



**Long-term Care
Webinar
April 30, 2021**



Agenda

- Update on LTC testing support
- Update on LTC status report
- Process steps for obtaining KDHE supplied Abbott BinaxNOW antigen tests
 - Data entry process for Kansas Disease Reporting Portal and LabXchange
- Update on testing frequency and visitation guidance
- Best practices for visitation



COVID-19 testing support for LTC facilities to continue through December 31st



Importance of continuous testing of staff and residents

- Not all residents and staff members at LTC facilities are vaccinated, and so the risk of COVID-19 transmission in facilities is not negligible
- The broader Kansas community is still largely unvaccinated. Unvaccinated staff, vendors, and/or visitors can still contract COVID-19 and bring it into the facility
- Incoming residents and new staff members may not be vaccinated. Important to still screen new members of the facility



While most facilities are testing, we still have many whose status is either unknown or not testing

Data we have

Lab Reports from Patrick O'Neal: Contains the high level LTC testing numbers for each state contracted vendor. Breaks out PCR vs Antigen tests run (only through state contracted vendors)

LTC Status Report: Contains list of facilities testing, not testing, and unknown

Epitrax Data: Open question here on how granular the epitrax data gets

Data we do not have

Facility level testing data: How many tests are being conducted for each facility

Staff vs Resident granularity: Do not know the general breakdown between number of tests run for staff vs residents

Relocated Nursing Facility Metrics

<https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>



KS COVID-19 Overview	Testing Rates	Hospital Capacity	Cluster Summary
Case Characteristics	SARS-CoV-2 Variants	Hospital Summary	Death Summary
	COVID-19 Metrics	ED Summary	SVI Explorer

Kansas COVID-19: Case Characteristics

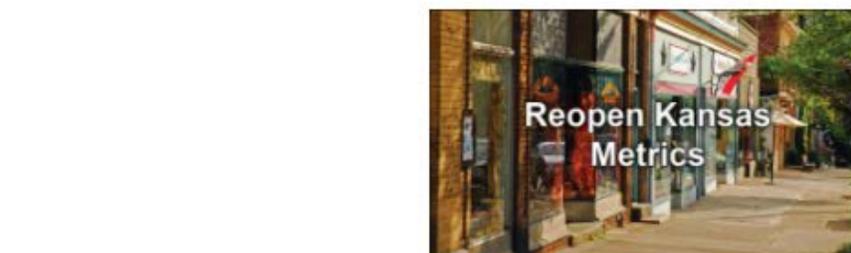
Average Age	Median Age	Age Range (years)
41	39	0 to 108

Cases by Sex

Sex	Cases	% of Cases
Female	159,841	51.9%
Male	147,252	47.8%
Not Reported/Unknown	772	0.3%

