

Provider Frequently Asked Questions (FAQ's) from the DHHS “LTC Vaccine and Visitation” Webinar on May 6th, 2021

Presented by NCDHHS Division of Public Health & Division of Health Service Regulation

The responses provided in this FAQ document are current as of the date of publication, May 21, 2021. Providers are encouraged to stay abreast of any subsequent changes in guidance that may impact the responses below.

	Question	Answer(s)
	Vaccine/Tracking Questions:	
1	When will Walgreens and CVS have their vaccines uploaded in CMS or tracking website?	The Walgreens and CVS vaccine data is not currently available in the CVMS provider vaccine record lookup. Vaccines provided through state allocations can now be viewed by providers in CVMS and a proof of vaccination generated. For now any questions about vaccine records should be referred to Walgreens or CVS - if unable to obtain please contact Patrick Brown with NC Division of Public Health at patrick.brown@dhhs.nc.gov .
2	Why is the emphasis changing to the J&J vaccine? There are a large number of residents in facilities that can't take a live virus vaccine and therefore need to take the Moderna or Pfizer vaccine.	The J&J vaccine is not a live vaccine - it is a viral vector vaccine which does not contain live virus and does not carry any unique contraindications when compared to Pfizer or Moderna. More information: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/janssen.html .
3	I am having trouble getting proof of vaccine from CVS. They took all of our forms with them after our March clinic and we are still trying to get it from them. We have no proof of vaccine at this time.	Please contact Patrick Brown with the NC Division of Public Health (patrick.brown@dhhs.nc.gov) and we can try to work with you to obtain these records.
4	Are we allowed to ask for proof of vaccinations, and be denied if no proof is given ?	Referring to visitors, the facility can ask if a visitor has been vaccinated but, the visitor is not required to answer and the facility cannot deny entry/visitation if the visitor has not been vaccinated.
5	If we have a resident that is a new admission and has not been vaccinated is the rapid COVID test ok to use to limit the quarantine time?	Generally no, testing does not eliminate the need for quarantine. Exceptions to this would be if the resident has been positive within the previous 90 days. Facilities in areas with minimal to no community transmission may elect to use a risk based strategy to determining the need for quarantine. More info here under new admissions: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#new-admissions .

6	I am immunosuppressed due to medication that I take for my Crohn's Disease. My physicians have told me that I should not take the J&J because of the live virus status. Was just wondering why we would switch to a vaccine that many of our residents who also have immune suppression issues probably shouldn't take either. I understand the vector status of the J&J, but immune suppressed individuals don't take any type of live virus vaccine for a reason - they do not have an immune system that functions well enough to prevent the virus in the vaccine from overwhelming their system.		The J&J vaccine is not a live vaccine - it is a viral vector vaccine which does not contain live virus and does not carry any unique contraindications when compared to Pfizer or Moderna. More information: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/janssen.html .
7	Is it appropriate to ask a resident's family member or responsible person if they would reconsider taking the vaccine?		The best way to handle this would be to provide families and visitors with educational materials about the vaccine. It would not be appropriate for a facility to discuss personal health information with a resident's family member or visitor.
8	Do most states define an outbreak as more than 1 regardless of size of facility?		Federal guidance (CMS) states that an outbreak exists when a new nursing home onset of COVID-19 occurs (i.e. a new COVID-19 case among residents or staff). North Carolina follows this guidance in regards to initiating outbreak response and public health control measures, regardless of facility type of facility size.
	PPE Questions/Social Distancing:		
9	Should nursing staff who provide direct care continue to wear protective eyewear?		All facility staff, unvaccinated and fully vaccinated, still need to wear appropriate PPE when providing patient care. There has not been change in guidance for patient care.
10	How do unvaccinated facility staff socially distance if they are providing the care i.e.. feeding or bathing?		All facility staff, unvaccinated and fully vaccinated, still need to wear appropriate PPE when providing patient care. There has not been change in guidance for patient care
11	If all residents and all staff are vaccinated, are we allowed to not wear masks within the building?		In general, fully vaccinated facility staff should continue to wear source control (surgical face mask) while at work. At this time recommendations for use of PPE for staff remain unchanged, aside from allowing fully vaccinated staff to meet amongst themselves without source control. We will keep the LTC audience updated on any future easing of PPE recommendations.

