period when possible.
- Maintain **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).
- Continue focused **cleaning and disinfecting** high frequency touched surfaces in the facility with approved EPA disinfectants. Assure use of manufacture guidance for disinfection and perform this often, and in designated visitation areas after each visit.
- Continue to use appropriate **Personal Protective Equipment (PPE)** for all staff according to CDC current guidance and the IDOH Standard Operating procedures. ([https://www.coronavirus.in.gov/files/IN\\_COVID-19%20IP%20Toolkit%20ISDH\\_6.3.2020.pdf](https://www.coronavirus.in.gov/files/IN_COVID-19%20IP%20Toolkit%20ISDH_6.3.2020.pdf)).
- Continue effective **cohorting of residents** (e.g., separate areas dedicated to COVID-19 care) that are marked clearly with signage and allow for dedicated staff according to CDC current guidance and the IDOH Standard Operating procedures. ([https://www.coronavirus.in.gov/files/IN\\_COVID-19%20IP%20Toolkit%20ISDH\\_6.3.2020.pdf](https://www.coronavirus.in.gov/files/IN_COVID-19%20IP%20Toolkit%20ISDH_6.3.2020.pdf)).
- **Resident and staff testing** conducted as required by CMS. 42 CFR § 483.80(h) (see QSO-20-38-NH)
- **AGPs in Red/ Yellow zones:** Limit performance of aerosol-generating procedures (AGPs) on confirmed or presumed COVID-19 positive residents unless medically necessary. For any AGP that is performed on a resident with COVID or suspected COVID they should be performed in a **private room** with full Transmission-Based Precautions (TBP) with the door closed for duration of procedure and 1 hour after the procedure ends. This



includes N-95 mask, eye protection, gown and gloves and keeping the door closed throughout the procedure and disinfecting all surfaces following the procedure.

- **AGPs in Green zones:** CDC guidance for aerosol-generating procedures should be followed for infection control measures for the duration of the AGP and one (1) hour after the procedure in positive pressure rooms. Resident is placed on transmission-based precautions: both contact and droplet precautions for the duration of the procedure and 1 hour post procedure. This includes N-95 mask, eye protection, gown and gloves and keeping the door closed throughout the procedure and one hour after, and disinfecting all surfaces following the procedure.
  - When possible, a private room is preferred with AGPs with the door shut for the duration of the procedure including 1 hour after the procedure ends.
  - When possible with semi-private rooms, cohort green zone residents who use CPAP/BIPAP or Nebulizers.
  - Otherwise, for use of CPAP/BIPAP/Nebulizers with COVID naïve residents (green zone) the roommates can continue to stay in the same room with the curtains closed and doors closed.

SOURCE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Transmission>

### VISITATION

Unless noted otherwise, this guidance is to be followed by all long-term care facilities (nursing homes and licensed residential facilities). All resident visits should be conducted following the above core principles of infection prevention.

#### Outdoor Visitation

- Facilities should create accessible and safe spaces for outdoor visitation. Outdoor visits are preferred since they generally pose a lower risk of transmission due to increased space and air flow.
- Outdoor visits should continue except during inclement weather or resident health status (medical condition or COVID-19 status). Outdoor visits are not permitted for residents with confirmed COVID-19 infection or in quarantine.
- Facility COVID-19 outbreak status is not considered a reason to suspend outdoor visitation.
- Whenever possible, allow up to one or two hours and two visitors per resident.

#### Indoor Visitation

- Indoor visitation should be allowed at all times. A facility must create a policy for normal visitation hours; length of visits, the number of visitors per resident, and the number of visitors at any one time to protect the health and security of residents and staff. Long-term care facilities should work with residents if any visitors are not available during normal visitation hours to ensure proper accommodations are provided, consistent with resident preference.
- Whenever possible, allow up to one or two hours and two visitors per resident.
- QSO-20-39 NH Revised 3/10/21: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>



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. These scenarios include limiting indoor visitation for:

- Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% **and** <70% of residents in the facility are fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

### Privacy

- Long-term care facilities should enable visits to be conducted with an adequate degree of privacy. Privacy will inherently be limited when the visit is occurring in an open visitation space within the facility. Visitation within resident rooms, when feasible under this guidance, offers a greater degree of privacy.
- Long-term care facilities are not required to perform continuous observation/supervision of each visitor and visitation in order to maintain compliance with core principles of infection control. If a long-term care facility has reason to believe that a visitor may not adhere to core principles of infection control then the facility may choose to employ periodic and frequent, or continuous, observation/supervision of the visitor and visitation as it deems necessary to protect the health and security of residents and staff. Communication by the long-term care facility to the visitor(s) and resident(s) concerning the reasons for observation/supervision of the visitor and visitation is strongly encouraged.

### Visitors:

- Visitors should be able to adhere to the core principles. Visitors that do not adhere to the core principles should be asked to leave the facility.
- Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility, unless taking a resident on a walk around the facility for less than 15 minutes. It is encouraged to have walks outside as much as possible and avoid any other visitors with using > 6 feet social distancing when possible.
- Visitors 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, if possible, unless the roommate is moved to another area of the long-term care facility during the in-room visit. While visits in designated visitation areas are still encouraged, in-room visits may occur in long-term care facilities for any reason while adhering to the core principles of COVID-19 infection prevention.

