

August 14, 2020

Hello everyone,



I've decided to use our regular email address as someone replied back to my last email asking what the "Emergency" was. I guess during an outbreak it would be more appropriate to use that address. I continued to use it just to get your attention, not to alarm you. 😊

You may have heard in the news yesterday the DHHS Commissioner announcing that nursing homes can now allow indoor visits by family members. I am attaching to this email for your reference, the reopening guidelines we have received that provides guidance on how to move forward into Phase II. Please note throughout the guidelines it leaves a lot of decisions up to the individual facilities on how fast they are going to move forward.

At this time, Mt. Carmel will not be moving forward with the inside visits but we will continue with the outdoor and window visits already in place. We will, however, start to allow providers such as podiatrist, optometrist, etc. back into the facility if they are willing to come in. We are also going to bring back the hairdresser (if she is willing). This will start over the next few weeks as some new protocols will need to be put into place first.

An Update from Barbara:

- Life Enrichment is very excited being able to do small group activities with residents (staying 6 ft. apart and wearing masks). We've started with activities such as bingo, exercise, word games and more. We're a bit limited as to the type of activities we can offer, because we can't offer activities that cause residents to share supplies.
- Outside visits continue to be in high demand, due to this, we are asking that families schedule for every other week. We are also asking families to call a week before you would like to visit. This should allow time for all families to have a visit with their loved one. Please understand that it is very difficult to schedule on short notice, such as the next day or on a Friday prior to the weekend coming up. We understand that families want to get on a set schedule, but we are unable to do this due to the number of families wanting a visit.
- A reminder that window visits are still available, especially if you have a large family, or you want to bring kids and/or pets. Our focus the past several weeks has been getting residents and families together, and we look forward to scheduling these very important visits for you.
- My phone number is 935-4607 and my email is mtc.activitydir@nh-cc.org . If you would like a Google Duo visit for any resident please call any one of the floors directly to set one up.

Here is the official CMS update part of my letter:

The following processes are currently in effect:

- We continue to do our weekly testing of all staff and 10 % of residents per the state guidelines.
- All staff continues to be screened before entering the facility.
- All staff are wearing surgical masks at all times throughout the facility; in addition, eye protection is required for all staff when interacting with residents.
- Residents continue to use masks as necessary/needed and can now attend small group dining and activities.
- The annex and part of the 4th floor rehab section are our holding zones for incoming rehab patients needing to be on a 14-day quarantine.

Wishing you all a good week.

Sincerely,
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Reopening Guidance for Long-term Care Facilities (LTCF) August 13, 2020

Background

This guidance replaces the State's prior recommendations regarding visitor prohibition and limited outdoor visitation for long-term care facilities (LTCFs). The NH Division of Public Health Services (DPHS) continues to work with federal, state, and local partners to control the COVID-19 outbreak which has disproportionately affected our vulnerable residents living in LTCFs. LTCFs should implement the following provisions to protect the health and safety of residents and staff while allowing limited visitation in controlled settings.

Visitation by Phases of Reopening

NH DPHS reopening guidance has been developed to operate in three phases, in accordance with [CMS guidelines](#). These phases allow for movement towards a gradual reduction of restrictions to support the health and safety of residents. Phases are informed by COVID-19 infection rates in the state and county, along with facility readiness. Changes within the local epidemiology or an individual facility may require that facilities move between phases, causing changes in visitation policies and allowable activities.

New Hampshire LTCFs not experiencing outbreaks are eligible for phased reopening as follows:

- LTCFs in counties with prevalence rates of <50 current active cases per 100,000 have been eligible for Phase I since July 1.
- LTCFs that have been in Phase I for at least 14 days and are in counties with prevalence rates of <50 current active cases per 100,000 will be eligible for Phase II.
- LTCFs that have been in Phase II for at least 14 days and are in counties with prevalence rates of <5 current active cases per 100,000 will be eligible to move into Phase III.

LTCFs that are experiencing COVID-19 outbreaks should continue to restrict all non-essential visitors (indoors or outdoors) until NH DPHS has determined that the facility's outbreak is over and then return to Phase I.

Considerations to advance through phases:

- Advancing 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.
- 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 deciding to move through the phases of reopening.
- LTCFs should spend 14 days in each phase before moving to the subsequent phase, but LTCFs can only advance to the highest phase allowable by their county-level prevalence.

Phase 0: Facilities in current outbreak status*	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care only
Non-essential personnel	No non-essential personnel
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	No communal dining
Group activities	No group activities
<i>*outbreak status is determined by the investigator from the DHHS Cluster Investigation Unit</i>	

Phase I: Facilities in counties with a prevalence of active COVID-19 cases of 50 cases per 100,000 population or fewer and are not in outbreak status	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Outdoor visitation
Non-essential personnel	No non-essential personnel
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	Limited communal dining with physical distancing
Group activities	Group activities limited* to no more than 10 people with masking and physical distancing, cohorting encouraged
<i>*the number of individuals involved in group activities depends on facility layout and ability for masking and 6ft of space between residents</i>	

Phase II: Facilities who have met criteria for Phase I and 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 Outdoor visitation Limited indoor visitation
Non-essential personnel	Allow limited number of non-essential healthcare personnel and contractors with additional precautions as determined necessary by the facility
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	Limited communal dining with physical distancing
Group activities	Group activities limited to no more than 10 people with masking and physical distancing, cohorting encouraged

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	Limited visitors allowed with social distancing and masks
Non-essential personnel	Allow non-essential healthcare personnel and contractors 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	Communal dining permitted with physical distancing
Group activities	Group activities permitted, including outings, with physical distancing, cohorting encouraged

Visitation Protocol

I. Before and During Visitation

A. Eligible Facilities and Requirements for Visitation:

- Facilities with active COVID-19 outbreaks are not eligible to allow visitation.
- 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.
- The number of visitation sessions allowed per resident per day/week/month depends of facility size and staff capacity.
- A facility may 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. Visitation Protocol:

Resident Requirements:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited.
- Residents who have recovered from COVID-19 may be visited as long as they no longer require transmission-based precautions.
- Residents should have their temperature taken and be screened for symptoms of COVID-19 immediately prior to the visit, as outlined below.
- If visitation occurs outdoors or in an alternate location, residents must have the ability to safely transition from their room to an outdoor visitation location.
- 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. The surgical face

mask should be provided by the facility.