12	Will guidance about face coverings for those who are vaccinated be modified for LTC programs in the coming weeks? One specific question: Our residents and staff work outside in our gardens. Must staff who are vaccinated need to continue to wear masks outside while working with vaccinated residents? How about nonvaccinated staff?	In general, recommendations for use of PPE for staff remain unchanged, aside from allowing fully vaccinated staff to meet amongst themselves without source control. We will keep the LTC audience updated on any future easing of PPE recommendations.
13	Do fully vaccinated staff have to continue to wear face shields?	At this time, yes, all staff should continue to wear a face shield and N95 mask when working on a "COVID hall" or with a resident who is COVID-positive or under quarantine. In all other situations, all staff regardless of their vaccination status should wear a face mask, and eye protection should be worn during patient care encounters. Eye protection could consist of a face shield or goggles. Facilities should ensure that staff are aware of the difference between a face shield and a face mask and that are not the same thing.
14	My question is, if the facility staff is not vaccinated, and are wearing masks, do the residents still have to wear a mask and separate by six feet from each other in dining and activities?	No, fully vaccinated residents may dine/have activities amongst themselves without masks or physical distancing if they choose. Recommendations for use of personal protective equipment by staff remain unchanged. Facilities may want to consider assigning fully vaccinated staff to facilitate resident group activities.
15	Can vaccinated residents in a facility participate in communal dining (without social distancing) now? And we would have to social distance unvaccinated residents?	Yes per CDC guidance, if all residents participating are fully vaccinated, they may choose to dine without source control and physical distancing. But if any unvaccinated residents are present, all participants should wear source control and unvaccinated residents should physically distance from others.
16	Can vaccinated residents eat together at a table without social distancing?	That is correct per the updated guidance, unless unvaccinated residents are present.
17	If unvaccinated staff participate in an activity or assist in the dining room, what does that mean if ALL the residents participating are fully vaccinated? Does everyone in the group need to be masked and 6 feet apart?	Universal PPE should still be worn by staff when doing resident care activities- essentially any time staff is with residents. If all residents are vaccinated, the residents do not need masks or to be 6 feet apart, but the staff still need to wear face masks.
18	Governor Cooper still says masks in healthcare facilities, do we expect an update to align with this guidance?	Masking is still very important for healthcare facilities. The CDC, CMS and NCDHHS all continue to recommend that staff wear face masks in healthcare facilities. The updated guidance shared allows some specific easing of measures amongst fully vaccinated residents or fully vaccinated staff, it is not a general easing of mask use.

19	Gov. Cooper's executive order requires masks and social distancing indoors. Do the CDC guidelines and CMS guidance override the executive orders?		CDC and CMS guidance should be followed unless the Executive Order has stricter requirements.
20	What is your recommendation for handling residents who refuse mask wearing in common spaces and are not experiencing cognitive decline.		Residents have the right to choose not to wear a mask. However, the facility should provide education to the resident on the importance of wearing a mask, may provide education to the resident on becoming vaccinated, and should also be sure to document that education was provided to the resident.
21	Can a fully vaccinated resident choose to remove their mask while outside on the facility grounds, even if they are within 6 feet of a facility staff person that is wearing a well-fitted surgical facemask?		Yes, fully vaccinated residents may choose go outside without wearing a face mask, but facility staff should wear a face mask at all times when in areas where residents are also located.
22	Can a fully vaccinated resident remove their mask while moving about common rooms of their facility as long as they can maintain social distance from others? (This question is assuming all residents are fully vaccinated and all staff wear well fitted surgical masks at all times.)		Yes, residents who are fully vaccinated may move freely though the facility's common areas without wearing a face mask. All unvaccinated residents or partially vaccinated residents should use face coverings when not eating and should physically distance from others.
23	If residents and staff are all vaccinated, do staff need to wear masks inside the building?		Fully vaccinated residents may choose to no longer wear a face mask, however, all facility staff, vaccinated or unvaccinated, should continue to wear a face mask while working in the facility. Vaccinated staff may remove their masks in the break room or other area where there are no residents.
	Visitation/Communal Dining Questions:		
24	Is it still recommended as a best practice to escort visitors to their specific location rather than letting visitors walk freely in communities?		There is no need to and it is not a recommendation to escort visitors. Visitors, especially those familiar with where they are going in the facility, can simply sign in, be screened, and should be free to proceed to the resident's room or designated visiting area. If staff see a visitor roaming the halls, staff should stop the visitor and assist and redirect them. If a visitor is not complying with the facility's visitation rules, the facility can ask that visitor to leave.
25	If all residents dining together are vaccinated but some of the staff caring for them are NOT vaccinated do the residents have to socially distance?		Fully vaccinated residents may dine/have activities amongst themselves without masks or physical distancing if they choose. As a reminder, staff must wear a face mask at all times whether they are vaccinated or not and should continue to physically distance as much as possible.