### Physical Touch:

**If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.**



### Indoor Visitation during an Outbreak (this section only pertains to facilities required to conduct outbreak testing: SNF/NFs)

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all indoor visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- 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. Visitors who resume visitation in the unaffected areas of the facility should be notified of potential exposure, and signage should be placed in the facility regarding the outbreak in the particular unit.
- 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 visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing, meaning every 3-7 days until no new COVID-19 case is identified in a 14-day period.

### Compassionate Care Visitation including Essential Family Caregiver (EFC)

Visitation should be allowed in compassionate care circumstances regardless of the resident's vaccination status, including during outbreak testing and when the positivity rate is more than 10%, even if the resident is in Transmission-Based precautions. (Yellow or Red Zone). 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

## PERSONAL SERVICES AND ACTIVITIES INSIDE THE FACILITY Q&A

The core principles of infection prevention should be the guiding principles for any activity that directly relates to the health and safety of the individual residents as we move toward more activities as a response to vaccinations in the communities:

- **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 IDOH Guidance for [Personal Services](#) in Long-Term Care. The resident and hairdresser should wear will fitting surgical masks that cover their mouth and nose. Eye protection should be used when there is risk of splash or spray, towel over eyes when hair is washed. Consider fans uses to blow air away from the hairdresser and resident when blow dryer is in use. It is recommended to have 1 resident at a time have these services in the salon.

- **Pools and Gyms: Can residents use exercise pools and have swim therapy activities, use gyms, and have OT/ PT as directed?**

**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 that is designed for one person usage**, has stationary or supportive equipment in place, and must wipe down equipment with approved antiviral disinfectants after each individual use.
- In the larger fitness centers or gyms, facilities may allow **more than one individual at a time** as long as they maintain >6 feet apart on equipment or area, continue wearing a mask, performing hand hygiene, and disinfecting equipment and surfaces between resident use. 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 the resident is in rehabilitation status upon admission to the facility and is in 14 day quarantine transmission based precautions due to **not being fully vaccinated**, then 1 resident at a time is allowed in the therapy gym for medical rehabilitation. HCP should be in TBP PPE; full gown, N95 mask, eye protection and gloves. Resident should wear surgical mask and gloves. 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.**
- If residents in rehabilitation units are in 14-day quarantine in TBP for asymptomatic COVID 19 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, surgical mask for resident and HCP N95 mask and 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.**
- If the facility has free standing swimming pools that are used for exercise classes consider the CDC guidance and follow the core principles of infection control and social distancing including masking when appropriate while in the water: <https://www.cdc.gov/coronavirus/2019-ncov/community/parks-rec/aquatic-venues.html>
  - Masking is not required when swimming laps.
  - Masking and 6 feet social distancing (length of typical pool noodle l) when doing stand- up exercise classes.
  - If mask is worn and become wet, discard and use clean mask.
  - Wear masks to and from the pool area at all times. Encourage staff and residents to have extra masks in case of getting the first mask wet.
- **Dentist/Podiatry Visits:** In-facility 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 residents should not pet or hold the therapy pets, but the pets may be petted by residents not in COVID-19 precautions. Residents should use hand sanitizer before and after contact with therapy pets. Pet therapy for a resident's own pet(s) can be ok too if they are limited to the resident's pet in the same household, prefer outdoors but not going room to room. <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html>
- **Entertainers and Church Activities:** Facilities can allow church services and entertainers outdoors with social distancing and masks according to the core principles of infection prevention. When conducting church services or entertainers indoors anything with shouting or singing should be avoided due to potential aerosol and droplet projection. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.htm>
- **Communal Dining/ Activities and Volunteers:** In recognition of the impact and increased staffing requirement for social isolation, communal dining/activities and volunteers 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 outbreak 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.
- **Excursions: (leaving the facility for less than 24 hours in duration e. g. family home, church, wedding, funeral etc.)** 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) upon return if the excursion was less than 24 hours in duration, but they should still 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 if but should be monitored for symptoms. Excursions should not occur during outbreak testing.
  - When reviewing the core principles of infection prevention with residents and family member review that assists for transfers should be kept in mind to limit to < 15 minutes cumulative over the course of the 24 hour period for the excursion. Include review of social distancing and masking in the community to cover both nose and mouth and frequent hand hygiene. Encourage outdoor activities as much as possible.
  - If fully vaccinated residents going on excursions for over 24 hours do not need to be in TBP for 14 days if asymptomatic and has not had a high- risk exposure.



- **Medical 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:
  - 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, it is **not recommended to place resident in Transmission-Based Precautions (Contact-Droplet) be initiated 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. (e. g. 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.

### Resources:

1. For additional details on the updated nursing home visitation guidance released today, visit here: <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19-revised>
2. A Fact Sheet can be found here: <https://www.cms.gov/newsroom/fact-sheets/cms-updates-nursing-home-guidance-revised-visitation-recommendations>
3. Read the CDC's expanded [Interim Public Health Recommendations for Fully Vaccinated People](#), corresponding [Science Brief](#) and [recommendations for healthcare providers](#).