

Guidance for Temporary Tent Structures and Clear Dividers for Long-term Care Visitation

The recent memo 20-39 from the Centers for Medicare & Medicaid Services, Quality, Safety & Oversight Group (CMS QSO) provided notice that civil money penalty (CMP) funds have been set aside to help nursing homes make in-person visits possible. These funds may be used to buy tents for outdoor visits and/or clear dividers to create a physical barrier to lower the risk of transmission during in-person visits (indoors or outdoors). In light of this news, the Minnesota Department of Health (MDH) Engineering Section has put together the following guidelines for temporary tent structures and clear dividers for in-person visits. While only nursing homes are eligible for the money from CMS, all long-term care settings should use this guidance if setting up tents and/or clear dividers.

The items in this guidance must be addressed in the multidisciplinary risk assessment and mitigation plan for allowing residents to visit with family while maintaining a minimum level of infection control and fire safety. There may be other requirements your facility needs to address that are not included in this document. Ultimately, it is up to each facility to properly protect their residents from harm at their specific site. Please do not hesitate to contact MDH with questions and/or concerns, as we work together to provide the safest and best health care for Minnesotans.

If a temporary tent is used for in-person visits, the facility must address the following considerations:

- The tent must meet NFPA 701 flame retardant standards. The tent should have a tag that shows this standard is met. Facilities need to keep documentation that shows compliance with NFPA 701.
- Perform a risk assessment with the interdisciplinary team who will make recommendations around things like capacity limits, ventilation needs, disinfection protocols, and more.
- Determine if you need any additional security measures in place.
 - Is the location safe and convenient for staff and residents?
 - Determine if barriers or markers should be installed near tents to protect people inside from any vehicle driver errors.
- The temporary tent must be at least 20 feet away from the long-term care building.
- Post signs indicating no smoking is allowed in or within 20 feet of the temporary tent.
- No direct fired heaters in or within 20 feet of the tent are allowed.

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- Indirect fired heaters are preferred and safest. They must be placed in a location approved by the fire official.
- If the temporary tent is heated, install carbon monoxide detectors, as directed by the fire official.
- Areas in and around the tent should be kept clear of anything that can catch on fire.
- Long-term care staff must be nearby and trained in emergency evacuations.
- Long-term care staff must be equipped with two-way communication in case of an emergency.
- Portable fire extinguishers must be provided for staff use in an emergency. Staff must be trained on proper portable fire extinguisher use.
- Tent capacity must be limited to that which allows residents, staff, and visitors to maintain social distancing in accordance with CDC and MDH guidelines.
- Exits must be clearly marked.
- Prepare an extreme weather plan (snow, high winds, thunderstorms, etc.). Tents must be adequately roped, braced, and anchored to withstand the elements of weather and prevent collapse. Documentation of the extreme weather plan must be kept on hand by the facility.
- The facility must ensure a solid path to the tent. This path must be kept free of obstructions for emergency use.
- Review your plan with the fire official and comply with any requirements by the fire official.
- The facility must have procedures on how common surfaces and high-touch objects in the tent are cleaned and disinfected after each visit.

If a clear divider is used to reduce the risk of transmission for in-person visits, the facility must address the following considerations:

- MDH engineering strongly suggests the use of a polycarbonate (Lexan™ is a common brand name) as a clear divider. It is very strong, resistant to chemicals, and has a good smoke development rating (for interior finish).
- Acrylic (Plexiglas® is a common brand name) dividers should not be used without first reviewing the size and location of an acrylic divider with the local or state fire marshal. The problem with acrylics is that they can shatter on impact, they are not resistant to chemicals, and they do not have a good smoke development rating. The example of “Plexiglas” in QSO-20-39 was not the safest product to use in a facility and especially not in a combustible tent.
- If a facility wants to use an acrylic as a clear divider, they must review the size and location of that acrylic with the local or state fire marshal.
- The clear divider must be sized to ensure separation between staff, residents, or visitors whether sitting, standing, or otherwise moving within the space.
- The use of clear dividers must be used in addition to other infection control measures, and does not eliminate face covering requirements or the need for social distancing.

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- Clear dividers must be placed in locations where they cannot be tipped over, and must not block the required emergency egress.
- If facilities use any barriers inside of the building, they must keep the barriers at least 18 inches from the ceiling to allow the sprinkler system and smoke detection systems to properly work.



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09/30/2020