

Long-term Care Visitation and Activities Guidance Update Summary

UPDATED TO ALIGN WITH FEDERAL VISITATION GUIDANCE

Balancing COVID-19 safety and visitation restrictions with the well-being of residents in long-term care and other residential settings is an urgent priority for Minnesota. Social isolation because of COVID-19 visitor restrictions is a significant concern. On Sept. 17, 2020, the federal government, specifically the Centers for Medicare and Medicaid Services (CMS), issued updated visitation guidance for nursing homes to allow for more visitation.

In response, the Minnesota Department of Health (MDH) has updated its guidance, initially released in August 2020, to ensure consistency with the federal guidance. This updated MDH COVID-19 visitation and activities guidance applies home care and assisted living-type facilities and is effective on Oct. 17, 2020.

This new guidance now replaces the Minnesota document from August and aligns both provider types with federal guidance from [CMS: QSO 20-39 \(https://www.cms.gov/files/document/qso-20-39-nh.pdf\)](https://www.cms.gov/files/document/qso-20-39-nh.pdf).

This summary document highlights some of the most significant changes to Minnesota's visitation and activities guidance.

What was the guidance previously?

MDH's previous guidance had outlined two levels that nursing homes and assisted living-type facilities could be in, Level 1 or Level 2.

- A facility was in Level 1 if there has been a COVID-19 exposure at the facility in the past 28 days, or if certain risk factors placed the facility in Level 1 due to risk of COVID-19 exposure.
- A facility was eligible to move to Level 2 if there had not been a COVID-19 exposure at the facility in the past 28 days.

What is the current visitation guidance?

To align with CMS guidance issued in September for nursing homes, MDH guidance now states that if facilities, including nursing homes and assisted-living facilities, have not had a COVID-19 exposure in the last 14 days, broader visitation must be allowed. Facilities are in three risk categories – low, medium, and high – based on community transmission, as measured by county COVID-19 test-positivity rates.

Facilities without recent cases in areas with low or medium-level community transmission must allow visitation, unless they have a reasonable or clinical safety cause not to, such as a staffing crisis.

How do county test-positivity rates affect visits and activities in nursing homes and assisted-living facilities?

The Minnesota and federal guidance use the percent of COVID-19 tests that come back positive over the number of tests performed in a county to categorize the level of risk of transmission in a community. CMS has designated low, medium, and high-risk categories for facilities.

- **Low-risk category (<5%):** People who wish to visit should be allowed to do so, according to the core principles of COVID-19 infection prevention and facility policies.
- **Medium-risk category (5%–10%):** People who wish to visit should be allowed to do so, according to the core principles of COVID-19 infection prevention and facility policies.
- **High-risk category (>10%):** Visitation should only occur for essential caregiver and compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies.

In-person visits should be allowed when both of the following criteria are met:

- The facility has not had a COVID-19 exposure from a positive resident or employee in the last 14 days,
- AND**
- The two-week county COVID-19 test-positivity rate is $\leq 10\%$, placing the facility in the low-risk or medium-risk category.

Only essential caregiver and compassionate care visits should be allowed when one or both of the following criteria are met:

- The two-week county COVID-19 test-positivity rate is $> 10\%$, placing the facility in the high-risk category,
- AND/OR**
- The facility has had a COVID-19 exposure from a positive resident or staff in the last 14 days.

The two-week county test-positivity rate can be determined by using the weekly test-positivity dataset downloaded from the MDH website. Add together the percent of positive tests from the county's two most recent weeks (e.g., Week 39 and Week 38 from Aitkin County is 3.1% + 2.2% = 5.3%). Then divide by two (e.g., 5.3% / 2 = 2.65%). The result is the 14-day positivity rate.

