



REOPENING GUIDANCE FOR LONG-TERM CARE FACILITIES (LTCF)

**PLEASE NOTE: New or updated
information appears in orange text.**

March 1, 2021

*New Hampshire Department of Health and
Human Services Division of Public Health Services*

Summary of Changes as of 3/1/21:

- Addition of a table of contents and title page
- Changes to phases of reopening:
 - Deleted the 10-person limit on group activities
 - Allowance of therapy and companion animals in Phases I, II, and III
 - Addition of when new admissions are permitted
 - Allowance of essential support visitation in Phase I in addition to II and III
 - Removed the requirement for visitation to be monitored
 - Removed the age requirement for visitors
- Introduction of post-vaccination guidance

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Background

The New Hampshire (NH) Division of Public Health Services (DPHS) works with federal, state, and local partners to control the COVID-19 epidemic which has disproportionately affected our vulnerable residents living in Long Term Care Facilities (LTCFs). LTCFs, including nursing homes, assisted living facilities, and other residential care facilities, should implement the following to ensure the health and safety of residents and staff according to the phased reopening approach.

The Centers for Medicare and Medicaid Services (CMS) has not yet issued guidance on how COVID-19 vaccination for LTC residents and staff can factor into decisions regarding allowable activities and visitation. CMS requirements that dictate frequency of staff surveillance testing in CMS certified skilled nursing facilities have not changed.

Phases of Reopening

Each NH LTCF can reopen and reduce restrictions by moving gradually through three phases, which are in accordance with [CMS Nursing Home Reopening Recommendations](#). Phases are informed by:

1. Facility-onset cases, and
2. County incidence rates and
3. Facility readiness and resources

Changes in any of these parameters may require that facilities move between phases, causing changes in visitation policies and other allowable activities.

New Hampshire LTCFs not experiencing outbreaks are eligible for phased reopening as summarized in the tables below. Note:

- Advancing through phases is not mandatory: Each phase identifies maximum allowances for activities in that phase, but facilities may choose to be more restrictive and have fewer activities than specified in this guidance. **However, CMS mandates that facilities may not restrict visitation without a reasonable clinical or safety cause. For example, if a nursing home has had no COVID-19 cases in the last 14 days and its county positivity rate is ≤10%, the facility must facilitate in-person visitation.**
- Facilities should consider the epidemiology in their community, the layout of their facilities, staffing levels at their facility, personal protective equipment (PPE) supplies, access to PCR or antigen testing with turnaround time no more than 72 hours, and local hospital capacity when electing to advance through the phases of reopening.
- Proportion of staff and residents who are 14 days beyond second COVID-19 vaccination should allow for facilities to lift some restrictions on residents. In order to maintain compliance with residents' rights to visitation and quality of life in terms of freedom to move about and congregate within the facility, facilities are expected to lift restrictions in accordance with the phases and practices outlined in this document. While the phase charts below cannot account for vaccination status, facilities may choose to factor in proportion vaccinated within policies and practices.
- Compassionate Care Visitation is allowable at all phases listed below. CMS explained what compassionate care visits are in [QSO-20-39-NH](#). Specifically, CMS explains, "While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations. Examples of

other types of compassionate care situations include, but are not limited to (emphasis added):

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).”

As residents in many of these LTCFs have been without visitation for almost a year, their psychosocial well-being is in jeopardy and a majority, if not all, residents qualify for compassionate care visits. Compassionate care visitation must occur in each LTCF in the state, whether the facility is in outbreak status or not. An appropriate plan must be put in place to ensure compassionate care visits are occurring in a way to ensure the health and safety of all residents in the facility. Social and essential support visitation is expected to be allowable under the phases outlined below and should be addressed in the facility plan.

- Residents and families shall be notified by the facility that visitation is allowable and share with residents and families the facilities plan to facilitate visitation.

Phase 0: Facilities with one or more new facility-onset cases should follow NH DHHS Recommendations for Response	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care only
New resident admissions	Not permitted ^o
Non-essential personnel	None
Trips outside the facility	Only medically necessary trips
Communal dining	None
Group activities	None
Testing	Response testing (every 3-7 days until no new cases for 14 days) ^Δ
Animal Policy	No companion or therapy animals [†] permitted

^oResidents who were transferred from a facility to a hospital should be accepted back when the hospital is ready to discharge them back to the facility. In addition, rarely there are circumstances where the resident's best interests might dictate admission even in Phase 0; these should be considered on a case by case basis with the facility's DHHS investigators.

^ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

[†][Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

Phase I: Facilities with no new facility-onset cases of COVID-19 in the prior 14 days and in counties with a prevalence of more than 50 active COVID-19 cases per 100,000 population	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	<ul style="list-style-type: none"> • Compassionate care, • Indoor* and outdoor social visitation, and • Designated essential support visitor
New resident admissions	Permitted
Non-essential personnel	Allow limited number with additional precautions as determined necessary by the facility
Trips outside the facility	Only medically necessary trips
Communal dining	Permitted with masking (unless actively eating or drinking) and physical distancing [§]
Group activities	Permitted with masking and physical distancing [§] ; cohorting encouraged
Testing	Routine surveillance testing in accordance with CMS and NH DPHS guidance ^Δ
Animal Policy	<ul style="list-style-type: none"> • Therapy animals[†] allowed • Companion animals permitted under below Animal Policy Guidelines

*Per [CMS visitation guidance](#), indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility or if the CMS test positivity rate is above 10%

§Physical distancing refers to 6ft of space between individuals (residents and staff)

ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

†[Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

Phase II: Facilities in counties with a prevalence of active COVID-19 cases of 50 cases per 100,000 population or fewer who have been operating successfully in Phase I for at least 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Indoor* and outdoor social visitation Designated essential support visitor
New resident admissions	Permitted
Non-essential personnel	Allow limited number with additional precautions as determined necessary by the facility
Trips outside the facility	Only medically necessary trips
Communal dining	Permitted with masking (unless actively eating) and physical distancing [§]
Group activities	Permitted with masking and physical distancing [§] ; cohorting encouraged
Testing	Routine surveillance ^Δ testing in accordance with CMS and NH DPHS guidance
Animal Policy	<ul style="list-style-type: none"> • Therapy animals[†] allowed • Companion animals permitted under below Animal Policy Guidelines

*Per [CMS visitation guidance](#), indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility or if the CMS test positivity rate is above 10%

[§]Physical distancing refers to 6ft of space between individuals (residents and staff)

^ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

[†][Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

Phase III: Facilities in counties with a prevalence of active COVID-19 cases of 10 cases per 100,000 population or fewer and have been operating successfully in Phase II for at least 14 days	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Indoor* and outdoor social visitation Designated essential support visitor
New resident admissions	Permitted
Non-essential personnel	Allow with additional precautions as determined necessary by the facility
Trips outside the facility	Some non-medically necessary trips permitted, based on risk of activity
Communal dining	Permitted with masking (unless actively eating) and physical distancing [§]
Group activities	Permitted, including outings, with physical distancing, cohorting encouraged
Testing	Routine surveillance ^Δ testing in accordance with CMS and NH DPHS guidance
Animal Policy	<ul style="list-style-type: none"> • Therapy animals[†] allowed • Companion animals permitted under below Animal Policy Guidelines

*Per [CMS visitation guidance](#), indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility *or if the CMS test positivity rate is above 10%*

[§]Physical distancing refers to 6ft of space between individuals (residents and staff)

^ΔSurveillance testing is mandated by CMS for nursing homes and optional for other facilities

[†][Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#)

Key definitions:

- **Response Testing:** Per [CMS testing guidance](#), response testing should occur when any new case arises in the facility, regardless if the case is determined to be facility-onset or not. For response testing, all staff and residents should be tested using PCR. All staff and residents who test negative should be retested every 3-7 days until no new cases of COVID-19 are identified for 14 days. See [CDC testing guidance](#) for more details.
- **Facility-onset COVID-19 case:** CMS and CDC define a facility-onset case of COVID-19 as a resident with confirmed SARS-CoV-2 infection that originated in the facility.
 - New facility-onset COVID-19 resident case is defined as a resident who contracts COVID-19 within the facility without prior hospitalization or other outpatient/external-facility based health service within the last 14 days.
 - New facility-onset resident cases do not include:
 - a. Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate transmission-based precautions to prevent transmission to others in the facility
 - b. Residents who were placed into transmission-based precautions on admission and developed SARS-CoV-2 infection within 14 days after admission. (Source: [CDC](#)).
 - Because staff may contract COVID-19 outside of the facility, a new staff positive is not immediately considered a facility-onset case.
- **Outbreak status:** An outbreak is defined by the DHHS Congregate Settings Investigation Unit to declare on-going transmission within a facility for internal purposes and tracking. **If a facility has been identified as in outbreak status, aggregate data (i.e., total number of staff and non-staff who have tested positive for COVID-19) may be reported out to the public.**

Post-Vaccination Guidance

Quarantine Guidance

This quarantine guidance applies to ALFs, SNFs, and similar facilities, including those who are regulated by CMS². The following people¹ do NOT need to quarantine:

- A person who is 14 days² beyond the second dose of their COVID-19 vaccine.
- A person who is within 90 days of a SARS-CoV-2 infection diagnosed by PCR or antigen testing.