26	Can children visit facilities? Inside or out?		There are no restrictions on the age of visitors- they just need to be able to follow the core principles of infection prevention and be supervised by an adult to ensure they comply with the facility's visitation rules. It might be best to hold visitation that includes children outdoors, but it is not required. The facility should include any specific rules about child visitors in their visitation plan and information for residents and visitors.
27	Being vaccinated is resident's right/choice, so I see where it will be a resident right issue when unvaccinated residents are treated differently than those who are vaccinated. Mainly with contact with loved ones at visitation. How do I ensure that all residents are treated fairly?		Visitation should be allowed and facilitated regardless of a resident's vaccination status. Unvaccinated residents can have visitors, but both the resident and visitor will need to wear a face mask and physically distance regardless of the visitor's vaccination status. Facilities should continue to follow NCDHHS guidance https://covid19.ncdhhs.gov/media/2334/open .
28	About the visitation notebook that was mentioned in the presentation....will it be read and sign a document or a take-home document for visitors?		Having a visitor notebook at the facility's front entrance was an idea offered in the webinar, but it not required. Some facilities have chosen to place a notebook at the front entrance of the facility where visitors can sign in, mark that they have completed screening and answered screening questions, and understand the facility's visitation policy/rules. Some facilities have also kept a separate notebook in which to keep all visitation "agreements" signed by visitors, that visitors have signed acknowledging they have received and agree to abide by the facility's visitation policy/rules. This can be facility specific. It may also be helpful to have visitation signage around the facility or in a flyer so visitors can be reminded of the facility's visitation rules and procedures, but again, this is up to the facility and not a requirement.
29	What do you mean when you say that visitation should not be limited to days or times?		Facilities should be expanding visitation and not limiting visitors to one or two days of the week or between certain hours. Exceptions to this may be when there is an issue regarding too many visitors in the building at one time or when special arrangements need to be made (such as for residents who have a roommate or when the facility needs to maintain a schedule of the common designated visitation area). Advanced planning may be needed for these certain situations.

30	If we do not have some type of structure with visitation such as scheduled times, etc., we will have no control of the core principles of infection control such as cleaning after each visit. How are facilities supposed to handle this?	Facilities should be expanding visitation and not limiting visitors to one or two days of the week or between certain hours. There may be times when it is appropriate to schedule visitation, such as when a resident has a roommate or when the facility has to schedule visits of and disinfect a designated visiting area between visits. If visitors have been educated on the core principles of infection control and the facility's visitation policy and rules, visitors should be trusted to follow the policy. The facility should also educate their staff on what to do when a visitor is not following the core principles of infection prevention or the facility's visitation rules.
31	Are there any current restrictions/guidelines on allowing residents to leave the facility with visitors to go out into the community?	Residents should be allowed to go out into the community and should adhere to quarantine guidance upon their return. Current guidance says that residents who are fully vaccinated do not need to quarantine upon return to the facility unless they had prolonged close contact with someone infected with COVID-19 while they were out of the facility. Unvaccinated residents or partially vaccinated residents would not have to quarantine upon return to the facility if the leave of absence was for less than 24 hours and they were not in prolonged close contact with anyone infected with COVID-19. But for visits out of the facility that are longer than 24 hours, it is recommended that these unvaccinated residents be quarantined for 14 days. It is strongly recommended that the facility complete a risk assessment prior to the resident leaving the facility so the resident and family know what to expect and will be aware of the possibility of a quarantine when the resident returns to the facility. Residents and families should also be reminded of the importance of following infection prevention recommendations (3 W's) while out of the facility. For any visits outside of the facility, For additional details about quarantine, go to https://covid19.ncdhhs.gov/media/2334/open . A quarantine recommendation tool can be found at https://spice.unc.edu/wp-content/uploads/2021/04/Quarantine-Recommendation-Tool-final.pdf .

