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Updated Nursing and Assisted Living Facility Guidance

Background

In response to increasing COVID-19 vaccination rates, the Centers for Medicare and Medicaid Services (CMS) revised their visitation guidance for nursing homes on April 27, 2021: <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>.

CMS also revised their testing guidance for nursing homes on April 27, 2021: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>.

In addition, the Centers for Disease Control and Prevention (CDC) issued updated healthcare infection and control recommendations in response to COVID-19 vaccination: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>.

Because of increasing vaccine availability, stable transmission rates, and to ensure consistency with federal guidelines and recommendations, the Department has updated its COVID-19 recommendations for long-term care facilities, which includes both nursing facilities and assisted living facilities. That guidance is provided below.

As used in this document, the term “fully vaccinated” refers to a person who is ≥ 2 weeks following receipt of the second vaccine dose in a 2 dose series, or ≥ 2 weeks following receipt of one vaccine dose of a single-dose vaccine.

Visitation

Long-term care facilities (nursing homes and assisted living facilities) should follow the guidance for indoor, outdoor, and compassionate care visitation outlined in the CMS memorandum that was originally issued on September 17, 2020, and revised on April 27, 2021, and the updated CDC guidance on healthcare infection prevention and control recommendations in response to COVID-19 vaccination.

- Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:
 - Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is $>10\%$ and $<70\%$ of residents in the facility are fully vaccinated;

- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue transmission-based precautions: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>; or
 - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
- During a COVID-19 outbreak in the facility, defined as any new COVID-19 infection in a staff or nursing-home onset of COVID-19 infection in a resident, facilities should immediately suspend all visitation except compassionate care visits and visits required under federal disability rights until at least one round of facility-wide outbreak testing is completed. Visitation can resume in unaffected areas or units based on the following criteria:
 - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas or units of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. An area or unit is considered to be affected if a resident lived in that area or unit when diagnosed, even if that resident is later moved into a different area or unit.
 - Fully vaccinated residents and fully vaccinated guests can have visits in the resident's room or a designated visitation room without masks or physical distancing as long as all individuals in that room are fully vaccinated. Visitors should still wear a mask and practice physical distancing when in common areas of the facility where they may encounter staff or other facility residents.
 - Fully vaccinated residents can choose to have close contact (including touch) with unvaccinated or not fully vaccinated visitors while wearing a well-fitting face mask and performing hand-hygiene before and after. Regardless, visitors should physically distance from other residents and staff in the facility.
 - Physical distancing and mask use should be implemented when an unvaccinated or not fully vaccinated resident has visitors.
 - Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they have: current COVID-19 infection; symptoms of COVID-19; or prolonged close contact (within six [6] feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with COVID-19 infection in the prior 14 days or have otherwise met criteria for quarantine.
 - Indoor visitation should be conducted in the safest area available:
 - If the resident is in a single room, visitation should occur in that room
 - If the resident shares a room with another resident who is not a member of the same family, the visit should take place outside of the room if at all possible, such as in a designated visitation area. Facilities can consider scheduling visits so that multiple visits are not occurring simultaneously to the extent possible. If simultaneous visits do occur, everyone in the designated area should wear source

- control and physical distancing should be maintained between different visitation groups regardless of vaccination status.
- If the resident shares a room but in-room visitation must occur (e.g., because the resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining physical distancing and mask use.
- Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination or infection status, the county's COVID-19 positivity rate, or an outbreak in the facility.

Communal Activities, Including Dining

- Residents with COVID-19 infection or in isolation because of suspected COVID-19, and residents in quarantine should not participate in communal activities until they have completed their isolation or quarantine period.
- The following precautions should be taken during group activities:
 - If all residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear masks during the activity
 - If unvaccinated residents are present, then all participants in the group activity should wear masks and unvaccinated residents should physically distance from others
- The following precautions should be taken during communal dining:
 - Fully vaccinated residents can participate in communal dining without use of source control or physical distancing
 - If unvaccinated residents are dining in a communal area, all residents should wear masks when not eating and unvaccinated residents should continue to remain at least six (6) feet from others

Excursions

- Residents of long-term care facilities may leave the facility and not require a 14-day observation/quarantine period upon return. The Department recommends the following to ensure appropriate safety for all residents and staff:
 - Residents leaving the facility should follow all public health orders in Wyoming, including not attending events or gatherings that would violate provisions of the orders (number of people in attendance and capacity, mask compliance, etc.). Facilities should educate residents leaving the facility on the public health orders and encourage residents to follow the orders. Current versions of all public health orders can be found here: <https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/novel-coronavirus/covid-19-orders-and-guidance/>.
 - While outside of the facility, fully vaccinated residents may follow the distancing and masking recommendations for fully vaccinated people from CDC (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>). Fully vaccinated residents may gather with other fully vaccinated

individuals without masks or physical distancing and participate in outdoor activities and recreation without a mask except in crowded settings or venues. However, in all other situations, physical distancing, hand hygiene, and mask use should be used to the greatest extent possible while residents are outside of the facility.

