


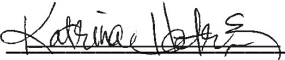
VISITATION AND ACTIVITY GUIDANCE FOR NURSING HOMES AND ASSISTED LIVING FACILITIES

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April 1st updates are in red.

Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like SARS-CoV-2 and other pathogens, including multidrug-resistant organisms (e.g., carbapenemase-producing organisms, *Candida auris*). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP) as defined by the CDC. Even as nursing homes and assisted living facilities resume more normal practices and begin relaxing restrictions, facilities must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death. Nonetheless, New Mexico and the Centers for Medicaid/Medicare and CDC recognize the right to familial association and the struggles families have endured during the pandemic due to visitation restrictions which were put in place to protect residents of congregate settings. This Guidance is designed to protect that right while also ensure resident health and safety.

The following guidance for all long-term care settings should be used in conjunction with facility policies, relevant CMS guidance and requirements, as well as CDC recommendations. This means visitation and interaction between residents may look different throughout the state and facility types and is dependent on many factors. Please thoroughly read all applicable guidance, determine and implement an appropriate visitation and activity policy. Every facility must allow visitation in accordance with the following guidance. All visitation and activities must also occur according to the “Core Principles of COVID-19 Infection Prevention.

All testing and infection control requirements remain in place. All outbreak/hot spot testing requirements remain in place.

Table of Contents

- I. Core Principles of COVID-19 Infection Prevention
- II. Outdoor Visitation
- III. Indoor Visitation Plan
- IV. Visitation Process Requirements
- V. Indoor Visitation During an Outbreak
- VI. Contact
- VII. Requirements After the Visitation
- VIII. Compassionate Care / End of Life
- IX. State Long-Term Care Ombudsman
- X. Health Care Providers and Other Service Providers
- XI. Facility Socialization Activities
- XII. Activities During an Outbreak

I. Core Principles of COVID-19 Infection Prevention

1. Screening of all who enter the facility 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)
2. Hand hygiene (use of alcohol-based hand rub is preferred).
3. Face covering or mask (covering mouth and nose).
4. Social distancing at least six feet between persons, 12 ft for those who cannot wear a mask due to medical condition.
5. 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).
6. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
7. Appropriate staff use of Personal Protective Equipment (PPE).
8. Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care).
9. Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20-38-NH) and this New Mexico State Guidance.

II. Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19*. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality) or an individual resident's health status (e.g., medical condition(s), COVID-19 status) may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

**Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

III. Indoor Visitation Plan

In the event a new COVID-19 positive case is identified all visitation must stop until the criteria in Section V are met.

Exception: Compassionate Care/End of Life visits are always allowed.

Outdoor visitation is still preferred even when the resident and visitor are fully vaccinated against COVID-19. However, 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 (note: compassionate care visits should be permitted at all times). Indoor visitation should only be restricted based on the chart below:

Indoor Visitation Not Allowed For	When	Visitation
Unvaccinated Residents	The facility's COVID-19 county positivity rate is >10% and < 70% of residents in the facility are fully vaccinated	Closed window visits only. Frequency determined by the facility based on an individual resident's health status
Residents with confirmed COVID-19 infection	Regardless of vaccination status, until they meet criteria to discontinue transmission-based precautions	Closed window visits only. Frequency determined by the facility based on an individual resident's health status
Residents in quarantine	Regardless of vaccination status until out of quarantine	Closed window visits only. Frequency determined by the facility based on an individual resident's health status
All residents (except compassionate care/end of life)	A new COVID-19 case is identified (hot spot/outbreak)	No visitation allowed until all criteria from Section V are met.

Indoor visitation must meet the following requirements:

1. 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;
2. Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman.
3. Facility must ensure the designated visitation room is large enough to maintain appropriate social distancing and must limit the amount of visitors based on the size of the designated room;
4. Visitors are restricted from walking around the facility and can only go into the designated visitor room and immediately following the visit, must leave the facility through the designated exit; and
5. Visitation should ideally occur in a well-ventilated room.

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission-based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above.

IV. On-Site Visitation Process Requirements

- ✓ Facilities must establish and maintain a schedule of visitation.
- ✓ Facilities must maintain a visitor log with contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be a need.
- ✓ Facilities must have a process for screening all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation.
- ✓ Locations for visitation (both indoor and outdoor) must be designated beforehand, and these locations must allow for at least 6 feet of space consistently between all visitors, staff, and resident, 12 ft for those who cannot wear a mask due to medical condition, at all times.

- ✓ Facilities must have adequate staff present to allow for safe transit of residents to the designated visitation location, in-person monitoring of visitation, and environmental cleaning and disinfection after visitation.
- ✓ Safe transport means that the resident should wear a facemask to prevent viral shedding and cannot be transported through any space where residents with suspected or confirmed COVID-19 are present.
- ✓ Monitoring visits is required and should be performed by a staff member trained in patient safety and infection control measures. Staff should be close enough to ensure compliance with visitation policy but also allow for privacy.
- ✓ Facilities should develop a process to inform and educate residents and visitors about the necessary precautions and periodically monitor visits for compliance.
- ✓ Facilities must have adequate personal protective equipment (PPE) to provide residents, staff, and visitors (who do not arrive with a cloth face covering) with a facemask during the visit and during transit to/from the visitation site.
- ✓ Facilities should demarcate spaces for people to sit in the visitation area (both indoors and outdoors).
- ✓ Staff must carry alcohol-based hand sanitizer with them to the visitation.
- ✓ Staff, resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask.
- ✓ Facilities must clean and disinfect all touched surfaces prior to and after each visit.

