**Guidance on restricting visitation**

**access at nursing facilities for all visitors,**

**non-medical health care providers, vendors,**

**and other non-essential individuals in response to COVID-19**

**MARCH 26, 2020**

In response to concerns regarding novel coronavirus 2019 (COVID-19), **nursing facilities, including but not limited to, skilled nursing facilities, nursing homes, assisted living facilities, adult day cares, hospice facilities, rehabilitation facilities with older adults patients, and intermediate care facilities for individuals with disabilities are directed to take measures to restrict facility access for all visitors, non-medical health care providers, vendors, and other non-essential individuals.** Facilities must screen anyone who enters a facility for signs of respiratory infection (fever, cough, shortness of breath, or sore throat) except EMS workers responding to an emergency health need. Those with symptoms of a respiratory infection should not be permitted to enter the facility at any time. Staff who work in multiple locations should be identified and limited to one location if possible.

Facilities must notify potential visitors to defer visitation until further notice. Acceptable notification includes posting notices at the facility entrance, sending written notice via mail or electronic means, etc. Facilities need to facilitate resident communication (by phone or other format) with families, the Ombudsman program, or any other entity per 42 CFR &483.10 (f)(4)(i).

**VISITOR LIMITATIONS**

Resident visitation is limited to certain end-of-life care situations. Decisions about visitation during an end of life situation should be made on a case by case basis. All visitors shall be screened according to the Department of Health (DOH) Public Health Ordered issued on March 13, 2020. Visitation in these situations should be made with strict guidelines, such as being limited to a specific room. Personal Protective Equipment (PPE), such as facemasks, should be provided if they are available. Provide instruction on performing hand hygiene, limiting surfaces touched and use of PPE according to current facility policy while in resident rooms.

**SCREENING STAFF**

All staff should be screened at the beginning of their shift for fever and respiratory symptoms. Their temperature should be actively taken and any respiratory symptoms should be documented. If a healthcare worker shows symptoms of respiratory illness, they should be screened for COVID-19 risk factors (i.e. respiratory illness in the last 14 days and direct contact with a person confirmed to have COVID-19) to determine if exclusion from the facility is appropriate.

Employees who have a presumed confirmed diagnosis of COVID-19 should be excluded from the facility and should only return to work under the following guidelines:

1. *Non-test-based strategy.* Exclude from work until:
	* At least 3 days (72 hours) have passed*since recovery*, defined as resolution of fever without the use of fever-reducing medications**and** improvement in respiratory symptoms (e.g., cough, shortness of breath);**and**,
	* At least 7 days have passed *since symptoms first appeared*
2. *Test-based strategy, if tests are available.*Exclude from work until:
	* Resolution of fever without the use of fever-reducing medications**and**
	* Improvement in respiratory symptoms (e.g., cough, shortness of breath),**and**
	* Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)

**SCREENING RESIDENTS**

All residents should be screened for fever and respiratory symptoms. If a resident is suspected of having COVID-19 infection, the facility should immediately contact the New Mexico Department of Health’s COVID-19 hotline (1-855-600-3453). Initially, symptoms may be mild and may not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. If the resident develops more severe symptoms and requires transfer to a hospital for a higher level of care, prior to transfer, emergency medical services and the receiving facility should be alerted to the resident’s diagnosis, and precautions should be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization, they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate.

**NEW ADMISSIONS**

Certain precautions should be taken when admitting new residents to a facility. Facilities should admit any individual that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. If possible, facilities should dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay to their original room).

**READMISSIONS AND RETURNS**

A facility should readmit a resident after hospitalization. If the resident was diagnosed with COVID-19, they should be admitted under transmission-based precautions for COVID-19. If a facility is unable to comply with the requirements for transmission-based precautions, readmission must wait until these precautions are discontinued. Facilities are advised to avoid unnecessary discharges and transfers at this time to discourage and limit spread of illness between facilities. To the extent a discharge or transfer of a patient is necessary, facilities must ensure the patient can be discharged in a safe manner.

If a resident is under transmission-based precautions, they should be confined to their rooms or otherwise quarantined for fourteen days.

Facilities cannot have a blanket policy that prohibits residents from leaving. However, if a resident chooses to leave against recommendations and all efforts to dissuade the resident from leaving fail, a facility should have a reasonable policy including protocol to allow for return under certain circumstances.

If the resident has a medically necessary appointment

* Call the resident’s doctor, or applicable physician extender, to see if the medical service can be postponed or can be performed at the facility by facility staff or medical personnel from an outside agency (e.g. home health nurse).
* If **YES**, the doctor should write a new order if a new service is ordered
* If **NO**, the facility must allow the resident back into the building. The facility must screen the resident, and the facility should have protocols in place to quarantine that person for 14 days if necessary.

If the resident chooses to leave for social or non-medically necessary reasons, the facility should inform them of their policy which should include not being able to return until restrictions are lifted or a fourteen-day quarantine period in their room if a facility has the capability to do so.

**RESIDENT MOVEMENT AND CONGREGATION**

Residents should not be confined to their room or isolated unless they have a condition or symptoms that require quarantine. Any activity should be in compliance with Governor Lujan-Grisham’s orders regarding gatherings. Residents should be reminded to practice social distancing and perform frequent hand hygiene.

The emphasis of this guidance is to limit contact between residents and the community. We understand this is an incredible hardship for all facility residents and their loved ones, but residents are such a vulnerable group and we want to ensure every reasonable step is taken to keep them safe.

**IF YOU HAVE QUESTIONS ABOUT THIS GUIDANCE OR COVID-19, PLEASE CONTACT THE NEW MEXICO DEPARTMENT OF HEALTH AT 1-855-600-3453 OR VISIT THE NMDOH COVID-19 WEBSITE AT** [**https://cv.nmhealth.org/**](https://cv.nmhealth.org/)**.**

**IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THE CARE OF A RESIDENT PLEASE CONTACT THE STATE’S Long-Term Care Ombudsman at 1-866-451-2901.**