Cases by Age Group

Age Group	Cases	Total Percent
0-9 years	12,403	4.0%
10-17 years	25,143	8.2%



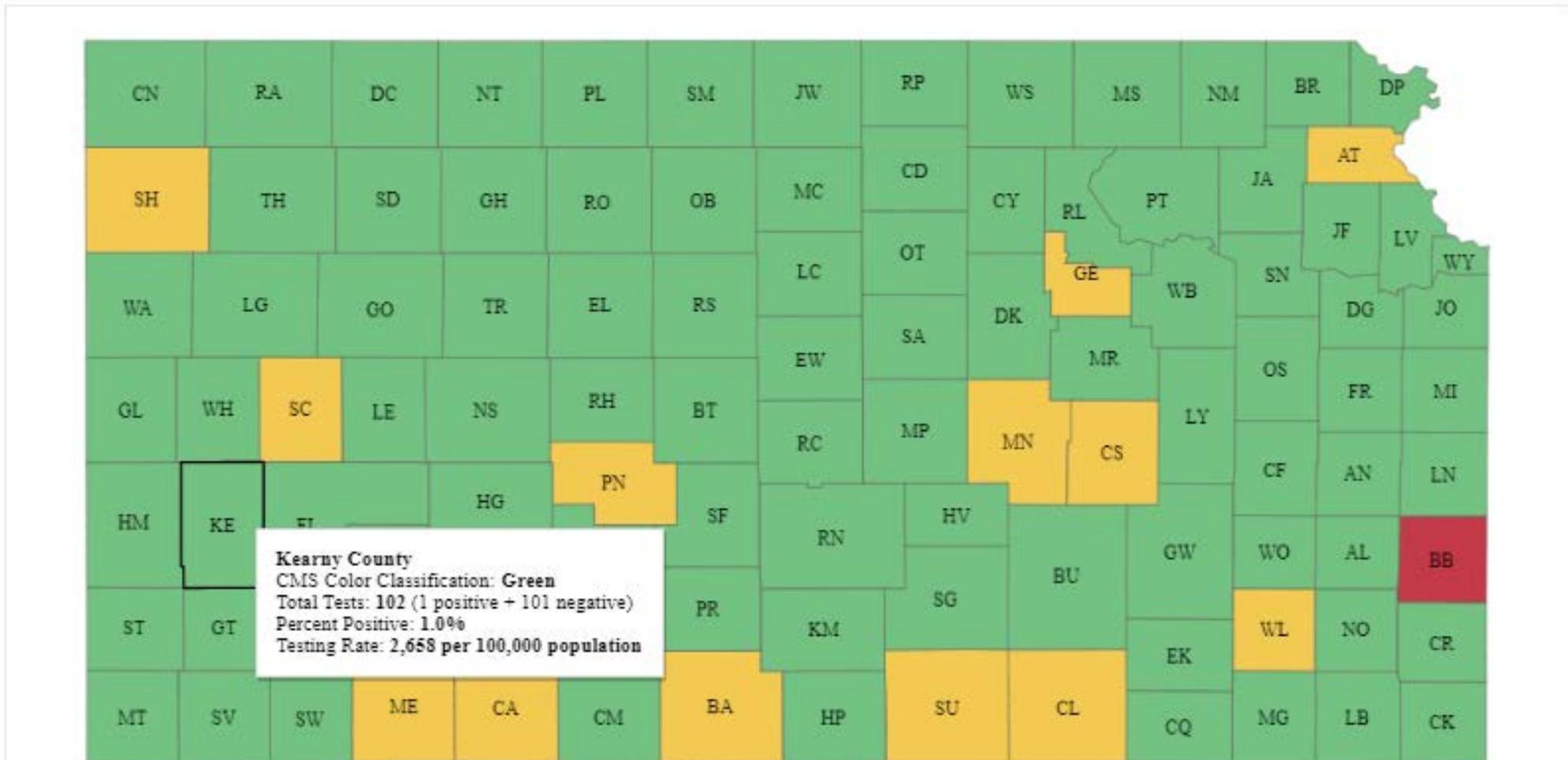
KS COVID-19 Overview	Testing Rates	Hospital Capacity	Cluster Summary
Case Characteristics	Variants of Concern	Hospital Summary	Death Summary
Case Rates	COVID-19 Metrics	ED Summary	Data Explorer

Kansas COVID-19: Metrics

Relocated Nursing Facility Metrics

Current Rolling Two Week Percent Positivity by County

Rolling 14-Day Period Starting 04/11/2021 and Ending 4/24/2021.





KDHE providing Abbott BinaxNOW antigen tests; Organizations can perform antigen testing with five simple steps



Obtain CLIA certification

- Process generally takes 1-2 weeks and requires \$180 fee
- Fill out and submit Form CMS-116 outlined [here](#)
- Opportunity for organizations to partner with LHDs to operate under their Certificate of Waiver



Design program

- Decisions include:
 - Plan to regularly screen staff, residents and visitors
 - Testing to occur at recommended frequency, based on county positivity (*see next slide*)
 - Samples collected by on site nursing staff



Order test kits

- Identify and contact the Emergency Manager in your county to order test kits
- Emergency Manager contact information can be found [here](#)



Perform testing

- Watch the Abbott and KDHE Abbott BinaxNOW Antigen test training videos
- Refer to the [KDHE SOP](#) for testing directions

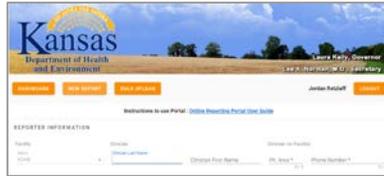


Report results

- Results submitted through the Kansas Disease Reporting Portal, National Healthcare Safety Network (NHSN), or LabXchange, an electronic resulting system
- Refer to the [KDHE SOP](#) or information in this packet for further guidance



Data entry process | Kansas Disease Reporting Portal and LabXchange



Kansas Disease Reporting Portal

Overview

Online COVID testing reporting portal to submit patient information and corresponding test results

Kansas Disease Reporting Portal **does not have capability to inform users of their results**—additional processes required for notifications

Data entry process

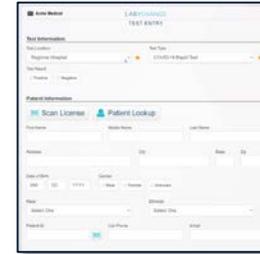
Kansas Disease reporting portal offer **two methods for reporting**:

- Individually inputting patient info and test result in online portal
- Bulk uploading results for multiple patients using

Individual inputs: Create a unique report and fill-out required fields for each individual patient every time a test is performed

Bulk uploads: Use a template to collect the required info for all individuals tested and submit their test results in one upload

- New template needs to be download every time a bulk upload is made, and specific details need to be followed



