



COVID-19 Health Advisory #16

September 10, 2020

Please distribute to all administrators and infection preventionists in the facility

Go to: <https://tinyurl.com/ShastaCOVID-19> for an electronic version of this Health Update

The purpose of this health advisory is to provide skilled nursing facilities with information on criteria for opening to limited visitation.

[All Facilities Letter 20-22.4](#), released on August 25, 2020 from the California Department of Public Health (CDPH) provides criteria for the modification of visitation policies in accordance with Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) COVID-19 guidance. Currently, visitation to a skilled nursing facility is limited to healthcare workers, surveyors, ombudsmen, nursing students, visits to address legal matters, and end of life visitation. To resume other visitation, facilities that meet the following conditions shall allow residents to designate one visitor per resident for inside facility visitation:

- Case conditions in the community – cases should not exceed an average of 4 per 100,000 in the past 14 days, falling within or below the “orange” threshold in the California [Blueprint for a Safer Economy](#) for 14 days. Refer to <https://www.co.shasta.ca.us/covid-19/data> for a chart displaying the most current case rate.
- Case status in the facility - Absence of any new COVID-19 cases in the facility for 14 days, either residents or staff.
- Adequate staffing – No staffing shortages and the facility is not using a COVID-19 staffing waiver.
- Access to adequate testing – The facility has a testing plan in place in compliance with CDPH [AFL-20-53](#).
- An approved COVID-19 Mitigation Plan- The facility must maintain good regulatory compliance for safety.

Facilities unable to meet the conditions specified above may not resume in room facility visitation, but they shall provide outdoor and other visitation options.

Outdoor and Other Visitation

- Allow scheduled visits on the facility premises where there is 6-feet or more physical distancing, and both residents and visitors wear facial coverings with staff monitoring infection control guidelines. (i.e. large communal spaces, outdoor visits, drive-by visits or visit through a person's window).
- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- Creating/increasing listserv communication to update families, such as advising not to visit.
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.

- Offering a phone line with a voice recording updated at set times (i.e. daily) with the facility's general operating status, such as when it is safe to resume visits.

Inside Facility Visitation Guidance

1. For all visitations, facilities should make efforts to allow for safe visitation for residents and loved ones.
 - Ensure visitor screening for fever and COVID-19 symptoms
 - Visitors and residents should wear facial coverings (cloth masks or surgical face masks)
 - Staff should monitor to ensure physical distancing is practiced with no hand-shaking, hugging, and remaining six feet apart.
 - If possible (i.e. pending design of building), creating dedicated visiting areas near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.
2. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.
3. Keep a list of visitors with contact information, date/time and who they visited.

Additional Guidance

The following are additional CMS guidance to prevent the spread of COVID-19. This guidance is subject to revision by CMS at any time.

1. Cancel communal dining and all group activities, such as internal and external group activities. For COVID-19 negative or asymptomatic residents, communal dining should be limited, but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).
2. Remind residents to practice social distancing and perform frequent hand hygiene. Residents must wear cloth face covering or facemasks as mandated in CDPH's [Guidance for the Use of Face Coverings](#) (PDF).
3. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.
4. Facilities should review and revise how they interact with vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers, and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission.

Resources

CMS QSO 20-30-NH: <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

CDPH All Facilities Letter 20-22.4: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-22.aspx>

Current case rate in Shasta County: <https://www.co.shasta.ca.us/covid-19/data>