



Missouri Department of Health and Senior Services

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Randall W. Williams, MD, FACOG
Director



Michael L. Parson
Governor

TO: All Long-Term Care Facilities

FROM: Director Randall Williams, MD, FACOG

DATE: September 22, 2020

RE: **Guidance for Long Term Care Facilities to Establish Essential Caregiver Programs and to Allow Visits**

The Missouri Department of Health and Senior Services (DHSS) is dedicated to protecting the health and safety of our citizens. This especially includes those Missourians that make their home in residential care facilities, assisted living facilities, intermediate care facilities, skilled nursing facilities, and intermediate care facilities for individuals with intellectual disabilities.

The below guidance is for facilities wanting to establish an Essential Caregiver program and/or allow general visits to occur either inside or outside the facility. Any prior guidance issued by the Department will be updated to reflect the guidance below. Each facility will make the final decision to establish an Essential Caregiver program or to allow visits. Facilities should have a policy in place to determine how these activities can be expanded without jeopardizing the health of the residents. **Certified Skilled Nursing Facilities and Intermediate Care Facilities are required to follow the guidance provided in QSO-20-39-NH, titled *Nursing Home Visitation - COVID-19*.**

According to existing state regulation, facilities must allow visits by outside healthcare providers, in accordance with the infection control and screening guidelines established below. Healthcare providers must utilize full Personal Protective Equipment (PPE), including a gown, mask and gloves at all times while in the facility.

According to existing federal regulation, facilities must allow visits by the Ombudsman program, in accordance with the infection control and screening guidelines established below. In-person access may be limited due to infection control concerns and/or transmission of COVID-19 during an outbreak, however facilities must facilitate alternative resident communication with the Ombudsman, such as by phone or through use of other technology. In-person access may not be limited without reasonable cause. Ombudsman program staff should utilize a mask during outside visits. Ombudsman program staff should utilize the infection control procedures as described below for general visits. They should use full PPE, including a gown, mask, and gloves at all times while in resident rooms.

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Outdoor Visits

Any facility, regardless of COVID-19 status, may allow outdoor visits utilizing the infection control procedures as described below for general visits.

- Outdoor visits should be limited to only residents who are:
 - COVID-19 negative or asymptomatic **and** not suspected to have COVID-19; or
 - Previously COVID-19 positive but have been released from isolation.

General Visits

Facilities may allow general visits using the following guidelines:

- The facility has not had any COVID-19 staff or resident cases, or it has been fourteen (14) days since the last facility acquired COVID-19 positive case. Facility acquired cases include staff who test positive (if staff person was in the facility in the ten (10) days prior to the positive test) and residents who test positive while residing in the facility. Facility acquired does not include residents admitted to the facility with a known positive diagnosis or residents who test positive within fourteen (14) days of admission, as long as these residents have resided in a designated COVID-19 unit or have been quarantined since admission.
- Limit visits to only residents who are:
 - COVID-19 negative or asymptomatic **and** not suspected to have COVID-19; or
 - Previously COVID-19 positive but have been released from isolation.
- For indoor visits, create indoor spaces for residents in a room that is easily accessed without visitors traversing through the building and that is not accessible by other residents.
- Allow visits in the resident's private room if the resident is bedbound and for health reasons cannot leave their room. Any visitors to resident's private rooms must utilize full PPE, including a gown, mask, and gloves at all times while in the facility. This PPE may be provided at the facility's expense.
- Allow residents, their guardian, or legal representative to designate up to five (5) visitors total.
- Allow up to two (2) visitors at one time with social distancing (spaced by at least six (6) feet), hand hygiene before and after each visit for both the resident and the visitors, and use of a cloth face covering or facemask for both the resident and the visitors. In the event a resident cannot safely wear a cloth face covering or facemask, a plastic partition or plexiglass barrier may be considered to prevent the spread of virus. The cloth face covering or facemask may be provided at the facility's expense.

- Set a limit on the total number of visitors allowed in the facility at any given time based on the ability of staff to safely screen and monitor visitation, and based on the size of the building and physical space.
- Schedule visitors by appointment and monitoring for adherence to proper use of masks and social distancing, while allowing for auditory privacy.
- Accommodate visitors who experience work and/or childcare barriers while limiting the duration of visits, quantity of visitation days and hours, and total number of visits per week, including evenings and weekends.
- Complete a screening, which may include testing, upon arrival of each visitor and allowing only those visitors that meet the screening criteria to visit. Components of the screening are determining whether the visitor has ever been diagnosed with COVID-19 and if so, the visitor should be currently asymptomatic and at least ten (10) days must have passed since disease onset. Facility use of testing should be based on current CMS, CDC, and FDA guidance and may be provided by the facility. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.
- Not allow any visitor with signs and symptoms consistent with COVID-19 or who are unable to demonstrate proper use of infection control techniques to visit.
- Consider having visitors sign a consent form noting an understanding of the facility's visitation and infection prevention and control policies.
- Keep visitor logs noting the names of visitors, who they visited, staff that assisted the visit, dates of visit, and contact information in the event of subsequent COVID-19 outbreak among staff or residents.
- Sanitize any areas, including tables, chairs, and partitions between each and every visit using an EPA approved disinfectant in accordance with instructions for dilution and contact times.