LabXchange

Electronic order entry system that helps to **automate the process of capturing patient information**—reducing time, errors, and paperwork

Offers reporting **capabilities to notify patients** of their results and allows org to **create a directory of patients to pre-populate data**

LabXchange has a "Patient Lookup" feature that allows users to **quickly identify a patient and pre-populate the patient data**

- Use the pre-set excel template to conduct a one-time bulk upload of all the patients who will be tested as part of the program
- Alternatively, users can scan the ID to populate required fields

Each time a new test result needs to be uploaded, the user will need to provide the test location, test type, test result and use the "Patient lookup" feature to assign the result to a patient

Saved **results are immediately upload to EpiTrax**



Additional detail on LabXchange tool for recording

What is LabXchange: *LabXchange is an electronic order entry system that helps to automate the process of capturing patient information, reducing time, errors, and paperwork*

- 1 After logging into LabXchange and selecting Test Entry, **user must input Test Information** including **Test Location**, **Test Type** (rapid v. PCR), and **Test Result** (this can be added later if not resulted at time of input)
- 2 When entering Patient Information, the user has the **option scan a license which will pre-fill all required information**. They can also do a **Patient Lookup** which allows them to **type in the name of the patient and the corresponding Patient Information will auto populate**.
- 3 In order to use the Patient Lookup feature, the facility must do a **one-time bulk upload of all their staff and residents utilizing a pre-set excel template**.

	C	D	E	F	G
1	Patient First Name	Patient Middle Initial	Patient Date Of Birth	Patient Gender	Patient Address Line 1
2	JOHN		19980227	M	123 MAIN ST
3	JANE		19900101	F	234 SOUTH AVE
4					
5					
6					
7					
8					
9					

Live demo on LabXchange functionality and use can be found [here](#)

Updated CMS Visitation and Testing Guidance

April 27, 2021

Visitation is encouraged, but Adult Care Homes should maintain strong infection control practices, testing for the presence of the COVID-19 virus, and effective responses to outbreaks of COVID-19 in adult care homes. Visitation needs should be person centered, based on resident needs, including compassionate care and indoor visits. Similar guidance on the use of outdoor and window visits.

Compassionate care visits should be allowed at all times. If the 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.

Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine

Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission Indoor visits could be limited for:

- Unvaccinated residents, if the nursing home's 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

More details on visitation guidance in Vaccine FAQs [[Here](#)]

Testing Frequency Guidance (CMS QSO-20-38-nh-revised)

County Positivity Rate	Staff Routine Testing Frequency
Less than 5 percent	Test unvaccinated staff once a month
Between 5 and 10 percent	Test unvaccinated staff once a week
Greater than 10 percent	Test unvaccinated staff twice a week

Routine testing of asymptomatic residents is not recommended unless prompted by a change in circumstances, such as the identification of a confirmed COVID-19 case in the facility.

Updated CMS Visitation and Testing Guidance

April 27, 2021

Testing of Staff and Residents with COVID-19 Symptoms or Signs Staff with symptoms or signs of COVID-19, vaccinated or not vaccinated, must be tested immediately and are expected to be restricted from the facility pending the results of COVID-19 testing.

More details on visitation guidance in Vaccine FAQs [[Here](#)]

Communal Activities and Dining While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. *The CDC has provided additional guidance on activities and dining based on resident vaccination status. For example, residents who are fully vaccinated may dine and participate in activities without face coverings or social distancing if all participating residents are fully vaccinated; if unvaccinated residents are present during communal dining or activities, then all residents should use face coverings when not eating and unvaccinated residents should physically distance from others. (QSO-20-39-NH Revised)*

From the CDC Guidance - - Communal activities within a healthcare setting.

Activities:

If all patients/residents participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity. If unvaccinated patients/residents are present, then all participants in the group activity should wear source control and unvaccinated patients/residents should physically distance from others.

Communal dining:

Fully vaccinated patients/residents can participate in communal dining without use of source control or physical distancing. If unvaccinated patients/residents are dining in a communal area (e.g., dining room) all patients/residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others.

Social Excursions:

If they are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in the Interim Public Health Recommendations for Fully Vaccinated People.



Best Practices on Visitation and Quarantine

Jennifer Colp

RN/DON

Leonardville Nursing Home

Jamie Parades

Executive Director

Evergreen Community of Johnson County

FAQs

Questions from March 26, 2021 webinar (1/5)

Since the vaccine is only good for 90 days, do you anticipate having to restrict visitation again in the future until the tested effectiveness time frame for the vaccine?

We do not anticipate needing to update the visitation guidance beyond the existing timeframes of when the vaccine provides effective resistance to the virus. The current direction is that the vaccine should provide protection for 180 days after the full vaccination

If every resident in a facility has had their vaccinations, does the facility still need to maintain the 6 feet apart rule?