- Data can be downloaded from [COVID-19 Weekly Report \(https://www.health.state.mn.us/diseases/coronavirus/stats/index.html\)](https://www.health.state.mn.us/diseases/coronavirus/stats/index.html), by clicking on “Weekly Test Rate by County of Residence” and downloading the Weekly Percent of Tests Positive by County of Residence (CSV) file.
- Or access the data file directly at [Weekly Percent of Tests Positive by County of Residence \(CSV\) \(https://www.health.state.mn.us/diseases/coronavirus/stats/wtrmap.csv\)](https://www.health.state.mn.us/diseases/coronavirus/stats/wtrmap.csv).

Does the updated guidance allow for essential caregiver visits?

Yes, Minnesota facilities will continue allowing essential caregiver visits without changes or disruption.

What level of testing is required for visitation?

Assisted living-type facility residents are at an increased risk of COVID-19. Facilities must have a written testing plan based on recommendations from MDH and CDC and maintain capacity to test residents and staff who develop symptoms consistent with COVID-19 and have a plan in place for management of positive cases.

Upon identification of a single new case of COVID-19 in any staff member or resident, as a health standard of care, all staff and residents should be tested, and all staff and residents that test negative should be retested every three days to seven days until testing identifies no new cases of COVID-19 among staff or residents for a period of at least 14 days since the most recent positive result.

While not required, we encourage facilities in medium or high-positivity counties to test visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test. Visitors who test positive should immediately be sent home for isolation. Return to visiting for people who test positive should be guided by CDC and MDH community recommendations for how long to stay home if sick. See [If You Are Sick: COVID-19 \(https://www.health.state.mn.us/diseases/coronavirus/sick.html\)](https://www.health.state.mn.us/diseases/coronavirus/sick.html).

If I am a visiting family member or friend who is not an essential caregiver, what can I expect?

You should expect to do the following for the safety of residents:

- Schedule your visit, knowing the facility has to balance resident activities and the number of visitors at any given time.
- Expect to be screened. All facilities must have an active screening system for signs and symptoms of COVID-19 prior to the visitor walking through the facility. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.
- Wear a mask or other face covering at all times.
- Sign in and out and leave contact information.
- Use provided alcohol-based hand rub and follow all infection control guidance.
- Stay at least 6 feet from others (social distancing), except for situations involving essential caregivers or compassionate care visits.
- Take a direct path to the resident's room.
- A wave is the safest way to greet the resident. Due to the risk of exposure, holding hands and kissing is not allowed during visits.
- Bring along a pet only if your facility allows it.

The visitor may take the resident outside for a walk, or during their time of visitation, but must stay at least 6 feet apart after transporting the resident outside. Pushing a wheelchair is an acceptable activity while wearing a proper mask or face covering.

What are the core principles of COVID-19 infection prevention?

You should expect to follow these core principles of infection control. Essential caregivers and those visiting under compassionate care situations will have additional guidelines to follow and personal protective equipment (PPE) to use:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms.
- Hand hygiene (use of alcohol-based hand rub is preferred). See [Clean Hands Count \(https://www.cdc.gov/handhygiene/pdfs/Provider-Factsheet-508.pdf\)](https://www.cdc.gov/handhygiene/pdfs/Provider-Factsheet-508.pdf).
- Face covering or mask (covering mouth and nose).
- Social distancing at least 6 feet between people.
- 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).
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.

- Appropriate staff use of personal protective equipment (PPE).
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care).

What additional guidance is in place?

MDH continues to have additional guidance in place that includes:

- [Essential Caregiver Guidance for Long-term Care Facilities](https://www.health.state.mn.us/diseases/coronavirus/hcp/lccaregiver.html)
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/lccaregiver.html>)
- [Outdoor Visitation Guidance for Long-term Care Facilities](https://www.health.state.mn.us/diseases/coronavirus/hcp/lc Outdoor.pdf)
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/lc Outdoor.pdf>)
- [Guidance for Window Visits at Long-Term Care Facilities](https://www.health.state.mn.us/diseases/coronavirus/hcp/lc windows.pdf)
(<https://www.health.state.mn.us/diseases/coronavirus/hcp/lc windows.pdf>)



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