Any facility that has a resident test positive for COVID-19, or has a staff person that tests positive for COVID-19 if the staff person was in the facility in the ten (10) days prior to the positive test, should cease all general indoor visitation except for compassionate care situations.

Indoor general visitation should not resume until the facility achieves a continuous fourteen (14) day period without a facility acquired resident or staff COVID-19 case (if staff person was in the facility in the ten (10) days prior to the positive test), excluding dedicated units/wings accepting COVID-19 cases from the community.

Essential Caregivers

An Essential Caregiver is an individual, including clergy members, who has been given consent by the resident, or their guardian or legal representative, to provide health care services or assistance with activities of daily living to help maintain or improve the quality of care or quality of life of a facility resident. Care or services provided by the Essential Caregiver is included in the plan of care or service plan for the resident and may include assistance with bathing, dressing, eating, and/or emotional support.

Guidelines

- One (1) Essential Caregiver may be designated for each resident. One (1) additional Essential Caregiver may be designated if that individual is a clergy member. Only one (1) Essential Caregiver should be present at any given time.
- Essential Caregivers should complete facility-designated infection prevention and control training, including proper PPE and mask use, hand hygiene, and social distancing. The following documents and videos may be designated by the facility to meet these requirements:
 - Documents titled *Novel Coronavirus Fact Sheet, Guidance and Considerations for High Risk Individuals*, and *Caring for Your Hands* located at <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/how-do-i-prevent.php> AND
 - Videos titled *Facemasks (Respirators)*, *Donning PPE*, and *Doffing PPE* located at <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ppe.php>
- Consider having Essential Caregivers sign a consent form acknowledging completion of the facility-designated infection prevention and control training, an understanding of the facility's visitation and infection prevention and control policies, and the risk created by frequency and duration of close contact.
- Essential Caregivers should be screened upon arrival and only be allowed entry if the screening criteria is met. Components of the screening are determining whether the Essential Caregiver has ever been diagnosed with COVID-19 and if so, the Essential Caregiver should be currently asymptomatic and at least ten (10) days must have passed since disease onset. Essential Caregivers with signs and symptoms consistent with COVID-19 or who are unable to demonstrate proper use of infection control techniques should not be allowed entry. Facility use of testing as part of the screening process must be based on current CMS, CDC, and FDA guidance and may be provided at the facility's expense.
- Essential Caregivers should inform the facility if they develop a fever or symptoms consistent with COVID-19 within fourteen (14) days of a visit to the resident.

- The facility should maintain Essential Caregiver logs noting the names of Essential Caregivers, who they visited, staff that assisted the during the visit, dates of visit, and contact information in the event of a subsequent COVID-19 outbreak among staff or residents.
- Essential Caregivers should utilize full PPE, including a gown, mask, and gloves at all times while in the facility. This PPE may be provided at the facility's expense.
- The facility should work with the Essential Caregiver to establish a mutually agreeable schedule that addresses the facility obligations, including the numbers of Essential Caregivers in the building at the same time, and is person-centered. This includes working with an Essential Caregiver by including scheduling during evening and weekends, to accommodate work or childcare barriers.
- After attempts to mitigate concerns, the facility should restrict or revoke visitation if the Essential Caregiver fails to follow infection prevention and control requirements or other COVID-19-related rules of the facility.
- A facility may stop Essential Caregiver visits if the facility has a resident test positive for COVID-19, or has a staff person that tests positive for COVID-19 if the staff person was in the facility in the ten (10) days prior to the positive test, until it has been fourteen (14) days since the last facility acquired COVID-19 positive case. Facility acquired cases include staff who test positive (if staff person was in the facility in the ten (10) days prior to the positive test) and residents who test positive while residing in the facility. Facility acquired does not include residents admitted to the facility with a known positive diagnosis or residents who test positive within fourteen (14) days of admission, as long as these residents have resided in a designated COVID-19 unit or have been quarantined since admission.
- Essential Caregivers should maintain a social distance of at least six (6) feet with staff and other residents and limit movement in the facility.

The DHSS encourages facilities to view the information at the following link for the most up-to-date information: <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>