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Missouri Guidance for Long-Term Care Facilities

Long-Term Care Facilities in Missouri have seen severe consequences of COVID-19 epidemic which caused many facility-wide outbreaks in the state with accompanying high morbidity and mortality. Ongoing infection control efforts remain critically important, but the quality of life and dignity of residents must also be considered. Because COVID-19 test positivity rates have declined, and the population vaccination rates are increasing, including completed vaccine clinics in long-term care facilities, the state has developed the following guidance on how to safely and carefully ease restrictions in long-term care facilities. This guidance is intended for all long-term care facilities, including residential care, assisted living, intermediate care and skilled nursing.

The Department is committed to assisting facilities as they ease restrictions and will be available to answer questions and provide guidance. Facilities should also communicate with their local public officials for input. In addition, any new developments in the COVID-19 epidemic in the state, or additional guidance from the Centers for Medicare and Medicaid Services (CMS) and/or the Centers for Disease Control and Prevention (CDC) addressing vaccinated residents and staff may result in changes to these guidelines.

There are certain core principles and best practices that reduce the risk of COVID-19 transmission that must be met. These core principles are consistent with the CDC guidance for nursing homes, and should be **adhered to at all times.** Those entering the facility who are unable to adhere to these core principles should not be permitted to visit or should be asked to leave.

Core Principles of COVID-19 Infection Prevention

•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 vaccination status). Anyone entering the facility should inform the facility if they develop a fever or symptoms consistent with COVID-19 within fourteen (14) days of a visit to the resident.
•Hand hygiene (use of alcohol-based hand rub is preferred)
•Face covering or mask (covering mouth and nose)
•Social distancing at least six feet between persons. (Fully vaccinated* residents may choose to have close contact (including touch) with their visitor while adhering to the other core principles.)
•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 in designated visitation areas after each visit
•Appropriate use of Personal Protective Equipment (PPE)

•Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
•Resident and staff testing for Medicare/Medicaid certified facilities conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH)

Visitor Testing and Vaccination
While not required, we encourage facilities in medium or high-positivity counties (as designated by CMS) to offer testing to 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). Similarly, we encourage visitors to become vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, 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.

Considerations	**Strategies**
Visitation	Facilities shall not restrict visitation without a reasonable clinical or safety cause. A nursing home **must** facilitate in-person visitation consistent with the applicable state and CMS regulations, which can be done by applying the guidance stated below. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation and the facility would be subject to citation and enforcement actions. Visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglass dividers, curtains). Also, nursing homes should enable visits to be conducted with an adequate degree of privacy. **Outdoor Visitation** 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, or 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. **Indoor Visitation** 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. These scenarios include limiting indoor visitation for: • Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% (as evidenced by a "red" designation on the county positivity rates published by CMS) **and** <70% of residents in the facility are fully vaccinated*; • Residents with COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or • Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. For additional information regarding vaccinated residents, refer to this CDC guidance. Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors. During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation. **Compassionate Care Visits** Compassionate care visits should be **allowed at all times**, for any resident regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak. Compassionate care situations are not strictly limited to end-of-life situations. Other situations that may be considered compassionate care situations include, but are not limited to: • A resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term "compassionate care situations."

- Allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregivers, is experiencing weight-loss.
- A resident is demonstrating emotional distress.

Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Lastly, 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. 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 visits.

Essential Caregivers

An Essential Caregiver is an individual, including clergy members, who has been given consent by the resident, or their guardian or legal representative, to provide health care services or assistance with activities of daily living to help maintain or improve the quality of care or quality of life of a facility resident. Care or services provided by the Essential Caregiver is included in the plan of care or service plan for the resident and may include assistance with bathing, dressing, eating and/or emotional support.

Essential Caregiver(s) may be designated for each resident. During outbreaks, only one (1) Essential Caregiver per resident should be present at any given time.

Essential Caregivers should complete facility-designated infection prevention and control training, including proper PPE and mask use, hand hygiene, and social distancing. The following documents and videos may be designated by the facility to meet these requirements:

- Documents titled *Novel Coronavirus Fact Sheet, Guidance and Considerations for High Risk Individuals*, and *Caring for Your Hands* located at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/how-do-i-prevent.php AND

- Videos titled *Facemasks (Respirators), Donning PPE*, and *Doffing PPE* located at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ppe.php

Facilities should consider having Essential Caregivers sign a consent form acknowledging completion of the facility-designated infection prevention and control training, an understanding of the facility's visitation and infection prevention and control policies, and the risk created by frequency and duration of close contact.

Indoor Visitation During an Outbreak

A single new case of COVID-19 infection in any facility staff or a facility-onset of COVID-19 infection in a resident should be considered an outbreak. Facility-onset infections refers to infections that originated in the nursing home. Facility-onset does not include residents admitted to the facility with a known COVID-19 diagnosis, or residents who test positive within fourteen (14) days of admission.

When a new case of COVID-19 among residents or staff is facility identified, a facility should immediately begin outbreak testing and suspend visitation (except compassionate care 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.
- 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.
Healthcare Workers	Health care workers who are not employees of the facility but provide direct care to the facility's residents, 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.
Providers of Services (Cosmetologists, Barbers, Volunteers, Vendors)	Entry of personnel/contractors as determined necessary by the facility. Visits may be limited as described above when an outbreak exists.
Long-Term Care Ombudsman	Facilities must provide representatives of the Office of the State Long-Term Care Ombudsman with 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 without reasonable cause. 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.
Communal Dining and Group Activities	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). 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).
Resident Outings	Resident outings should occur with education provided regarding social distancing, appropriate hand hygiene, and use of a cloth face covering or facemask. **Home Visits and Non-Essential Outings** Additionally, the following actions are recommended when residents return after a home visit or non-essential outing: • Screen and increase monitoring for signs and symptoms. • Place on transmission-based precautions and test for COVID-19 if signs or symptoms are present or if a resident or their family reports possible exposure to COVID-19. Education should be provided to residents and families regarding reporting any exposure to COVID-19. • Consider placing on transmission-based precautions and testing residents without signs or symptoms if they leave frequently or for a prolonged length of time, such as over 24 hours.

	Residents who have had COVID in the past 90 days and are off of transmission based precautions, do not need to quarantine following an outing. **Essential Outings - Including Work Programs** Residents may be employed outside the facility. The facility should plan how they will help prepare residents to protect themselves and others when going to work, while working, and returning from work. Residents may need assistance accessing and understanding information on performing preventative measure related to their job or traveling using public transportation. Facilities should develop a process for screening residents when they return home from their jobs, using the same protocols developed for screening staff for symptoms of COVID-19. Facilities are not required to place residents who work outside the facility on transmission based precautions if they do not have sign or symptoms, however, they may want to consider periodic testing of residents.

*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.