



Oregon

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NF-21-070 – Provider Alert

Date: December 17, 2021

To: All Nursing Facilities
All Assisted Living Facilities
All Residential Care Facilities

From: Jack Honey, Administrator
ODHS-APD, Safety, Oversight and Quality Unit (SOQ)

Subject: **COVID-19 Guidance on Vaccination, Visitation, and Congregate Dining and Activities ****UPDATED******



Background: While infection prevention and outbreak mitigation efforts remain critically important in long-term care settings where residents are more vulnerable to virus exposure, Oregon Department of Human Services (ODHS) acknowledges that it is equally important to consider the quality of life and dignity of individuals living in long-term care settings, and the critical role of family relationships to overall health.

Settings: SOQ has adapted this guidance to include assisted living and residential care facilities as well as nursing facilities. The objective is to keep safe practice standards as consistent as possible across congregate care settings.

Purpose: This guidance outlines updated guidance for nursing facilities, assisted living and residential care facilities specific to vaccination, visitation, universal eye protection, congregate activities, congregate dining and resident outings.

Visitation

Facility vaccination status is not a factor in determining the ability to have indoor or outdoor visitation. At this time all facilities must allow indoor and outdoor visitation at all times, including visits for reasons beyond compassionate care situations, as long as visitors meet screening requirements, maintain current mask and social distancing guidelines and are

able to follow core principle protocols.

Indoor Visitation Criteria

Long term care facilities throughout the nation have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity and mortality. The vulnerable nature of long-term care residents combined with the inherent risks of congregate living in a healthcare or community-based care setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of the virus within LTC settings.

State and federal authorities recognize that prolonged separation from families has taken a physical and emotional toll on residents and their loved ones. Therefore, in accordance with CMS revised guidance detailed in [QSO-20-39-NH](#), we are updating our guidance for visitation standards. Like CMS, we will continue to emphasize the importance of maintaining infection prevention practices. The information contained in this guidance supersedes and replaces previously issued guidance and recommendation regarding visitation.

Facilities must allow indoor visitation at all times and for all residents except where rules and regulations allow deviations. While previously acceptable during the public health emergency (PHE), facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.

Although there is no limit on the number of visitors that a resident can have at one time, visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents. Facilities should ensure that physical distancing can still be maintained during peak times of visitation (e.g., lunch time, after business hours, etc.). Also, facilities should avoid large gatherings (e.g., parties, events) where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.

Visitation Parameters:

Visitation may be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces and outdoors. Visitation must be person-centered, with decisions on how and where to conduct visitation made first in consideration of residents' choice, then of ability to create safe visitation. Regardless of how visitation is

conducted, adherence to best practices and core principles of COVID-19 infection prevention reduce the risk of COVID-19 transmission.

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility. Facilities should screen all who enter for these visitation exclusions. See screening details under Core Principles section.
- Visitors must be able to adhere to the core principles of COVID-19 infection prevention, including symptom screening on entry, handwashing, appropriate use of PPE and other infection control protocols. Facility staff should intermittently monitor for visitor compliance with masking, handwashing and social distancing. Visitors who are unable to follow the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave.
- Visitors should be instructed to wear their own mask/face covering upon arrival and throughout their stay in the facility. If they do not have a face covering, they should be offered a mask or face covering as supplies allow.
- Facilities must comply with all public health investigation and contact tracing processes to ensure that potential exposures between visitors and residents or facility staff are promptly addressed.
- Facilities should limit movement within the facility to the maximum extent possible. For example, visitors should not walk around different halls or other areas of the facility. Rather, they should go directly to the resident's room or designated visitation area.
- Facilities must exclude visitors with a known exposure to COVID-19 in the past 14 days (i.e., people in quarantine), and visitors who are confirmed or presumptive COVID-19 cases who meet criteria for isolation.
- Facilities must keep a log of all visitors to the facility (indoors and outdoors). Facilities must capture name and phone number of visitors to facilitate potential future contact tracing efforts.
- Facilities may not use visitor vaccine status as a metric for allowing or disallowing visitation.

Core Principles of COVID-19 Infection Prevention

Facilities must apply core principles of COVID-19 infection prevention to their visitation policies including:

- Screening of all potential visitors who enter the facility for signs and

symptoms of COVID-19 including but not limited to:

- Temperature check
- Questions for screening, observations about signs or symptoms, screen for exposures to confirmed cases and test results pending.
- Hand hygiene is performed with the use of alcohol-based hand rub (ABHR) prior to and following visit.
- Face covering or mask covering both mouth and nose.
- Physical distancing of at least six feet between persons, 12 ft for those who cannot wear a mask due to medical condition.
- Instructional signage is placed throughout the facility and to include proper visitation education on the pandemic and infection control practices.
- Proactive and ongoing visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated visiting area, hand hygiene) will be provided.
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
- Appropriate staff use of Personal Protective Equipment (PPE).
- Resident placement (e.g., private rooms or separate areas dedicated COVID-19 care) should be based on new admission/move-in's vaccination status per CDC, state, or federal guidelines, and any known exposure to COVID-19 and/or symptoms related to possible COVID-19, to protect residents and visitors for possible exposure.