32	We have a nice room that is set up like a chapel that would be much safer for all residents to visit. This way the residents would get to see the family members indoors but still have a safer environment in which to visit. One of our managers would schedule visits and staff would assist residents to the visiting room then return in 30 minutes to assist the resident back to their room. We have safety shields we can place between the resident and the visitors. Is this acceptable with the new guidance?	Outdoor visitation continues to be preferred even when the resident and visitor are fully vaccinated, but facilities should allow indoor visitation at all times for all residents regardless of resident or visitor vaccination status. Residents who have a private room should be allowed to have visitors in their room and there should be no limit to the duration of the visit. In other situations where visitation needs to occur in a designated visiting space, such as when a resident has a roommate, then yes, visits can be scheduled to allow time for staff to clean and disinfect the area between visits. If either the resident or visitor (or both) are unvaccinated or partially vaccinated, then both parties should wear a face mask and physically distance. A safety shield is not necessary and can make visitation challenging for residents who are hard of hearing or conditions.
33	We currently have a nice private outdoor area covered and following county recommendations would like unvaccinated visitors to continue to visit outside. Would this be an acceptable form of visitation by DHSR?	Unvaccinated visitors are not excluded from indoor visitation. Facilities should allow indoor visitation regardless of resident or visitor vaccination status.
34	If the facility has a new COVID-19 case among residents or staff, would facilities fall back to visitation policies where everything is outdoors except for compassionate care situations? What about communal dining and activities?	For nursing homes and ICF facilities certified by CMS, when a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend indoor visitation (except compassionate care visits and visits required under federal disability rights law), until at least one round of facility-wide testing is completed. Indoor visitation can resume following the CMS guidance https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf. Residents may participate in outdoor visitation, communal dining and activities if they are not on isolation or quarantine. For all other types of licensed residential facilities, the above is recommended.

35	The semi-private rooms is what will make the plan more difficult as so many facilities have semi-private rooms. It's just sad that you can have your family visit if you have a private room, but can't if you are in a semi-private room. Any suggestions on how to handle this?	Although it may take a little more planning and cooperation between the residents and families/visitors, residents in semi-private rooms can still have visitors in their room, especially if visiting outside of the room places a hardship on the resident (for example, a resident who is bedbound). It may be appropriate if they are willing and able, to ask the roommate to leave the room for a period of time to allow privacy. Also, families of the roommates may choose to communicate and alternate their visiting schedules. As a last resort, visitation can occur in the room with both residents present, but face masks should be worn and physical distance maintained.
36	If a visitor is vaccinated, and both residents in the semi-private room are vaccinated, is it ok to leave the roommate in the room?	If both residents are fully vaccinated, the visit may occur in the resident's room and the roommate could remain in the room. The visitor would still be required to wear a face mask and physically distance from the other resident (the roommate).
37	My facility had two staff who tested positive yesterday. How does that affect indoor visitation?	For nursing homes and ICF facilities certified by CMS: When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except compassionate care visits and visits required under federal disability rights law), until at least one round of facility-wide testing is completed. Visitation can resume following the CMS guidance https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf . For all other licensed residential facilities, the above guidance is also recommended.
38	My facility had two residents who tested positive yesterday. How does that affect indoor visitation?	See response to question #37 above.
39	My facility has four residents who are unvaccinated. How, if at all, is their indoor visitation different than in they were fully vaccinated?	Although outdoor visitation continues to be preferred and should be encouraged, facilities should allow indoor visitation for all residents regardless of resident or visitor vaccination status. The unvaccinated resident and their visitor(s) will need to wear a face mask and social distance during the visit.