The CDC continues to recommend maintaining social distancing, hand washing protocols, mask wearing and other infection control practices. The vaccine provides an additional level of protection, but good infection control practices, including social distancing, prevents the spread of the virus

Since we can no longer require testing for visitors, how do we encourage them to be tested even if they are vaccinated?

Making easy access to testing at the door when visiting or coming to a facility should encourage visitors to know their COVID-19 status. This is an effective way to be aware of needed precautions to make visits safe inside or outside facilities

Do visitors need to be tested, before entering the facility?

There's no requirement to test visitors. CMS does encourage facilities in medium or high positivity counties to offer tests to visitors. Additionally, facilities should prioritize testing for regular visitors. KDHE has made available Abbott BinaxNOW rapid, point of care antigen tests that can be used for testing visitors

When it comes to testing, do visitors include compassionate caregivers?

People entering facilities to provide a compassionate care visit should not be restricted beyond essential infection control practices, including social distancing, wearing a mask, and hand washing. Testing is not required

Questions from March 26, 2021 webinar (2/5)

We are anticipating that families will want to take residents out to higher risk activities, such as groups where not everyone is wearing masks, larger size groups, etc. Although not a known exposure, would we need to quarantine the residents upon return?

Quarantine of a resident after returning from an outing involving large groups of people or when it isn't certain that everyone was wearing a mask is a facility policy. We are waiting on updated guidance from the CDC that would clarify the need to quarantine residents in a nursing facility or adult care home after being vaccinated and having a known exposure to COVID-19

Does indoor visitation need to be in a controlled room or are family members allowed to go to their residents' apartments?

The CMS and KDADS guidance say visits should be conducted in a way that limits visitors' movement through a facility. Visits can occur in residents' room, if the resident does not have a roommate and infection control practices are followed. If there is a roommate, a designated visitation area should be used

Is there a suggested time limit, per visit, with family?

CMS indicates its intent is that facilities make concerted efforts to allow as much visitation as possible while adhering to the core principles of infection control. Facilities should not be overly restrictive and may need to limit visitors to one at a time for each resident or the total number of visitors in a build may need to be restricted. CMS's intent is that there can be time limits by the facility, but they should not be more restrictive than necessary

Can a resident eat with their visitors if distanced? Do the same rules apply for indoor vs outdoor eating?

The CMS guidance on communal activities and dining discuss residents eating with a limited number of people at each table separated by 6 feet. It appears that would apply to any dining arrangements involving other residents or visitors

Should facilities require visitors to schedule appointments ahead of time, before visiting their residents?

Scheduling in advance would be an effective way to manage the number of visitors in a facility.

Questions from March 26, 2021 webinar (3/5)

Who determines a compassionate caregiver? It seems like almost anyone can qualify for it?

The CMS guidance about compassionate care visits say “compassionate care visits can be conducted by any individual that can meet the residents’ needs. Compassionate care visits should be allowed at all times regardless of a residents’ vaccinations status, the county COVID-19 positivity rate or an outbreak

Are vendors being allowed in facilities?

Vendors would fall under the same visitation guidelines as family members and loved ones.

Are facilities able to go back to full communal dining?

The CMS guidance refers to CDC recommendations for aggressive social distancing measures (maintaining at least 6 feet of distance from others) in any communal dining or activity

Is the extended waiver for TNA in May or are we still waiting for more clarification?

KDADS has requested an extension of the Temporary Aide authority through the end of the state emergency declaration, May 28th

If residents or the people that represent them vote to fully open up a facility without restrictions, do they have the right to do so?

Resident’s or their representatives should make their desire for visitation known to facility operators. Facility operators should develop policies consistent with the CMS and KDADS recommendations that permit visitation under most circumstances.

Questions from March 26, 2021 webinar (4/5)

Can residents leave the facility and not be quarantined upon return? What about situations where residents would need to leave the facilities regularly (e.g., for Sunday church), would that mean the resident would be in permanent quarantine?

CDC updated its Infection Control Recommendations in Nursing Facilities on April 13, 2021. The recommendations update the quarantine requirements for residents that leave facilities for less than 24 hours and new admissions or readmissions. The full document can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#new-admissions>.

In particular, the CDC recommends that:

Residents who leave the facility should be reminded to follow all recommended Infection Prevention and Control (IPC) practices including source control, physical distancing, and hand hygiene and to encourage those around them to do the same. Individuals accompanying residents (e.g., transport personnel, family members) should also be educated about these IPC practices and should assist the resident with adherence.

For residents going to medical appointments, regular communication between the medical facility and the nursing home (in both directions) is essential to help identify residents with potential exposures or symptoms of COVID-19 before they enter the facility so that proper precautions can be implemented.

In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection. Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.

Facilities might consider quarantining residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures.