V. Indoor Visitation During an Outbreak

An outbreak exists when a new onset of a COVID-19 case occurs (i.e., a new COVID-19 case among residents or staff). This guidance is intended to describe how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility.

To swiftly detect cases, we remind facilities to follow all directives and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak/hot spot testing.

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak/hot spot testing and suspend all visitation (except compassionate care or end of life visits), 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.
- 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.

While the above scenarios describe how visitation can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how visitation can occur during an outbreak, but does not change any expectations for testing and adherence to infection prevention and control practices. If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

NOTE: In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

VI. Contact

If a resident is fully vaccinated, they may choose to have close contact (including touch, hug, hand holding etc.) 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.

VII. After the Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the LTC and develops signs and symptoms of COVID-19 (as outlined above) within 5 days after visiting or tests positive for COVID within 2 days of visiting must immediately notify the LTC. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) they were in contact with, and the locations within the facility they visited. Facilities may consider giving the visitor a written card with the expectations upon leaving the facility. Long-term care facilities should immediately screen the individuals who had contact with the visitor for the level of exposure.

VIII. Compassionate Care Visits / End of Life

Compassionate care, end of life, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. These visits may happen in a resident room. Visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. Also, as noted above, 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. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care or end of life visits. In covid positive end of life visits, extreme precaution must be taken. The visitor must wear full PPE (mask, face shield, gloves, gown) and be instructed how to take off the PPE after visiting.

IX. State Long-Term Care Ombudsman

The Office of the State Long-Term Care Ombudsman must have immediate access to any resident. In-person access may be limited due to infection control concerns and/or transmission of COVID-19, such as the scenarios stated above for limiting indoor visitation; however, in-person access may not be limited. Representatives of the

Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology. Nursing homes are also required under 42 CFR § 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident’s medical, social, and administrative records as otherwise authorized by New Mexico law.

X. Entry of Healthcare Workers and Other Service Providers

Health care workers who are not employees of the facility but provide direct care to the facility’s residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or showing signs or symptoms of COVID-19 after being screened. EMS personnel do not need to be screened, so they can attend to an emergency without delay. As a reminder all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Every facility must comply with federal disability rights law and the Americans with Disabilities Act.

ACTIVITIES

All testing and infection control processes must be followed.

In the event of a new positive COVID-19 case all activities must stop until the criteria in Section XII is met.

XI. Facility Activities

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering (except while eating). Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. Facilities must follow Table 1 below regarding activities.

Activities are Not Allowed for
Residents with confirmed COVID-19 infection - regardless of vaccination status, until they meet criteria to discontinue transmission-based precautions
Residents in quarantine - regardless of vaccination status until out of quarantine

XII. Activities When a Facility is Experiencing an Outbreak

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all activities, until at least one round of facility-wide testing is completed.

Activities 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 activities can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend activities 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, activities can resume for residents in areas/units with no COVID-19 cases.
- 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 activities for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

While the above scenarios describe how activities can continue after one round of outbreak testing, facilities should continue all necessary rounds of outbreak testing. In other words, this guidance provides information on how activities can occur during an outbreak, but does not change any expectations for testing and adherence to infection prevention and control practices.

If subsequent rounds of outbreak testing identify one or more additional COVID-19 cases in other areas/units of the facility, then facilities should suspend activities for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Once a facility has met the criteria to discontinue outbreak/hot spot testing, the facility may resume activities according to Table 1 below.

ACTIVITIES TABLE 1 - The red, yellow, green framework is subject to change

	County positivity rate Low (<5%)	County positivity rate Medium (5% – 10%)	County positivity rate High (>10%)	Outbreak/Hot Spot
Communal Dining	Yes, no more than 50% capacity within the dining room, with social distancing, hand hygiene and use of a face covering when not eating.	Yes, no more than 33% capacity within the dining room, with social distancing, hand hygiene and use of a face covering when not eating.	Yes, no more than 25% capacity within the dining room, with social distancing, hand hygiene and use of face covering when not eating.	Not allowed until criteria in Section XII above are met. Once criteria are met, activities may continue according to county positivity rate
Outdoor Activities	Yes, limited to no more than 15 people with face coverings and physical distancing	Yes, limited to no more than 10 people with face coverings and physical distancing	Yes, limited to no more than 5 people with face covering and physical distancing	Not allowed until criteria in Section XII above are met. Once criteria are met, activities may continue according to county positivity rate
Indoor Activities	Yes, no more than 50% capacity within the activity room with social distancing, hand hygiene and use of face covering	Yes, no more than 33% capacity within the activity room with social distancing, hand hygiene and use of face covering	Yes, no more than 25% capacity within the activity room with social distancing, hand hygiene and use of face covering	Not allowed until criteria in Section XII above are met. Once criteria are met, activities may continue according to county positivity rate
Beauty Salon Services	Yes, follow the salon guidance	Yes, follow the salon guidance	Yes, follow the salon guidance	Not allowed until criteria in Section XII above are met. Once criteria are met, activities may continue according to county positivity rate