Facility Guidance

Mandatory

- Homes must restrict access only to personnel who are necessary to operations, except as detailed below.
  - Personnel necessary to operations include, but may not be limited to, staff, contracted and emergency healthcare providers, hospice personnel providing core services, clergy, hair salon personnel, contractors conducting critical on-site maintenance, and governmental representatives and regulators and their contractors.
- All homes must perform COVID-19 testing for residents and staff:
  - Fully vaccinated staff do not have to be routinely tested.
    - A person is fully vaccinated if it has been at least two weeks since receipt of a one-dose vaccine or of the second dose of a two-dose vaccine.
  - All unvaccinated staff must be tested at least twice per week. (Unvaccinated refers to a person who does not fit the definition of fully vaccinated, including people whose vaccination status is not known.)
  - Regardless of vaccination status, staff and residents with symptoms or signs of COVID-19 must be tested.
  - Regardless of vaccination status, all staff and residents must be tested upon identification of a single new case of COVID-19 infection in any staff or resident, unless the exposure to COVID-19 was outside of the facility and they did not enter the facility while potentially infectious.
  - Exposed residents and staff should be retested every three to seven days until testing identifies no new cases of COVID-19 for a period of 14 days.
- Homes must permit residents to have visitors, so long as all safety standards are met.
- Homes should attempt to have as few of points of entry as possible and a designated entry point. (This does not apply to emergency ingress or egress of facilities.)
- Homes are required to regularly report visitation information to the state.
- Anyone granted access should provide the nursing home with name and contact information.
  - The home must log each visitor, including telephone number and address. The log shall be retained in accordance with state and federal record retention requirements, and be made available upon request to residents, visitors, the Ohio Department of Health (ODH), and any representative of the Office of the State Long-Term Care Ombudsman.
- Homes must screen all personnel and visitors each time they enter the facility, including questions about exposure to COVID-19 and assessment for cough, shortness of breath, and body temperature of 100.0 degrees Fahrenheit or higher. (This does not apply to exigent circumstances, to emergency medical services, first responders, and similarly situated individuals.)
- Homes are encouraged to test visitors, if feasible. If so, facilities should prioritize testing visitors who visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within two to three days).
- When determining when to allow facility and personal visitations, homes should consider: case status in surrounding community; case status in the facility; staffing levels; access to adequate testing for residents and staff; personal protective equipment supplies; local hospital capacity; and implications for resident physical and mental well-being.
- Homes should educate residents and visitors on the risks of the spread of COVID-19 and the appropriate/applicable safety precautions.
- Residents must be allowed to discharge at any time and in accordance with applicable state law.
- Homes must comply with infection control precautions in Ohio Administrative Code 3701-16-12(C).

Visitors

- Nursing homes must develop visitation policies.
  - Policies shall be made available upon request to residents, visitors, ODH, and any representative of the Office of the State Long-Term Care Ombudsman.
- Follow all requirements of the Centers for Medicare & Medicaid Services.
  - Failure to facilitate visitation without adequate reason constitutes a potential violation and subjects nursing homes to citation and enforcement actions.
- Require scheduling of all on-site visits with the home. Provide visitors a time and length for the visit.
- Visitors must be allotted at least 30 minutes per visit. Visits do not commence until residents and visitors are together.
- Screen visitors for COVID-19 symptoms, including symptoms assessment and questions about exposure to COVID-19.
Mandatory

Visitors (cont.)

- During visits, require visitors to wear a mask and require residents, where possible, to also wear a mask.
  - Masks should never be placed on children younger than the age of 2.
- Require that all visitors be able to facilitate social distancing and wear a mask and not be a distraction to other residents, visitors, or staff.
- No more than two visitors shall be permitted per resident per visit.
- If more than one resident has a visitor, or a resident has multiple visitors, provide enough space to permit all visitors and residents to maintain appropriate distance from each other.
- Encourage residents and visitors to have a contact-free visit.
- If a resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after. Visitors should physically distance from other residents and staff in the facility.
  - A person is fully vaccinated if it has been at least two weeks since receipt of a one-dose vaccine or of the second dose of a two-dose vaccine.
  - Visitors are encouraged to become vaccinated.
- Items and surfaces, such as wheelchairs, tabletops and other touched items, should be cleaned and disinfected between visits.
- Have hand sanitizer available to visitors and residents for use before, after, and during the visit.

Compassionate Care

- Nursing homes must allow compassionate care visits at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.
- Compassionate care situations do not exclusively refer to end-of-life situations. Examples of other 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 is grieving after a friend or family member recently died.
  - 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.
  - A resident has been readmitted to the facility following an acute care admission to the hospital.
  - A resident has a new order for an anti-psychotic, an anti-depressant, or an appetite stimulant.
  - A resident's dementia has dramatically progressed.
  - A resident is no longer responding to loved ones during virtual visits.
  - Family members mention that they notice a change in the resident's appearance, grooming, or cognition during window or virtual visits.
- Nursing homes should work with residents, families, caregivers, resident representatives, clinicians, and the Office of the State Long-Term Care Ombudsman program to identify the need, length, and frequency for compassionate care visits.
- Anyone who can meet the resident's needs, such as family members, clergy, or lay persons offering religious and spiritual support, is permitted to participate in compassionate care visits.

Indoor Visitation:

In addition to all other visitation requirements, the following applies to all indoor visitations:

- Nursing homes must allow indoor visitation at all times and for all residents, regardless of vaccination status, except for the below few circumstances when visitation can be limited due to a high risk of COVID-19 transmission. (Note: Compassionate care visits must be permitted at all times.) Visitation can be limited for:
  - Unvaccinated residents, if the county's COVID-19 positivity rate is greater than 10% AND fewer than 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.
  - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.
- When a new case of COVID-19 among residents or staff is identified, a nursing home should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed.
  - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the nursing home, visitation can resume for residents in areas/units with no COVID-19 cases. However, the nursing home should suspend visitation on the affected unit until the nursing home meets the criteria to discontinue outbreak testing.
  - If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the nursing home (e.g., new cases in two or more units), the nursing home should suspend visitation for all residents (vaccinated and unvaccinated) until the nursing home meets the criteria to discontinue outbreak testing.
State Long-Term Care Ombudsman, an office within the Ohio Department of Aging, is a good resource for families and others with loved ones in assisted living facilities during this time. The Ombudsman can be reached at 1-800-282-1206.

*For the CDC, symptoms include cough, shortness of breath, difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headaches, sore throat, and new loss of taste or smell. (CDC expanded list of symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and/or diarrhea.)

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