Residents who leave the facility for 24 hours or longer should generally be managed as described in [New Admission and Readmission](#).

Guidance addressing placement, duration, and recommended PPE when caring for residents in quarantine is described in Section: [Manage Residents who have had Close Contact with Someone with SARS-CoV-2 Infection](#).

Questions from March 26, 2021 webinar (5/5)

Do residents have to wear masks when they receive visitors? Does this apply to all residents that may come within 6 feet of visitors, regardless of whether the visitor is there to see them or another resident?

The CMS guidance continues to recommend adherence to the core principles of infection control including physical distancing, hand hygiene, and mask wearing. The guidance says that close contact is allowed if a resident has been fully vaccinated, while wearing a well-fitting face mask and performing hand hygiene before and after. The guidance does not specifically exempt residents from mask wearing.

If for some reason the resident was unable to wear a mask, the facility should document that in the resident's care plan. Documentation would keep other residents from just deciding not to wear a mask based on observation of someone without it.

Our hospital system is now allowing employees to check their own temperatures. Can nursing homes also implement this policy?

Based on the CMS guidelines for visitation in QSO-20-39-NH revised, nursing facilities must have a screening process that all staff must complete prior to or at the beginning of their shift that reviews for signs/symptoms of illness and must include whether a fever is present. The facility should document staff with signs/symptoms (e.g., fever) of COVID-19 according to their surveillance plan. CMS has indicated that the facility has to have a process around reviewing for positive symptoms or screening results. Self screening is allowed as long as there is a mechanism.

Can residents leave the facility and not be quarantined upon return? What about situations where residents would need to leave the facilities regularly (e.g., for Sunday church), would that mean the resident would be in permanent quarantine?

If a resident leaves for less than 24 hours and was not exposed to someone with COVID-19, quarantine is not recommended. The CDC says in most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection. The full CDC recommendation can be found at

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#new-admissions>.

Long-term Care: Abbott BinaxNOW antigen tests FAQs (1/2)

Where can I get Abbott BinaxNOW antigen tests for my facility?

Abbott BinaxNOW antigen tests can be requested from your County Emergency Manager. Please reach out to your County Emergency Manager for more details. Please click [here](#) for list and contact information to County Emergency Managers.

Are the Abbott BinaxNOW antigen tests free?

Yes, these tests are free

If I am already receiving antigen tests from the Federal Government, is there a need for me to request these Abbott BinaxNOW antigen tests from KDHE?

No, there is no need to request these tests from KDHE. However, you can request these Abbott BinaxNOW antigen tests if you are currently not receiving enough tests directly from the Federal Government to test your employees, visitors, vendors, etc.

Are we required to use these Abbott BinaxNOW antigen tests?

There is no requirement to use. We do, however, hope and expect that requests for the Abbott BinaxNOW antigen tests will be made to support your current and planned needs for screening staff, residents, vendors, and visitors

How are we expected to use these Abbott BinaxNOW antigen tests, given the fact that we are already using PCR tests?

Facilities can decide how best to utilize these tests, given their current needs and testing strategy. These tests provide results in about 15 minutes and are ideal for testing where a quick turnaround is needed. We recommend working these Abbott BinaxNOW antigen tests into your testing strategy

Is there a limit to the amount of Abbott BinaxNOW antigen tests we can receive?

There is currently no limit to the amount of Abbott BinaxNOW antigen tests your facility can receive

Long-term Care: Abbott BinaxNOW antigen tests FAQs (2/2)

Is there contact information for KDHE CLIA waiver requests?

For KDHE CLIA waiver requests, please visit KDHE CLIA application link ([here](#)) for more information. If you need further assistance in obtaining the waiver, please reach out to kdhe.clia2@ks.gov for assistance

If you already have a CLIA waiver, are you covered for these Abbott BinaxNOW antigen tests?

Yes, if you already have your CLIA certification, you are able to use these Abbott BinaxNOW antigen tests . However, you should still contact the KDHE CLIA office to add the Abbott BinaxNOW antigen tests to your waiver

What is the shelf life on these Abbott BinaxNOW antigen tests?

The shelf life of available Abbott BinaxNOW antigen tests vary by lot number. A three-month shelf-life extension was just approved for some of the lots currently available. KDHE will notify facilities of the lot numbers qualified for the 3-month extension

How do we request the Abbott BinaxNOW antigen tests that KDHE has if the email for our County Emergency Manager's contact is no longer valid?

If the email for your County Emergency Manager is no longer valid, please call the number for your County Emergency Manager. If there is no response, please leave a voicemail

Long-term Care: Reporting FAQs LAB (1/2)

How do we report if we are using rapid antigen tests?

All test results, positive and negative, are reportable to KDHE. Test results can be reported to KDHE via the Kansas Reportable Disease Portal <https://diseasereporting.kdhe.ks.gov/>

If we are reporting antigen tests to National Healthcare Safety Network (NHSN), do we also have to report to KDHE?

