



Guidance for Visitation and Quarantine in Long Term Care Facilities

(March 31, 2021)

All licensed long-term care facilities regardless of size must allow visitation to the maximum extent possible following principles outlined in both updated [CDC guidance](#) and updated [CMS Visitation guidance](#). These guidelines recognize that expanding visitation has substantial benefits to residents, and that vaccination of residents and staff can mitigate some of the associated risks of COVID-19. Summary points on federal visitation guidance and quarantine guidance are below.

Visitation

- Outdoor visitation continues to be preferred even when the resident and visitor are fully vaccinated against COVID-19 as this space allows increased space and airflow.
- Facilities **should allow responsible indoor visitation at all times** and for all residents, regardless of vaccination status of the resident or visitor, unless certain scenarios exist, including:
 - Unvaccinated residents if the 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](#); or
 - Residents in quarantine, whether vaccinated or unvaccinated, until they have met [criteria for release from quarantine](#).
- DHHS continues to recommend facilities, residents, and families adhere to the core principles of COVID-19 infection prevention, including maintaining physical distancing and conducting visits outdoors whenever possible. **However, residents who are fully vaccinated may choose to have close, physical contact with visitors if both parties wear well-fitted masks and perform hand-hygiene before and after contact.**
- If a new case of COVID-19 is identified among residents or staff, visitation should be suspended and the facility should immediately conduct outbreak testing. If the first round of facility-wide outbreak testing reveals no additional COVID-19 cases in other areas/units of the facility, then visitation can resume in the unaffected areas/units.
 - However, if outbreak testing detects one or more COVID-19 cases in other units of the facility, the facility must stop visitation for both vaccinated and unvaccinated residents until it can meet criteria to end outbreak testing.
 - Compassionate care visits, and visits required under federal disability rights law, **should be allowed at all times**, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak.

- 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 are outlined in [CMS guidance](#).

Quarantine

- Residents leaving the facility for **less than 24 hours**: quarantine **is not** required for vaccinated or unvaccinated residents. Quarantine is recommended if there is prolonged close contact with someone with SARS-CoV-2 infection. Residents are encouraged to adhere to the 3 W's.
- Quarantine **is not** required for off-campus visits of short duration (e.g., less than 24 hours). However, facilities **should** consider quarantine for unvaccinated residents. Facilities should conduct a risk assessment taking into consideration the activity of the resident while visiting off-campus.

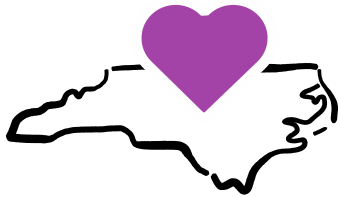
Elements to consider in this risk assessment include:

- COVID transmission (e.g., county positivity rate) in the community that the resident will be visiting
 - Individual and community (known or perceived) adherence to infection control recommendations (3 W's)
 - There is generally less risk in visiting a single household than a medium or large event that involves more than one household (including but not limited to a group dinner, wedding, or graduation)
 - Vaccination status of residents in the facility as well as close contacts to the resident outside of the facility.
- For **unvaccinated** residents that leave the facility for ≥ 24 hours: quarantine **is** recommended when they return.
 - For vaccinated residents that leave the facility for ≥ 24 hours: quarantine is recommended if they have had prolonged close contact with someone with SARS-CoV-2 infection while they were outside the facility or based on risk assessment of activities (see above). If residents have “traveled”, [CDC travel guidance](#) states that individuals who have traveled should quarantine for 14 days after travel (regardless of vaccination status) if they will be having contact with individuals at increased risk for severe illness.
 - Fully vaccinated residents being admitted to a LTCF no longer require quarantine as long as they have not been in prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.
 - Fully vaccinated residents in LTCFs should continue to [quarantine](#) following prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.
 - Although not preferred, facilities could consider waiving quarantine for fully vaccinated residents following prolonged close contact with someone with SARS-CoV-2 infection as a strategy to address 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.

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These decisions could be made in consultation with public health officials and infection control experts.

- Fully vaccinated staff with [higher-risk exposures](#) who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for fully vaccinated staff with higher-risk exposures should still be considered for staff who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine.



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