This applies in all of the following quarantine scenarios:

- Upon admission to a LTCF
- After an unprotected exposure to a person with COVID-19
- After domestic travel outside of New England
- After an overnight stay at a hospital

¹ In either of the above situations, the person does not have new or unexplained symptoms of COVID-19

² For CMS regulated facilities the person must be 14 days beyond **but also** 90 days within receipt of second dose. After 90 days, the person should quarantine as if un-vaccinated. This is due to a divergence in NH DHHS and CMS guidance. Non-CMS licensed facilities do NOT have an upper limit of 90 days.

Note, this guidance deviates from the CDC revised quarantine guidance which states “. . . vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure to someone with suspected or confirmed COVID-19; outpatients should be cared for using appropriate Transmission-Based Precautions. This exception is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings. Although not preferred, healthcare facilities could consider waiving quarantine for vaccinated patients and residents as a strategy to mitigate critical issues (e.g., lack of space, staff, or PPE to safely care for exposed patients or residents) when other options are unsuccessful or unavailable. These decisions could be made in consultation with public health officials and infection control experts.” DPHS is aware and continues to watch the emerging evidence closely.

Testing Guidance

Staff and residents of LTCFs who are at least 14 days beyond their second dose of a COVID-19 vaccine, or who are within 90 days of a previous SARS-CoV-2 infection (diagnosed by PCR or antigen testing), may be exempted from the COVID-19 Resident and Staff Surveillance Program (CRSSSP) **unless otherwise required to test under CMS requirements**. As of 2/17/21, CRSSSP is still required for nursing homes by CMS. Therefore, vaccinated staff and residents at ALFs (not governed by CMS) do not need to participate in CRSSSP.

Regardless of prior infection or vaccination status, any person with new or unexplained [symptoms of COVID-19](#) still needs to isolate ([Isolation Guide](#)), and be evaluated for COVID-19 testing.

Visitation Guidance

LTCFs should allow in-person visitation in Phase I, II, III according to the [phased tables above](#) and CMS recommendations. Vaccination status does not influence whether a resident can have a visitor. See visitation summary below:

- In person visitation is allowed in all phases in accordance with the tables above.
- Remember [CMS mandates](#) a facility must facilitate in person visitation (over and above compassionate care visits which is allowable in all phases) if the facility is located in a [county with test positivity rate](#) ≤10%.
 - If the county test positivity rate is >10% the facility should postpone indoor visitation (other than compassionate care visits). This recommendation applies to ALFs as well.
- CMS also mandates that indoor visitation should not occur if a facility is undergoing response testing due to a new COVID-19 case in the facility. This does not apply to compassionate care visitation.
- Per [CMS guidelines](#), outdoor visitation is allowed regardless of county test positivity rates.

Communal Dining and Group Activity Guidance

LTCFs should allow communal dining and group activities in Phases I, II, and III according to the [phased tables above](#).

Visitation Protocol

	Compassionate Care Visitation	Social Visitation Outdoors	Social Visitation Indoors	Essential Support Visitation
Possible under what CMS county positivity rate ?	All	All	≤ 10%	N/A
Possible in which phases?	All phases	Phases I-III	Phases I-III	Phase II and III
How many eligible visitors allowed?	Up to 2 per visitation	Up to 2 per visitation	Up to 2 per visitation	One consistent, designated visitor
Should visitor wear surgical facemask or cloth face covering?	Surgical facemask	Cloth face covering	Surgical facemask	Surgical facemask
Can residents on quarantine or isolation have visitors?	Yes. Visitors wearing full PPE .	No	No	No
Does visitation need to be monitored?	No	No	No	No
Occurs in resident room or designated visitation space?	Either	Either	Either	Either

Key Definitions:

- Compassionate Care Visitation:** CMS further defines compassionate care situations [here](#). Examples of types of 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, is struggling with the change in environment and lack of physical family support.
 - A resident who is grieving after a friend or family member recently passed away.
 - A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.