If you are already reporting to National Healthcare Safety Network (NHSN), then that meets your reporting requirements and there is no further need to report to KDHE. Please note, however, that you are no longer required to report antigen test results each day to National Healthcare Safety Network (NHSN). If you are reporting directly to KDHE, then that also meets your reporting requirements. Nursing facilities are still required to report test results and positive cases through NHSN weekly. The CMS memo and CDC website guidance on reporting to NHSN can be found here ([link here](#)) and here ([link here](#))

Please note reporting to KDHE can also be done through LabXchange. Please contact kdhe.KHEL_INFO@ks.gov ([link here](#)) and request access to LabXchange. Please also note, this email can be used to ask general questions related to LabXchange.

Do state regulated buildings report all testing to KDHE?

All tests are reportable to KDHE

How do we report tests administered to out of state visitors and/or staff members?

You may fax results to KDHE Epidemiology at 1-877-427-7317. The results will be routed to the correct state's health department

When using PCR tests for visitors/vendors, how do you report since not a resident or an employee?

The facility is responsible for reporting all test results, positive and negative, to KDHE. Test results can be reported to KDHE via the Kansas Reportable Disease Portal <https://diseasereporting.kdhe.ks.gov/>

Long-term Care: Reporting FAQs LAB (2/2)

Is LabXchange replacing WebIZ? Or do we report to both?

Please note that LabXchange is a tool for reporting COVID-19 testing, while WebIZ is a tool for reporting COVID-19 vaccinations. Vaccines are entered into WebIZ when they are administered. Only people who are administering vaccines need to report them into WebIZ, and therefore, if your facility is not actually administering vaccine, then there is no vaccine reporting requirement for your facility

Only people who are administering vaccines need to report them into WebIZ, and therefore, if your facility is not actually administering vaccine, then there is no vaccine reporting requirement for your facility.

Are we required to report our vaccinations?

Vaccines are entered into WebIZ when they are administered

How do we get the LabXchange reporting software?

Please contact kdhe.KHEL_INFO@ks.gov ([link here](#)) and request access to LabXchange. Please also note, this email can be used to ask general questions related to LabXchange.

Long-term Care: Visitation + Miscellaneous FAQs (1/2)

Now that we are vaccinated, can we stop social distancing?

Vaccines are another layer of protection against COVID-19, however, at this moment, they should not be the only layer of protection relied on. KDHE and KDADS recommends following the guidance from the CDC and CMS to continue COVID-19 infection control practices including, but not limited to; COVID-19 testing, social distancing, wearing masks, washing your hands with soap and water, or using alcohol-based hand sanitizer.

How long will the EO be in place to test?

The Executive Order requiring COVID-19 testing in state licensed adult care homes will expire at the end of March with the ending of the emergency declaration. That date could change based on various factors including the future prevalence of COVID-19 and the vaccination uptake in Kansas.

Per QSO 20-39-NH, do we have to be 2-weeks out of "red" before allowing visitation? Or is it OK immediately once we are in Yellow/Green?

For indoor visitation, adult care homes should consider multiple factors when deciding about allowing visitation. The color-coded levels based on the county positivity rates are one indicator of community spread. Other factors mentioned in the KDADS guidance document include no new onset of COVID-19 in the last 14 days and the facility is not conducting outbreak testing. Facilities also should limit the number of visitors per resident and the total number of visitors at one time, limit movement of visitors within the building, allow for 6 feet of social distance, and assure that visitors can adhere to infection control principles. When a county moves from high levels of positive test results to a lower level (for example red >10% positivity to yellow between 5 and 10%, or green <5%) facilities can use that information as soon as it is available to inform their decision.

After the fully vaccinated individual is outside the 3 months, what is the guidance? Do they go back to the prior guidance.

The CDC has not issued clear direction on how fully vaccinated people should be treated after the period of immunity after vaccination. Vaccination provides another layer of protection from COVID-19 but does not remove the need to practice good infection control including wearing masks, social distancing, good hand hygiene and transmission-based precautions. As the science develops about the vaccine and the longevity of the immunity response to the vaccine.

Long-term Care: Visitation + Miscellaneous FAQs (2/2)

We are supposed to have a physician's order for all POC tests. How is this to be done for visitors, vendors, etc.?

If you do not have a provider with a Standing Order for COVID-19 testing, you may use Dr. Lee Norman as the provider. As the State Health Officer, he has issued a Standing Order for COVID-19 testing ([Standing Order Here](#))

Is there a time frame on how long we will be required to test staff?