40	There are no private rooms in my facility, so we require that visits be scheduled so they can occur in a parlor space inside the facility. Any suggestions as to how we can expand visitation?	Although it may take a little more planning and cooperation between the residents and families/visitors, residents in semi-private rooms can still have visitors in their room, especially if visiting outside of the room places a hardship on the resident (for example, a resident who is bedbound). It may be appropriate if they are willing and able, to ask the roommate to leave the room for a period of time to allow privacy. Also, families of the roommates may choose to communicate and alternate their visiting schedules. As a last resort, visitation can occur in the room with both residents present, but face masks should be worn and physical distance maintained. Other options would also be to add additional designated visiting spaces within the facility or offer opportunities for outdoor visitation.
41	Is it okay to limit indoor visits to 20 minutes one time weekly? We've had to do this to allow each resident the ability to have a visit indoors each week?	No, unless there is an issue regarding too many visitors in the building at one time, there should be no limit on the duration of a visit.
42	How many visitors can visit a resident at one time?	The facility's visitation plan can limit the number of visitors per resident at one time. The facility must evaluate staffing and how they will manage safe visitation and flow of visitors, as well as the space where visitation will be held. There is no need to limit the frequency or duration of visits unless there is a problem with capacity and having too many people in the building at one time.
43	If the resident is fully vaccinated and their visitor is fully vaccinated, is the visitor required to wear a mask when they are inside the resident's room? Does it matter if there is a roommate who is present who has also been vaccinated?	Regardless of the visitors vaccination status, visitors are still required to wear a face mask when walking through the facility. The vaccinated visitor may take off their mask once inside the resident's private room if the resident is also vaccinated. If there is a roommate also present in the room, even if the roommate has been vaccinated, the visitor should wear a face mask when in the room.
44	Can I ask a visitor for proof of vaccination in order to know they can remove their mask once in their resident's room?	Facilities cannot require a visitor to be vaccinated or tested or show proof of either one as a condition of visitation. Facilities should ensure that every visitor is properly wearing a face mask when walking through the facility. If the person is visiting a resident in a private room who has been vaccinated, the facility can accept the word of the visitor if they say they are vaccinated.

45	Do vaccinated visitors still have to wear face coverings unless inside the room of their resident? (Meaning as they walk down a hallway to the room of the resident.)	Regardless of the visitor's vaccination status, visitors are still required to wear a face mask when walking through the facility. The vaccinated visitor may take off their mask once inside the resident's private room if the resident is also vaccinated.
46	If a visitor has been informed of the visitation requirements and the facility has documented that and if a surveyor sees the visitor failing to obey any of the requirements, will this result in an automatic citation from the surveyor?	To prevent a citation, the facility should educate each visitor on the core principles of infection prevention and the facility's visitation policy and rules. Facilities should maintain documentation that this education has been provided to each visitor. The facility should also educate their staff on what to do when a visitor is not following the core principles or the facility's visitation rules, up to and including asking the visitor to leave if they refuse to comply. Facilities do not have "control" over visitors, but they can enforce their visitation rules. Surveyors will be looking to see that education was provided to the visitor and that facility staff respond promptly to visitors who fail to or refuse to follow the visitation rules.
47	Can I ask a visitor to leave the facility if they refuse to comply with the visitation requirements?	The facility should educate each visitor on the core principles of infection prevention and the facility's visitation policy and rules. Facilities should maintain documentation that this education has been provided to each visitor. The facility should also educate their staff on what to do when a visitor is not following the core principles or the facility's visitation rules, up to and including asking the visitor to leave if they refuse to comply. Facilities do not have "control" over visitors, but they can enforce their visitation rules. The facility can have visitors sign an attestation that they received training on the facilities expectations and requirements. Staff should be educated so they feel confident in dealing with these challenging situations.
48	A visitor wants to bring food in and eat with the resident. The visitor has been fully vaccinated. The resident has not. Can they eat together indoors?	Physical distancing and source control continue to be recommended when the resident is unvaccinated.
49	A visitor wants to bring food in and eat with the resident. Both have been fully vaccinated. Can they eat together indoors?	Yes, if both are fully vaccinated, the resident and their visitor can eat together.

50	Small residential providers do not have as much room as the bigger facilities do. Any suggestions on how to make visitation work in smaller facilities?	Smaller residential facilities can still make visitation work. Outdoor visitation is a great option in this case. However, if the resident wishes to visit in their room or elsewhere in the facility (such as the living room), the facility should allow this so long as the resident and visitor agree to follow the core principles of infection prevention and the facility's visitation policy and rules. See also the responses to questions #35 and #40.
51	Even during an outbreak investigation or other limiting factor, should compassionate care visits be allowed? CMS defines compassionate care very broadly to include needed to comfort a resident with declining health due to isolation, needing cues to help eat and other self care, etc. – so under these conditions, visitation is allowed even in an outbreak?	Yes, compassionate care visits (including indoor compassionate care visits), and visits required under federal disability rights law, 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 visits are not limited to end-of-life situations. They can be, and should be, allowed for a number of situations determined by each resident's physical, mental, and emotional needs.
52	If COVID is detected in a resident or staff, does everyone need to be tested immediately, and then every 3-7 days for 14 days? Then, if no other cases are detected, can visitation continue immediately in unaffected units, hallways, etc. in the facility?	For nursing homes and ICF facilities certified by CMS, when a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend indoor visitation (except compassionate care visits and visits required under federal disability rights law), until at least one round of facility-wide testing is completed. Indoor 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 indoor 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 indoor visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing. Please see CMS QSO 20-39-NH for details: https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf . All other licensed residential facilities are encouraged to follow this guidance.

