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Memorandum

TO: Nursing Home and Rest Home Administrators

FROM: Elizabeth D. Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

SUBJECT: Updates to Visitation Conditions, Communal Dining and Congregate Activities in Long-Term Care Facilities during the COVID-19 Outbreak

DATE: September 14, 2020

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

This memorandum replaces the memorandum issued on August 17, 2020 and is effective as of September 25, 2020. This updated memorandum provides indoor visitation conditions.

The implementation of this guidance is contingent on Massachusetts meeting a range of public health metrics <https://www.mass.gov/info-details/reopening-massachusetts>. Ongoing performance on these measures will inform additional reopening decisions.

Limitations on Long-Term Care Visitation:

Long-term care facilities may allow visits with residents to occur, provided that the social distancing and protection requirements described in detail below are followed. As much as possible, long-term care facilities should continue to use alternative electronic methods for virtual communication between residents and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.

In-Person Visitation:

A long-term care facility may allow in-person visitation in a designated visitation space, provided that the long-term care facility implements all of the following safety, care, and infection control measures and policies:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot participate in a visitation. A resident may be visited if: the resident has recovered from COVID-19; or the resident is currently quarantined after a recent hospital stay and is not suspected or confirmed to be infected with COVID-19, or the resident is not quarantined and has never tested positive for COVID-19.
- Prior to transporting a resident to the designated visitation space, the long-term care facility must screen the visitor for COVID-19 symptoms and check their temperature. Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) will not be permitted to visit with a resident.
- Transport of a resident to and from the designated visitation space must be safe and orderly. At a minimum, safe transport means that the resident cannot be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present. If health care personnel (HCP) expect to provide direct care to residents while transporting the resident or monitoring the visitation, HCP should wear appropriate PPE.
- The long-term care facility is not under a contingency staffing plan.
- A visitor must remain at least 6 feet from the resident and attending staff member(s) for the majority of the visit.
- Brief physical contact may be allowed if desired by both the resident and visitor. In order to reduce risk of transmission, individuals must:
 - Use alcohol-based hand sanitizer with at least 60% alcohol before and after contact;
 - Hug with faces in opposite directions; and
 - Limit the duration of close physical contact and avoid close face-to-face contact even when face masks are used.
- Staff, residents and visitors must wear a face mask for the duration of the visit.
- The long-term care facility must implement a schedule for frequent cleaning and disinfection of the designated visitation space, including cleaning high-touch surfaces using an appropriate EPA-registered disinfectant.

Any individual who enters the long-term care facility and develops signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, myalgia, chills, or new onset loss of smell or taste within 2 days after exiting the long-term care facility or designated outdoor space must immediately notify the long-term care facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Long-term care facilities should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up with the facility's medical director or resident's care provider.

Whether or not a resident has visitors should not impact their access to fresh air and time outdoors. Long-term care facilities are encouraged to offer residents time outdoors provided that the physical distancing and protection requirements described in detail above are followed.

A long-term care facility may limit:

- The length of any visit, however, residents must be offered the opportunity to visit for no fewer than 30 minutes;
- The days on which visits will be permitted, provided that visits are offered on no fewer than five days of the week and one of the days must be on a weekend day;
- The hours during a day when visits will be permitted, provided that at least one day per week visits are offered outside of standard business hours;
- The number of times during a day or week a resident may be visited; and
- The number of visits occurring at the facility on a given day and may require visits to be scheduled in advance.

Designated Outdoor Visitation Space:

In addition to the in-person visitation conditions described above, the long-term care facility must:

- Ensure visits with a resident occur in a designated outdoor space; outdoor visits will be dependent on permissible weather conditions, availability of outdoor space, and the health and well-being of the resident.
- A long-term care facility staff member trained in such patient safety and infection control measures must remain immediately available to the resident at all times during the visit.

Designated Indoor Visitation Space:

In addition to the in-person visitation conditions described above, the long-term care facility must:

- Identify a designated space for visitation that is as close to the entrance as possible where visits can be socially distanced from other residents and minimize visitor impact in the facility.
- Ensure that ventilation systems operate properly, have been serviced in accordance with manufacturer recommendations and increase circulation of outdoor air as much as possible.
- Avoid visitation in resident rooms.
- A long-term care facility staff member trained in such patient safety and infection control measures must perform frequent safety checks with the resident during the visit.
- The unit, floor or care area where the resident lives must not have any confirmed or suspected COVID-19 cases in residents or staff in the past 14 days; however, notwithstanding this condition, if a facility determines that a confirmed or suspected case within the facility presents a risk for all units, the facility in its discretion may suspend indoor visitation.