The Executive Order, which mandates the regular screening testing of staff, is in place until March 31st, 2021. We will continue to monitor any potential extensions of this Executive Order. We still recommend for facilities to continue regular screening testing of staff, post March 31st, 2021, in order to monitor the spread of COVID-19 within your facility (this especially applies to facilities that have not had vaccines administered to 100% of staff and residents).

How can facilities best incorporate appropriate visitation times, while maintaining safety standards for COVID-19? Can facilities limit the hours of visitation to specific ranges of times during the work week? Only on weekends?

Facilities should work internally in order to implement the most appropriate visitation hours for their facilities. When setting visitation hours, please keep in mind the following (note that this is not an exhaustive list):

- Times where residents could be at high risk of contracting COVID-19 from visitors (e.g., high traffic times such as meals and group activities)
- Vaccination statuses of residents and staff within the facility (e.g., facilities with high uptake of vaccines can likely have more flexible visitation hours than facilities with low vaccine uptake)
- Testing policies and frequency (does facility conduct regular screening testing of staff and residents? Does facility test all visitors prior to entrance?)

In accordance with §483.10(f)(4), the resident has the right to receive visitors of his or her choosing at the times of his or her choosing. There are no regulations that restrict visitation to only certain hours of the day. We expect facilities to make concerted efforts to allow as much visitation as it is able to accommodate while adhering to the core principles of infection prevention. While facilities may need to limit the number of visitors per resident at one time, as well as the total number of visitors in the facility at one time, to ensure safety during visits, they should not be overly restrictive. For example, limiting visitation to 15 minutes or only allowing visitation during weekdays may not meet our intent.

Long-term Care: Vaccine FAQs (1/9)

Once residents and staff in adult care homes/nursing homes have been fully vaccinated, will visitation limits be changed/lifted? Has there been any guidance by Centers for Medicare & Medicaid Services (CMS) or other regulatory body on this issue?

Outdoor visitation:

- While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred even when the resident and visitor are fully vaccinated* against COVID-19. Outdoor visits generally pose a lower risk of transmission due to increased space and airflow.
- Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons ([Link Here](#))

Indoor visitation:

- Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:
 - Unvaccinated residents, if the nursing home's 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 ([Link Here](#)); or
 - Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine ([Link Here](#))

Indoor Visitation During an Outbreak:

While outbreaks increase the risk of COVID-19 transmission, a facility should not restrict visitation for all residents as long as there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility. Facilities should continue to adhere to CMS regulations and guidance for COVID-19 testing, including routine staff testing, testing of individuals with symptoms, and outbreak testing.

Long-term Care: Vaccine FAQs (2/9)

Once residents and staff in adult care homes/nursing homes have been fully vaccinated, will visitation limits be changed/lifted? Has there been any guidance by Centers for Medicare & Medicaid Services (CMS) or other regulatory body on this issue? *(continued)*

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:

- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility 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 facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

Compassionate Care Visits:

- Visits for compassionate care, such as an end-of-life situation or a resident in decline or distress should be allowed at all times for any resident (vaccinated or unvaccinated), regardless of the above scenarios. In addition, facilities and visitors should continue all infection prevention and control practices.

Visitor testing and vaccination:

- We encourage visitors to become vaccinated when they have the opportunity. While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems.

Long-term Care: Vaccine FAQs (3/9)

What is the plan for continued vaccination of residents and staff? Particularly for new residents or staff members, who were not a part of our original vaccination schedule, but need the vaccine to be admitted into our facility?

COVID-19 vaccine is currently being distributed to Local Health Departments and through retail and other long-term care pharmacies. Facilities should be able to work with pharmacies or other vaccination partners, including Local Health Departments, to obtain COVID-19 vaccine for new staff, new residents or others that were not included in the vaccine partnership through CVS and Walgreens. If a facility doesn't have a vaccination partner, contact KDADS.reopening@ks.gov or use the Kansas Department for Aging and Disability Services (KDADS) vaccine survey to request assistance with finding a vaccine partner.

If a person tests positive for COVID after their prime dose, how should their boost dose be handled?

If you get the prime dose and subsequently test positive, this won't necessarily keep you from getting the boost dose but you should monitor your symptoms and isolate accordingly. Cases are isolated during their infectious period, which is the time period where they can spread the disease to others. For COVID-19 disease, the isolation period is a minimum of 10 days. If your symptoms resolve before your boost dose, which will be three or four weeks after the prime dose depending on which vaccine you received, you can get the boost injection. Otherwise, wait until your symptoms resolve and speak with your provider to determine when you should get your boost dose. If you receive an infusion of a monoclonal antibody drug to treat COVID-19 illness, wait 90 days after treatment to get your boost dose

Long-term Care: Vaccine FAQs (4/9)

Do I have to quarantine if exposed to COVID-19 after I am fully vaccinated?

