

COVID-19 UPDATE

3/16/2020

Following a declaration of a State of Emergency by the President Friday, the Centers for Medicare and Medicaid Services (CMS) issued new guidance via a [memorandum](#) that is based on the [newest recommendations from the Centers for Disease Control and Prevention](#) (CDC). It directs nursing homes to significantly restrict visitors and nonessential personnel, as well as restrict communal activities inside nursing homes. All individuals, other than essential health care staff and visits for end-of-life situations, should no longer enter skilled nursing facilities (SNFs) until further notice. Here's a quick summary:

- Restrict **all** visitors, volunteers and non-essential health care personnel (e.g., barbers) except for certain compassionate care situations, such as end-of-life situations. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).
- Visits for end-of-life situations are to be handled on a case-by-case basis, include screening of the visitor, use of personal protective equipment (PPE) and hand hygiene by the visitor and limited access to the facility (resident's room or location designated by the facility).
- Cancel all group activities and communal dining.
- Implement active screening of residents and health care personnel for respiratory symptoms including actively checking temperatures for a fever (all health care personnel at beginning of shift and residents at least daily).
 - Document absence of symptoms
 - Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).
- Screen and monitor residents when visitors, staff or others report respiratory symptoms within 14 days of interacting with the residents.

- Surveyors are allowed but if they have a fever or respiratory symptoms they should not enter.
 - Ombudsman should only be allowed in for compassionate situations AND if they don't have a fever or respiratory symptoms.
- Identify staff that work at multiple facilities and actively screen and restrict them appropriately.
- Enforce sick leave policies for ill health care personnel that are non-punitive, flexible, and consistent with public health policies allowing ill health care personnel to stay home.
- Some governors or public health officials may have orders about visitors. For Medicare and Medicaid-certified facilities, this new guidance supersedes governor and public health officials' orders, unless the state-level orders go beyond this new guidance. Then CMS expects facilities to adhere to additional requirements imposed by the State or local authorities.

This new guidance means facilities need to explore mechanisms to allow family members, ombudsman, resident representatives, and others to communicate with the residents.

This new guidance should be used in place of AHCA's visitor guidance released on March 9.