53	If one more case (so, total of 2 or more) are detected, then the whole facility (could be many areas/units) is shut down for a minimum of 14 days or more if cases continue to be detected. That is my interpretation, but others are saying, no, just that hallway/unit/area is shut down.	For nursing homes and ICF facilities certified by CMS, when a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all indoor visitation (except compassionate care visits and visits required under federal disability rights law), until at least one round of facility-wide testing is completed. Indoor 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 indoor 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. Please see CMS QSO 20-39-NH for details: https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf. All other licensed residential facilities are encouraged to follow this guidance.
54	Has the outdoor visitation been updated since December – can you clarify if outdoor is allowed during an “outbreak”? What if the resident and visitor are both vaccinated, could they have close contact and not wear a mask (per normal indoor guidance when not in outbreak). This is assuming the resident did not test positive, of course.	CMS outdoor visitation guidance has been updated since December, to clarify that outdoor visitation is preferred even when the resident and visitor are fully vaccinated against COVID-19. Outdoor visitation may occur during an outbreak. Residents on isolation or quarantine would not participate in outdoor visitation. If both the resident and visitor are fully vaccinated, they may choose to have close contact and to not wear source control. A fully vaccinated resident may also choose to have close contact with their unvaccinated visitor while both wear well-fitting source control, though the safest approach is to maintain physical distancing.

Special Care Unit Questions:			
55	What do you suggest we do on a secure, dementia unit? These residents cannot be kept in one place and will approach visitors and are not compliant with wearing face masks. We try to have these visits in the courtyards, but not sure what to do on those days we cannot have outside visits due to bad weather.		Residents with dementia often present unique challenges, and with visitation it's no different. Indoor visitation can still occur. If the resident has a private room, visits can occur in the room. (If the resident has a semi-private room, see answers to questions #35 and #40 above.) It's also understood that residents with dementia are not able to "follow the rules" and may not be capable of abiding by today's social distancing norms. That's okay and facilities should encourage visitors to be friendly and do the best they can to distance themselves from the resident and not have lengthy conversations with that resident. This is when vaccines can also play an important role, so facilities should try to ensure that residents on Special Care Units have been vaccinated. And of course, the best precautions visitors can take to protect residents is practicing the 3 W's. Additional resources might include https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html and https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html.
56	We get all this information on visitation, but I can't seem to find any good guidance on secure, dementia units. What is the guidance for Special Care Units?		Finding guidance specific to Special Care Units may be challenging, but the good news is that it's really not any different from the guidance for any other type of long-term care residential setting. The difference may be in how the guidance is applied, given that the residents are not able to follow rules or remember what they are "supposed to do." This is when it is absolutely critical for staff and visitors to be vigilant about doing their part to follow CDC guidance related to the core principles of infection prevention, and encourage vaccination among staff and residents. As long as staff and visitors in Special Care Units utilize the core principles -- especially wearing face masks, hand hygiene, physically distancing as much as possible, and disinfecting frequently touched surfaces-- residents will be safe and protected. Additional resources might include https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html and https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html.