Please note that if community transmission rates become high, DPH may amend the above visitation conditions.

Compassionate Care Visitation:

For compassionate care situations, including but not limited to an end-of-life situation, long-term care facilities must limit visitors in the facility to a specific room: either the resident's room, if the resident has a private room, or another location designated by the facility. Long-term care facilities must require visitors to perform hand hygiene. Decisions about visitation during an end-of-life situation should be made on a case-by-case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for any symptoms of COVID-19 and temperature checks. Individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) should not be permitted to enter the long-term care facility at any time.

For visits to those who are in end-of-life situations, visitors should be allowed a time limited visit and be given a face mask if they do not have a face mask. For those visitors who are permitted to visit in compassionate care situations, the visitors must be restricted to the resident's room or other location designated by the facility.

Exceptions to Visitor Limitations:

Health care personnel: Long-term care facilities should follow CDC guidelines for the management of health care personnel who may have been exposed to COVID-19 which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

The nursing home or rest home must confirm that health care personnel do not have any signs or symptoms of COVID such as a cough, shortness of breath, or sore throat, myalgia, chills, or new onset loss of smell or taste and a fever by taking each healthcare personnel's temperature upon arrival. The health care worker's temperature must be below 100.0 °F for him or her to enter the facility and provide care.

Screening and temperature checks also apply to other health care personnel, including, but not limited to, hospice workers, dialysis technicians, nurse aides, nursing or other students in clinical training, dentists, podiatrists, psychiatrists, physical therapists, or Emergency Medical Service (EMS) personnel in non-emergency situations that provide care to residents. All health care personnel are permitted to come into the facility as long as they meet the CDC guidelines for health care personnel.

In emergency situations, EMS personnel should be permitted to go directly to the resident without undergoing screening or temperature checks.

Parents and Guardians: Indoor visitation is permitted for parents and guardians of residents who are 22 years old and younger and outdoor visitation is not appropriate. Parents and guardians of residents must be screened and have their temperature checked upon entry into the facility and must wear a face mask at all times while in the facility.

Family Education: Long-term care facilities may allow family members or caregivers to participate in discharge education and training in order to safely learn how to care for their loved one at home. A family member or caregiver must be screened and have their temperature checked upon entry into the facility and must wear a face mask at all times while in the facility.

Discharge education and training should include only necessary participants who must remain at least 6 feet apart when not engaging in activities such as demonstrating resident transfers.

Dining and Group Activities:

Long-term care facilities may provide outdoor entertainment and activities on the ground of the facility if the facility meets the following conditions:

- The long-term care facility has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents;
- The long-term care facility is not under a contingency staffing plan;
- Only residents who have fully recovered from COVID-19, those residents not in isolation for suspected or confirmed COVID-19 status, and those residents not currently quarantined due to exposure or new admission can participate in the outdoor group activities;
- Participating residents must remain at least 6 feet apart.

Long-term care facilities may introduce communal dining if the facility meets the following conditions:

- The long-term care facility has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents;
- The long-term care facility is not under a contingency staffing plan;
- The number of residents at each table must be limited with residents spaced at least 6 feet apart; and
- Only residents who have fully recovered from COVID-19, those residents not in isolation for suspected or confirmed COVID-19 status, , and those residents not currently quarantined due to exposure or new admission can participate in communal dining.

Long-term care facilities may utilize indoor exercise or gym space for the purposes of physical, occupational or other clinically indicated therapy if the facility meets the following conditions:

- The long-term care facility has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents;
- The long-term care facility is not under a contingency staffing plan;
- Residents must be spaced at least 6 feet apart;
- The long-term care facility has implemented procedures for cleaning and disinfecting the space and equipment in between each resident's use; and
- Only residents who have fully recovered from COVID-19, are in quarantine due to being a new admission, and those residents not in isolation for suspected or confirmed COVID-19 status can participate in clinically indicated therapy.

When using indoor exercise space in the long-term care facility, facilities must follow the same safety standards and checklists for fitness centers and health clubs, including but not limited to, maintaining social distancing between residents, hygiene protocols, staffing and operations, and cleaning and disinfection. The guidance may be found here: <https://www.mass.gov/info-details/reopening-massachusetts>

Ombudsman Program and Legal Representation:

Residents have the right to access the Ombudsman program and to consult with their legal counsel. When in-person access is not available due to infection control concerns, facilities must facilitate resident communication (by phone or another format).

DPH strongly encourages all long-term care facilities in Massachusetts to monitor the CMS and CDC website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.