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Memorandum

TO: Nursing Home and Rest Home Administrators

FROM: Elizabeth D. Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

SUBJECT: Limitations on Visitors in Long-Term Care Facilities during the COVID-19
Outbreak¹

DATE: July 2, 2020

The Massachusetts Department of Public Health (DPH) continues to work with state, federal and local partners on the outbreak of Coronavirus Disease 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

This memorandum replaces the memorandum issued on June 1, 2020 and is effective as of July 2, 2020. This updated memorandum provides clarifications to long-term care visitor policies and communal dining.

The implementation of this guidance is contingent on Massachusetts meeting a range of public health metrics <https://www.mass.gov/info-details/reopening-massachusetts>. Ongoing performance on these measures will inform additional reopening decisions.

Limitations on Long-Term Care Visitors:

Long-term care facilities may allow visits with residents to occur, provided that the physical distancing and protection requirements described in detail below are followed. As much as possible, long-term care facilities should continue to use alternative electronic methods for communication between residents and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.

¹ This guidance applies to all Long-Term Care Facilities other than those that are operated by the state.

Designated Outdoor Visitation Space:

A long-term care facility may allow in-person visitation in a designated outdoor visitation space, provided that the long-term care facility implements all of the following safety, care, and infection control measures:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited. A resident may be visited if: the resident has recovered from COVID-19; or the resident has been quarantined after a recent hospital stay who is not suspected or confirmed to be infected with COVID-19.
- Prior to transporting a resident to the designated outdoor visitation space, the long-term care facility must screen the visitor for fever or respiratory symptoms. Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) will not be permitted to visit with a resident.
- Transport of a resident to and from the designated outdoor visitation space must be safe and orderly. At a minimum, safe transport means that the resident cannot be transported through any space designated as COVID-19 care space or space where residents suspected or confirmed to be infected with COVID-19 are present.
- A long-term care facility staff member trained in such patient safety and infection control measures must remain with the resident at all times during the visit.
- A visitor must remain at least 6 feet from the resident and attending staff member(s) at all times during the visit.
- Staff and residents must wear a surgical face mask and visitors must wear a face covering or mask for the duration of the visit.

Visits with a resident in a designated outdoor space must be scheduled in advance and are dependent on permissible weather conditions, availability of outdoor space, and sufficient staffing at the facility to meet resident care needs, and the health and well-being of the resident.

A long-term care facility may limit:

- The length of any visit, however, residents must be offered the opportunity to visit for no fewer than 30 minutes;
- The days on which visits will be permitted, provided that visits are offered on no fewer than five days of the week and one of the days must be on a weekend day;
- The hours during a day when visits will be permitted, provided that at least one day per week visits are offered outside of standard business hours; and
- The number of times during a day or week a resident may be visited.

Compassionate Care Visitation:

For compassionate care situations, including but not limited to an end-of-life situation, long-term care facilities must limit visitors in the facility to a specific room: either the resident's room, if the resident has a private room, or another location designated by the facility. Long-term care facilities must require visitors to perform hand hygiene. Decisions about visitation during an end-of-life situation should be made on a case-by-case basis, which should include careful screening

of the visitor (including clergy, bereavement counselors, etc.) for any symptoms of COVID-19. Individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) should not be permitted to enter the long-term care facility at any time.

For visits to those who are in end-of-life situations, visitors should be allowed a time limited visit and be given a face mask if they do not have a face covering or mask. For those visitors who are permitted to visit in compassionate care situations, the visitors must be restricted to the resident's room or other location designated by the facility. They must also be reminded to frequently perform hand hygiene.

Any individual who enters the long-term care facility and develops signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, myalgia, chills, or new onset loss of smell or taste within 2 days after exiting the long-term care facility or designated outdoor space must immediately notify the long-term care facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Long-term care facilities should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up with the facility's medical director or resident's care provider.

Whether or not a resident has visitors should not impact their access to fresh air and time outdoors. Long-term care facilities are encouraged to offer residents time outdoors provided that the physical distancing and protection requirements described in detail above are followed.

Exceptions to Visitor Limitations:

Health care personnel: Long-term care facilities should follow CDC guidelines for the management of health care personnel who may have been exposed to COVID-19 which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> The nursing home or rest home must confirm that health care personnel do not have any signs or symptoms of COVID such as a cough, shortness of breath, or sore throat, myalgia, chills, or new onset loss of smell or taste and a fever by taking each healthcare personnel's temperature upon arrival. The health care worker's temperature must be below 100.0 °F for him or her to enter the facility and provide care.

Screening and temperature checks also apply to other health care personnel, such as hospice workers, dialysis technicians, nurse aides, nursing students or Emergency Medical Service (EMS) personnel in non-emergency situations that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care personnel.

In emergency situations, EMS personnel should be permitted to go directly to the resident.

Dining and Group Activities:

Long-term care facilities may also provide outdoor entertainment and activities on the ground of the facility if the facility meets the following conditions:

- The long-term care facility has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents;
- The long-term care facility has no staffing shortages and the facility is not under a contingency staffing plan;
- Only residents who have fully recovered from COVID-19 and those residents not in isolation for suspected or confirmed COVID-19 status can participate in the indoor group activities;
- Participating residents must remain at least 6 feet apart.

Long-term care facilities may introduce communal dining if the facility meets the following conditions:

- The long-term care facility has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents;
- The long-term care facility has no staffing shortages and the facility is not under a contingency staffing plan;
- The number of residents at each table must be limited with residents spaced at least 6 feet apart; and
- Only residents who have fully recovered from COVID-19 and those residents not in isolation for suspected or confirmed COVID-19 status can participate in communal dining.

Ombudsman Program and Legal Representation:

Residents have the right to access the Ombudsman program and to consult with their legal counsel. When in-person access is not available due to infection control concerns, facilities must facilitate resident communication (by phone or another format).

DPH strongly encourages all long-term care facilities in Massachusetts to monitor the CMS and CDC website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.