Isolation and Quarantine

- Quarantine is no longer recommended for residents who are being admitted to a facility if they are fully vaccinated and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days.
- Fully vaccinated staff with high risk exposures who are asymptomatic do not need to be restricted from work following their exposure, though they should follow the testing guidance below.
- Staff who have traveled should follow CDC travel recommendations and requirements (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>), including restriction from work when recommended for any traveler.
- Fully vaccinated residents should continue to quarantine following prolonged close contact (within six [6] feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with COVID-19 infection.
- Residents who have signs or symptoms of COVID-19, vaccinated or unvaccinated, should be placed on transmission-based precautions and tested. Residents who are diagnosed with COVID-19 should remain on transmission-based precautions until they meet criteria for release from isolation.
- Staff who have signs or symptoms of COVID-19, vaccinated or unvaccinated, should be restricted from the facility and tested. Staff diagnosed with COVID-19 should remain out of the facility until they meet criteria for release from isolation.

Testing

Long-term care facilities (nursing homes and assisted living facilities) should follow the guidance for COVID-19 outlined in the CMS memorandum that was originally issued on August 26, 2020, and revised on April 27, 2021, and the updated CDC guidance on healthcare infection prevention and control recommendations in response to COVID-19 vaccination.

- Residents and staff, whether vaccinated or not vaccinated, who have signs and symptoms of COVID-19 should be tested immediately.
- In the case of an outbreak, defined as any new COVID-19 infection in a staff or facility-onset of COVID-19 infection in a resident, all staff and residents should be tested every 3 days to 7 days until testing identifies no new cases of COVID-19 for a period of at least 14 days from the most recent positive result.

- Asymptomatic staff with a higher-risk exposure and residents with prolonged close contact with someone with COVID-19 infection, regardless of vaccination status, should have a series of two viral tests for COVID-19 infection. In these situations, testing is recommended immediately and at 5-7 days after exposure.
- Facilities should conduct routine screening testing of unvaccinated or not fully vaccinated staff according to the schedule below. Fully vaccinated staff may be exempt from screening testing.
 - Facilities located in counties with >10% positivity of viral tests in the past week should test unvaccinated staff twice a week
 - Facilities located in counties with 5-10% positivity of viral tests in the past week should test unvaccinated staff once a week
 - Facilities located in counties with <5% positivity of viral tests in the past week should test unvaccinated staff once a month
- Routine screening testing of asymptomatic residents is not recommended unless prompted by an outbreak or exposure.
- Asymptomatic staff or residents who have tested positive for COVID-19 within the previous 90 days should not be tested as part of routine screening, outbreak testing, or post-exposure testing.

General Guidance

- Continue to screen all residents daily and staff at the start of each shift for symptoms of respiratory illness and ensure those residents suspected of having COVID-19 are screened by a healthcare provider and tested for the virus.
- Continue enhanced infection control practices, including proper hand wash techniques, increase in the availability and accessibility of hand-washing stations and alcohol-based rubs (ABHRs), re-enforcing strong hand hygiene practices and no-touch receptacles for disposal, and requiring staff and allowed visitors to perform hand hygiene upon entering the building. Staff should also regularly clean and disinfect the facility, paying special attention to high-touch areas and surfaces. Staff should use personal protective equipment (PPE) when appropriate, following CDC, CMS, and WDH guidance.
- In general, fully vaccinated staff should continue to wear masks while at work. However, fully vaccinated staff could dine and socialize together in break rooms and conduct in-person meetings without masks or physical distancing. If unvaccinated staff are present, everyone should wear masks and unvaccinated staff should physically distance from others.
- Follow the testing and infection control recommendations of WDH when a case of COVID-19 is detected among a resident or staff member.

- Long-term care facilities may allow students to perform clinical rotations in the facility. Students should be trained in proper personal protective equipment (PPE) usage and educated on the risks of COVID-19 in the population they are serving and should wear all proper PPE for their roles and tasks while in the facility. Students should participate in staff symptom screening protocols. Students should be tested as staff members during both routine testing and outbreak testing.
- Barbering and cosmetology services may be provided to residents under the following conditions:
 - The barber or cosmetologist must be screened for symptoms of COVID-19 or exposure to an individual with COVID-19 within the last 14 days prior to providing services. Any individual with symptoms or exposure within the last 14 days must not be allowed to provide service. For guidance on COVID-19 symptom screening, please see Department of Health guidance at: https://health.wyo.gov/wp-content/uploads/2020/06/WDH-Guidance-for-Employee-Screening_COVID-19_6.15.2020.pdf.
 - Facilities should include the barber or cosmetologist in staff testing protocols if the barber or cosmetologist is in the facility regularly (for example, at least once a week).
 - The residents must wear a face mask at all times while receiving service, unless medically contraindicated or both the resident and barber or cosmetologist are fully vaccinated.
 - The barber or cosmetologist must wear a face mask while providing service or while within six (6) feet of other individuals unless both the resident and the barber or cosmetologist are fully vaccinated.
 - Equipment and surfaces must be cleaned and sanitized between each resident.
 - The barber or cosmetologist must perform hand hygiene before and after contact with each resident, and residents must perform hand hygiene prior to and after receiving services.
 - The barber or cosmetologist may only be allowed in locations within the facility where they are providing services.
 - Services should be performed in areas that are well-ventilated.

The WDH will continuously re-evaluate these recommendations and update guidance as necessary based on current conditions of the COVID-19 outbreak in Wyoming.

More information about COVID-19 can be found at:

<https://health.wyo.gov/>

<https://www.cdc.gov/>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

<https://www.cms.gov/>