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance and should be adhered to at all times.

Visitor Testing is not required but facilities are encouraged to test visitors, if feasible, when the county transmission-rates are [high](#). Facilities should prioritize testing of visitors that 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 2–3 days) with proof of negative test results and date of test. If testing visitors, facilities must first ensure they have adequate supplies to meet all requirements for routine and outbreak testing of staff and residents.

NOTE: While it is safer for visitors not to enter the facility during an outbreak investigation, visitors must still be allowed in the facility. Visitors should be made aware of the potential risk of visiting during an outbreak investigation and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit during an outbreak investigation, they

should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room. Facilities may contact their local health authorities for guidance or direction on how to structure their visitation to reduce the risk of COVID-19 transmission during an outbreak investigation.

Health Care Workers and Other Service Providers: Health care workers who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after being screened.

NOTE: EMS personnel responding to an emergent situation should not be screened so they can attend to an emergency without delay. All facility staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with [administrative rules for COVID-19 Testing in Licensed Assisted Living Facilities, Nursing Facilities and Residential Care Facilities](#).

Access to the Long-Term Care Ombudsman: Facilities shall provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. If an ombudsman is planning to visit a resident who is under transmission-based precautions (TBP) or quarantine, or an unvaccinated resident in a facility in a county where the level of community transmission is substantial or high in the past 7 days, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident's room or designated area. We note that representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above. If the resident or the Ombudsman program requests alternative communication in lieu of an in-person visit, facilities must, at a minimum, facilitate alternative resident communication with the Ombudsman program, such as by phone or through use of other technology.

Nursing facilities are also required under 42 CFR 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law.

Assisted Living and residential care facilities are also required under OAR 411-054-0105(1)(b) to allow the Ombudsman to examine the resident's medical, social and administrative records as otherwise authorized by State law, as outlined in OAR 411-054-0105(1)(b):

The State Long Term Care Ombudsman must have access to all resident and facility records that relate to an investigation. Certified Ombudsman volunteers may have access to facility records that relate to an investigation and access to resident records with written permission from the resident or guardian.

Federal Disability Rights Laws and Protection & Advocacy (P&A) Programs: Facilities must allow immediate access to a resident by any representative of the protection and advocacy systems, as designated by the state, and as established under the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (DD Act), and of the agency responsible for the protection and advocacy system for individuals with a mental disorder (established under the Protection and Advocacy for Mentally Ill Individuals Act of 2000).

Vaccination

Vaccination requirements are detailed in Oregon Administrative Rule [411-060](#) and as of October 18, 2021 all individuals that work or volunteer in a long-term care setting are required to have proof of COVID-19 vaccination or an approved exception on file.

Information about vaccine exceptions can be found on the Oregon Health Authority (OHA) website. Exceptions are approved by providers and are to be kept in the employee's file. The OHA forms are linked below. These forms are not mandatory, and facilities may choose to use their own form, however the same details must be included.

- [Religious exception form](#)
- [Medical exception form](#)

Universal Eye Protection

Staff working in Long Term Care settings are required to utilize masks and other PPE at all times, in accordance with the core principles of COVID-19 infection prevention. Universal use of eye protection (the proactive use of face

shields or goggles) remains recommended, but not required, for all resident care in facilities located in counties with substantial or high transmission rates. Eye protection continues to be required for the care of any COVID-19 symptomatic or active COVID resident, per transmission-based precautions. During an outbreak, eye protection must also be used through the first 100% resident and staff testing cycle and can be removed if all tests come back negative. If all tests are not negative eye protection remains in place.

Communal Activities, Dining and Resident Outings

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Activities may be facilitated with alterations to adhere to the guidelines for preventing transmission. The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility.

Facilities must permit residents to leave the facility as they choose. Should a resident choose to leave, the facility should remind the resident and any individual accompanying the resident to follow all recommended infection prevention practices including wearing a face covering or mask, physical distancing, and hand hygiene and to encourage those around them to do the same.

If you have questions, please contact your licensing team: CBC.team@dhsoha.state.or.us
NF.licensing@dhsoha.state.or.us

General questions may be sent to: SOQ.LTCInfo@dhsoha.state.or.us

Oregon Department of Humans Services website: www.oregon.gov/DHS/