- Residents should be instructed not to touch their eyes, nose, mouth, or face, or adjust their face mask without first sanitizing hands. After touching face or adjusting mask, the resident should perform hand hygiene.
- Residents must perform hand hygiene with an alcohol-based hand sanitizer immediately before and after visitation.

Visitor Requirements:

- Up to two visitors are allowed during each visitation session, regardless of the purpose or location of visitation.
- Visitors must be over the age of 12 and able to wear a face covering for the entire duration of the visit.
 - Special family circumstances warranting children under the age of 12 to visit can be approved by individual facilities.
- Visitors traveling from states outside of the six New England states (VT, NH, ME, MA, RI, CT) may visit if:
 - They have completed a 14 day quarantine AND
 - They screen negative for symptoms of COVID-19 AND
 - They deny any exposure to known or suspected case within the previous 14 days
- All visitors must be screened for symptoms or risk factors of COVID-19 prior to the visit, as outlined below.
- Visitors must wear a cloth face covering over their nose and mouth at all times during the visitation. The facility should provide a face mask to visitors if the visitor(s) arrive without a cloth face covering.
 - Visitors must be instructed not to touch their eyes, nose, mouth, or face, or adjust their face mask without first sanitizing hands
 - After touching face or adjusting mask, the visitor must perform hand hygiene.
- Visitors must perform hand hygiene with an alcohol-based hand rub immediately before and after visitation.

General 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, in-person monitoring of visitation, and environmental cleaning and disinfection after visitation.
 - Transport of a resident to and from the designated visitation space must be safe and orderly. At a minimum, safe transport means that the resident cannot be

transported through any space where residents with suspected or confirmed COVID-19 are present.

- A staff member trained in patient safety and infection control measures should monitor the resident during the visit, to the extent possible, to ensure residents and visitors are maintaining at least 6 feet of distance from each other, appropriately wearing masks, and practicing hand hygiene. Staff should be close enough to ensure compliance with visitation policy but also allow for privacy between the resident and the visitors.
 - When LTCFs are in Phase 0 or Phase I, each visit must be monitored when conducting outdoor and compassionate care visitation.
 - As LTCFs transition into Phase II or Phase III with increased visitation, it may not be possible to monitor all visits, so facilities should develop a process to inform and educate residents and visitors about the necessary precautions and periodically monitor the visit for compliance.
- 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.
 - Staff and residents must wear a surgical face mask, and visitors must wear at a minimum a cloth face covering for the duration of the visit. Masks must cover the nose and mouth at all times (e.g., no eating allowed).
- Facilities should demarcate spaces for people to sit in the visitation area 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, and 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 Residents and Visitors Prior to Visitation:

- Screening all visitors:
 - At the time a visitor calls to arrange a visitation date/time, the LTCF must ask all planned visitors 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 and screen for symptoms of COVID-19, as outlined below.

- 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 to identify potential COVID-19 exposure:
 - 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?
- 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:

For [compassionate care situations](#) and for Phases II and III of reopening, indoor visitation is allowed on a limited basis and under controlled circumstances. Outdoor visitation is preferable over indoor visitation. Indoor visitation should be considered for residents who are unable to go outdoors (e.g., due to a disability or advanced dementia), are in end-of-life circumstances or for residents whose psychological wellbeing requires visitation. Decisions about indoor visitation should be made on a case-by-case basis by the LTCF, but any indoor visitation must meet the below requirements.

Indoor visitation must adhere to the following additional requirements (in addition to what is outlined above):

- Every resident can designate one essential support visitor chosen by the resident, or the resident’s power of attorney, if activated, to visit indoors to provide emotional and other support (Phase II).
- Visitation should be restricted to the resident’s room or designated location in the LTCF. 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. The room should have space demarcations for people to sit and visit that are at least 6 feet apart.
 - 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, plexiglass) 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.
- All visitors within the facility should undergo the above screening questions and have their temperature taken prior to entry.
- Visitors must frequently perform hand hygiene (particularly upon entrance to the facility).
- Visitors must wear a surgical facemask. If a visitor is visiting a resident on isolation or quarantine, the visitor must wear full PPE (gloves, gown, eye protection, and surgical mask).

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](#).

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 kind of visitation is currently being allowed?

The guidance regarding visitation is defined by what phase of reopening a facility is in. Indoor

visitation in compassionate care or end of life situations is allowed for facilities in all phases of reopening. Facilities in Phase I may allow outdoor visitation. Facilities in Phase II may allow indoor visitation in addition to outdoor visitation.

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.

Will there be scheduled hours for outdoor 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 outdoors, or if the facility cannot comply with NH DPHS guidance requirements, the facility should cancel visitation. Facilities may establish more restrictive guidelines as needed to ensure the safety of visitations and their facility’s operations.

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 allow visitation?

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.