	Screening Questions:		
57	We have a screening station. We are continuing to take non-touch temperatures and oxygen levels, and asking the list of questions related to screening. Is there an updated list of questions? Even though a visitor cannot be kept from visiting if they are not vaccinated, it's helpful for us to know who coming in has been vaccinated and who is not.		According to the CDC, visitors should be asked about the following: Symptoms of COVID-19 Fever of 100.0 °F or higher or report feeling feverish Close contact to someone with COVID-19 during the prior 14 days Undergoing evaluation for COVID-19 (such as pending viral test) due to exposure or close contact to a person with COVID-19 Diagnosis of COVID-19 in the prior 10 days Facilities may ask if visitors have been vaccinated, but cannot require the visitor provide this information and cannot deny visitation based on vaccination status.
58	If we are using an electronic check-in system for symptom check, temperature check and sign in/out, do we have to have a person monitoring this at all times? I heard someone say that we have to have someone ensuring visitors are wearing masks when walking in, but then that would mean someone would have to be monitoring the visitor check-in process.		The facility should educate visitors on the screening process, and visitation policy/rules, including the requirement to follow the core principles of infection prevention. If a facility is using an electronic check-in system, it is not necessary for a person to be physically present when visitors are checking in, however, the screening process must clearly inform visitors when they may not visit based on responses to the screening questions (i.e. the visitor responds that they have a fever of 100.0 °F or higher). It may be a good idea for the facility to establish a protocol for checking the system periodically to review visitors' screening responses to ensure that no one has answered in a way that presents a risk to the residents. A staff person does not have to be present at the front door to ensure visitors are wearing a face mask, however, it would be expected that facility staff are vigilant and keeping an eye out for any visitors who are not wearing a face mask and promptly address those visitors.
59	Can someone speak to the general use of electronic check-in systems and if a person needs to be monitoring these systems or if they can be used without someone standing there?		If a facility is using an electronic check-in system, it is not necessary for a person to be physically present when visitors are checking in. It may be a good idea, though, for the facility to establish a protocol for checking the system periodically to review visitors' screening responses to ensure that no one has answered in a way that presents a risk to the residents. (See also the answer to question #58.)

60	Can you provide the current recommended screening questions for facilities?	According to the CDC, visitors should be asked about the following: Symptoms of COVID-19 Fever of 100.0 °F or higher or report feeling feverish Close contact to someone with COVID-19 during the prior 14 days Undergoing evaluation for COVID-19 (such as pending viral test) due to exposure or close contact to a person with COVID-19 Diagnosis of COVID-19 in the prior 10 days
	Cleaning/Disinfecting Questions:	
61	If families visit in resident rooms do we have to clean/sanitize each resident's room after they leave the room each time?	Any designated public visitation areas should be cleaned/disinfected after each visit, especially wiping down high-frequency touched surfaces. It is not necessary to clean and disinfect a private room after each visit, but it is a good idea to clean and disinfect high-frequency touched surfaces often.

	Staffing Questions:		
62	Many providers are facing very serious staffing issues which may impact their ability to screen, train and monitor visitors and visiting situations. We hope NC DHHS and DHSR will take this into account when regulating facilities so as not to hold them accountable when these issues arise.		Facilities should be expanding visitation to the greatest extent possible. While staffing is a challenge in some facilities and recognizes that there are times when certain issues arise (such as several staff call out sick), the Department has shared many strategies for safe and efficient visitation that lessens the amount of staff time required to ensure visitation happens. Residents have the right to receive visitors, communicate with people of their choosing, and go out into the community to participate in social activities. Residents' rights will always be enforced by the regulatory agency. We encourage facilities to share tips and strategies with one another, and perhaps through their industry trade organizations, on expanding visitation and honoring residents' rights. The regulatory agency looks at a number of factors when determining non-compliance.
	Additional Questions:		
63	If the Local Health Department determines a COVID positive staff member is considered a community acquired infection, is the facility ok to not count that staff member when considering outbreak status in that facility.		This would still need to be reported as an outbreak. Please remember that calling an outbreak is meant to help protect residents and is not meant to be punitive.
64	Can the community "tour" prospective residents or families throughout the community?		Touring prospective residents and families can be done safely as long as the core principles of infection prevention are followed and all persons entering the facility are screened appropriately, wear a face mask, physically distance from others, and refrain from entering residents' rooms.
65	When will routine facility inspections start back up again?		Routine inspections of licensed health care facilities are required by law and are currently being conducted by DHSR.

66	If resident not fully vaccinated is going out with family from out of state on a picnic and we don't know if they are fully vaccinated, and based on our risk assessment we consider this to put the resident and the building at high risk, should the resident quarantine for 14 days?	A risk assessment should be conducted at each facility to take into consideration the activity of each resident while they were off campus. The facility will use the risk assessment to determine whether to quarantine the resident once they return to the facility. The facility will need to take into consideration the county positivity rate, the residents adherence to the 3 W's, and the facilities vaccination status. In general, fully vaccinated residents no longer need to quarantine when returning to the facility unless they have had prolonged exposure to someone infected with COVID-19. (Whether the visitor is from out of state does not effect the risk assessment.) A quarantine recommendation tool can be found at https://spice.unc.edu/wp-content/uploads/2021/04/Quarantine-Recommendation-Tool-final.pdf .
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