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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: Policies and Procedures for Restricting Resident Visitors in Nursing Homes and Rest Homes and Personal Protective Equipment Recommendation Updates during the COVID-19 Outbreak

DATE: March 16, 2020

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners on the outbreak of novel Coronavirus 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 circular letter DHCQ 20-03-702 which was issued on March 11, 2020.

Nursing homes and rest homes should implement the following provisions effective March 16, 2020 to protect the health and safety of residents and staff during the 2019 novel Coronavirus (COVID-19) outbreak.

Restrictions on Visitors:

Pursuant to an Order issued by the Commissioner of Public Health and in alignment with the Centers for Medicare and Medicaid Services (CMS) guidance, all long-term care facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.

For compassionate care situations, such as an end-of-life situation, long-term care facilities must limit visitors to a specific room only. For individuals that enter in compassionate care situations, long-term care facilities should 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 fever or respiratory symptoms. Individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the long-term care facility at any time. For those who are in end of life situations, visitors should be allowed a time limited visit with social distancing or be given a mask, even in end-of-life situations. Those visitors that are permitted, must restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Long-term care facilities are expected to notify potential visitors to defer visitation until further notice. Such notification can be achieved through signage, calls, letters, or other identified appropriate methods of communication. Long-term care facilities should consider alternative electronic methods for communication between residents and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.

Any individual who enters the long-term care facility should self-monitor for signs and symptoms of respiratory infection such as fever, cough, shortness of breath or sore throat, for at least 14 days after exiting the long-term care facility. If symptoms occur, individuals should self-isolate at home, contact their healthcare provider, and 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 of reported contact for the level of exposure and follow up with the facility's medical director or resident's care provider.

Exceptions to Visitor Restrictions:

Health care workers: Long-term care facilities should follow CDC guidelines for restricting access to health care workers which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

In addition to the CDC guidelines for restricting access to health care workers, the nursing home or rest home must confirm that the health care worker does not have a fever by taking each healthcare worker's temperature upon arrival. The health care worker's temperature must be 100.3 °F or lower for him or her to enter the facility and provide care.

This also applies to other health care workers, such as hospice workers, dialysis technicians, nursing students or Emergency Medical Service (EMS) personnel in non-emergency situations, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers.

In emergency situations, EMS personnel should be permitted to go directly to the resident.

Dining and Group Activities:

All long-term care facilities should suspend communal dining as well as internal and external group activities.

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).

Personal Protective Equipment for Healthcare Personnel:

The Centers for Disease Control and Prevention (CDC) has provided important updates to the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. This guidance is applicable to all U.S. healthcare settings.

The interim guidance has been updated based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.

Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Airborne transmission from person-to-person over long distances is less likely per currently available evidence

Personal Protective Equipment Recommendations when Caring for Residents with Confirmed or Suspected COVID-19:

- Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators is limited.
- When shortages have been identified, available respirator masks should be prioritized for caring for suspected or confirmed COVID-19 patients or providing care to patients with other infections for which respiratory protection is strongly indicated (e.g., tuberculosis, measles, varicella).
- Eye protection, gowns, and gloves continue to be recommended. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

Environment:

- Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed.
- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

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>.