- *Social Visitation*: Refers to 1-2 adult visitors indoors or outdoors for the purpose of socialization, usually limited in duration and in a designated area. Per [CMS guidelines](#), outdoor visitation is allowed regardless of county test positivity rates. CMS requires the [county positivity rate](#) to be <10% for indoor social visitation. See [table](#) for more details.
- *Essential Support Visitation*: Refers to visitation where each a designated essential support visitor can provide consistent support to the resident in activities of daily living (ADLs). Every resident can designate one essential support visitor chosen by the resident, or the resident's power of attorney, if activated, to provide emotional and other support. These are intended to be the same visitor, who agrees to limit their own possible social exposure to and has been educated regarding COVID-19 safety. *Please note CMS does not distinguish between essential support visitors and other visitors. For the purpose of facility inspection, these essential support visitors are considered as compassionate care visitors.*

I. Before and During Visitation

A. Eligible Facilities and Requirements for Visitation:

- Facilities with active COVID-19 outbreaks are not eligible to allow visitation besides in compassionate care circumstances.
 - **Note that window visits (where the visitors do not enter the facility) are allowed in all phases and must be allowed if able to be performed safely.**
- Facilities must develop and comply with their own facility-specific visitation plan in accordance with this guidance.
- The processes put in place for visitation must be in compliance with state and federal laws and regulations, including but not limited to infection control, care planning, and resident rights.
- A facility may reasonably limit the length of any visit, the days on which visits will be permitted, the hours during a day when visits will be permitted, and the number of times during a day or week a resident may be visited.

B. General Visitation Protocol:

Resident Requirements:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited except for compassionate care situations.
- Residents must wear a surgical face mask that covers their nose and mouth at all times when transiting to/from the visitation site, and during the visitation.
- With the exception of the essential support person, residents must be separated from visitors by at least 6 feet at all times. If 6 feet of separation is unable to be maintained, a large Plexiglas or other protective barrier should be utilized.

Visitation Process Requirements:

- Facilities must establish and maintain a schedule of visitation.
- Facilities must develop a process for [screening](#) all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation (see details in section below).

- Locations for visitation (both indoor and outdoor) must be designated beforehand, and these locations must allow for at least 6 feet of space consistently between all visitors, staff, and resident at all times.
- Facilities must have adequate staff present to allow for safe transit of residents to the designated visitation location and environmental cleaning and disinfection after visitation.
 - Safe transport means that the resident should wear a surgical facemask to prevent viral shedding and cannot be transported through any space where residents with suspected or confirmed COVID-19 are present.
- Facilities must have adequate personal protective equipment (PPE) to provide residents, staff, and visitors (who do not arrive with a cloth face covering) with a surgical facemask during the visit and during transit to/from the visitation site.
- Facilities should demarcate spaces for people to sit in the visitation area (both indoors and outdoors) and people may not move closer to each other while visiting. No physical contact is allowed. Mobile visitation (i.e., going on a walk or drive together) is not allowed.
- Staff must carry alcohol-based hand sanitizer with them to the visitation.
- Staff, resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask.
- Facilities should clean and disinfect all touched surfaces prior to and after each visit.
- Facilities should maintain a visitor log with contact information for all visitors (indoor or outdoor visitors) to enable accurate public health contact tracing should there be a need.

Screening Prior to Visitation:

- Screening all visitors:
 - At the time a visitor calls to arrange a visitation date/time, the LTCF must ask about symptoms of COVID-19 or risk factors for exposure, as outlined below.
 - When the visitor arrives for their scheduled visitation, they must call to notify the facility of their arrival and be questioned again about any symptoms of COVID-19 or risk factors for exposure, as outlined below.
- Before visitation, take the residents temperature.
- Ask both residents and visitors about presence of any of the following symptoms before visitation:
 - Fever (feeling feverish or a document temperature of 100.0 degrees Fahrenheit or higher);
 - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
 - Whole body symptoms such as muscle aches, chills, and severe fatigue;
 - New gastrointestinal symptoms such as nausea, vomiting, or diarrhea;
 - Decreased sense of taste or smell.
- Also ask visitors the following questions:
 - Ask visitor whether they are 14 days beyond second vaccine. Vaccine status does

not impact the rules of visitation, but should be recorded in case of answers yes to below questions or if there is an inadvertent breach of infection control during the visit.

- Have you been in close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days? (Note: healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no” to this question because they are not considered to have a COVID-19 exposure)
- Have you traveled in the prior 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?
 - NOTE: Visitors traveling from areas outside of the six aforementioned states may visit if they have completed a 14-day quarantine AND pass all other screening questions. **Visitors who are 14 days post vaccination and traveling from out-of-state do not need to quarantine before visiting, according to [HAN 33](#).**
- If resident or visitors screen positive for any questions about risk factors or signs/symptoms of COVID-19, then the visitation may not occur.

Indoor Visitation Specific Requirements:

Outdoor visitation is preferred as lower risk of transmitting COVID-19. If visitation will occur indoors for any reason ([compassionate care](#), social, or essential support visits), adhere to the following additional requirements:

- Indoor visitors should have their temperature taken in addition to the [above screening process](#).
- Visitation should be restricted to the resident’s room or designated location in the LTCF (depending on visitation type, see [table above](#)).
- Preferably, a single consistent room for indoor visitation is close to a facility entrance so that visitors do not transit extensively through residential living areas. The room must also be large enough to allow all visitors, resident, and staff to consistently maintain 6 feet of space between each other at all times.
- If visitation occurs in the resident’s room but the resident has a roommate, the roommate or the roommate’s guardian must consent to the visit. While the visit is ongoing, the roommate must wear a facemask and whenever possible, social distancing and physical barriers (e.g., curtain, Plexiglas) be used.
- Visitation should ideally occur in a well-ventilated room. If the building does not have an HVAC system, then look to open windows if/when possible to allow in outdoor air.

II. After the Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the LTCF and develops signs and symptoms of COVID-19 (as outlined above) within 2 days after visiting must immediately notify the LTCF. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) 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. Facilities should follow the NH DPHS guidance for [actions to take in response to residential institutional outbreaks of COVID-19](#).

Animal Policy Guidelines

There is no current evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. It appears that it can spread from people to animals (e.g., dogs, cats, mink) in some situations, especially after close contact with a person with COVID-19.

Follow [CDC Guidance for Handlers of Service & Therapy Animals](#). [Service animals](#) must be permitted to remain with their handlers in accordance with the [Americans with Disabilities Act](#). As facilities make allowances for therapy and companion animals throughout the phases of visitation, they should adhere to legal definitions for what constitutes a [therapy animal](#). Animals are not permitted during an outbreak (Phase 0). Animal handlers must have alternate housing plans for care for their pets should an outbreak occur.

All animals permitted in LTCF must be:

- Free from apparent infectious diseases
- Never have resided in household of a confirmed case
- Continuously restrained
- Prevented from any face-licking
- Residents and staff must perform hand hygiene after contact

Additional Information

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).

Stay Updated on COVID-19

Monitor information from public health officials. Key sources of information include:

- [NH Health Alert Network](#) (To sign up email health.alert@nh.gov)
- [CMS Current Emergencies Dashboard](#)
- [CDC "What's New?"](#)

Frequently Asked Questions

What types of facilities are covered by this visitation guidance?

The guidance pertains to all long-term care facilities, assisted living facilities, and similar settings who previously prohibited visitation as a result of the [Governor's Executive Order 2020-04](#). This includes facilities who are licensed by CMS: nursing homes, residential care facilities, and licensed assisted living.

Must there be scheduled hours for visitation?

Yes, the facility will set those hours and the schedule may change. For example, if the facility determines that weather is unsuitable, a resident cannot be safely moved to the visitation area, or if the facility cannot comply with NH DPHS guidance requirements, the facility should reschedule visitation.

Do I need to wear a mask for visits even if staying at least 6 feet apart?

Yes, a face covering or mask must be worn during the entire visitation. The guidance discusses other visitor requirements, and the facility may require other reasonable precautions to protect the residents.

Is the visitation open for all ages?

Visitation is generally restricted to adults and children who are 12 years of age or older. If a facility determines that special circumstances justify relaxing this requirement, it may allow younger visitors on a case-by-case basis.

Can I bring food?

Yes, you can bring food, but because masks should remain on at all times, neither you nor the resident cannot eat together. Additionally, be sure that any food you bring meets dietary restrictions the resident may have. If you are unsure if your loved one has food restrictions, contact the facility ahead of time to learn what is allowed.

What if the resident's roommate (or the roommate's guardian) does not want their roommate to have visitor(s)?

If a resident's roommate (or the roommate's guardian) does not consent to visitation, then the visitation may not occur in the room. Instead, the facility should consider visitation outdoors or in a designated indoor area. Alternatively, the facility could consider moving the resident into a single room when feasible.

What if I am wrongly denied visitation with my loved one?

If you believe you have been wrongly denied visitation, or you have questions that aren't answered by these FAQs or the guidance, you may contact the Office of the Long Term Ombudsman at (603) 271-4375, or toll-free (in-state) at (800) 442-5640.

What difference does completed vaccination make?

Individual vaccination status allows exceptions to quarantine requirements in various scenarios (e.g., contact to a case, upon admission, after travel, after an overnight hospital stay).

High proportion of facilities' staff and residents has influenced this guidance, including additional allowances such as now allowing essential support visitors in as early as Phase I, increased flexibility regarding non-essential personnel, removing the need for supervision of visits, increased flexibility in where visits can occur, more permissive in communal dining, more group activities, and allowance of animals in the facility.