You are considered fully vaccinated two weeks after receiving the Johnson & Johnson vaccine or two weeks after receiving your boost dose of the Pfizer or Moderna vaccines. Fully vaccinated persons should continue to follow current guidance ([link here](#)) to protect themselves and others. This includes:

- Wearing a mask, staying at least 6 feet apart from others, and avoiding crowds and poorly ventilated spaces whenever you are in public, gathering with unvaccinated people from more than one other household, or visiting with an unvaccinated person who is at increased risk of severe illness or death from COVID-19 or who lives with a person at increased risk
- Avoiding medium or large-sized gatherings
- Delaying domestic and international travel ([link here](#))
- Following guidance at your workplace

As of March 8, 2021, the CDC permits fully vaccinated individuals to:

- Gather indoors with other fully vaccinated people without wearing masks
- Gather indoors with unvaccinated people from one other household (e.g., visiting with relatives who all live together) without masks, unless any of those people or anyone they live with has an increased risk for severe illness from COVID-19

You should still watch out for symptoms of COVID-19, especially if you've been around someone who is sick. If you are fully vaccinated and have been around someone who has COVID-19, you do not need to stay away from others or get tested unless you have symptoms. However, if you live in a group setting (like a correctional or detention facility or group home) and are around someone who has COVID-19, you should still stay away from others for 14 days and get tested, even if you don't have symptoms.

Long-term Care: Vaccine FAQs (5/9)

If the provider who gave my prime dose cannot/will not give my boost, what should I do?

The provider that administered your prime dose will automatically receive the corresponding boost dose so ideally you will receive both doses from the same provider. If that provider cannot provide your boost dose for some reason, contact your Local Health Department for assistance finding a provider that can administer your boost dose ([directory by county](#)) or check with a participating local pharmacy to see if they can provide the boost dose for you. Make sure to take your vaccination card with you!

What will be the cost of the vaccine?

The COVID-19 vaccine is free to everyone and no insurance is required. Healthcare facilities are permitted to charge an administration fee to administer the vaccine, but no one can be denied a vaccine if they cannot afford the administration fee or do not have insurance. If you are eligible for the vaccine in the current phase but are turned away because of your inability to pay, please contact KDHE (866-534-3463 / 866-KDHEINF or covid-19@ks.gov). Alternatively, you may contact the Kansas Insurance Department's Consumer Assistance Division by phone (800-432-2484), by email (kid.webcomplaints@ks.gov), or file a complaint on their website ([insurance.kansas.gov](https://www.insurance.kansas.gov))

If a resident or staff contracted COVID-19 right after or before the first vaccine, and the physician is recommending not to get the second vaccine for 90 days, would that staff member or resident start over with the vaccine schedule?

If a resident contracted COVID-19 before the first dose, the physician may recommend that they wait 90 days before getting vaccinated. This is based on the logic that most people will be immune from re-infection with COVID-19 for about 90 days after they have had natural infection and that you could, if you chose to, defer to get the vaccine until more vaccine is available for everyone. If the resident gets COVID-19 after the first dose, they should NOT wait 90 days. They should get their second dose after they have completed their isolation period and are feeling better. There is no need to start the vaccine series over if the second dose is delayed.

Long-term Care: Vaccine FAQs (6/9)

If someone is sick, can they still get the vaccine?

Patient care is very nuanced, so it is difficult to provide clinical guidance online. The FDA advises telling your vaccination provider about all of your medical conditions, including if you:

- Have any allergies
- Have a fever
- Have a bleeding disorder or are on a blood thinner
- Are immunocompromised or are on a medicine that affects your immune system
- Are pregnant or plan to become pregnant
- Are breastfeeding
- Have received another COVID-19 vaccine

For further information, please refer to the

- Pfizer EUA Factsheet ([Link Here](#))
- Moderna EUA Factsheet ([Link Here](#))
- Johnson & Johnson EUA Factsheet ([Link Here](#))
- CDC COVID-19 Vaccination FAQ ([Link Here](#))

Is it protocol to vaccinate individuals who have already recovered from COVID-19?

Yes, reinfection is possible so vaccination is recommended even if a person has previously been infected with COVID-19. The CDC advises waiting 90 days after treatment for COVID-19 symptoms with monoclonal antibodies or convalescent plasma. If a person is currently in quarantine due to potential exposure to COVID-19, it is advised to wait 14 days after exposure to get vaccinated to ensure that they do not have COVID-19.

Long-term Care: Vaccine FAQs (7/9)

How long will the vaccine provide protection against COVID? Will the vaccine need to be repeated like the flu vaccine? If so, how often?

Research is still ongoing and data is not yet available on the duration of protection that the vaccines will provide or if we will need to be vaccinated again in the future.

Can you still spread the virus after being fully vaccinated?

Research is still ongoing into this question. It may be possible to spread the virus after being fully vaccinated, so it is important to continue taking appropriate precautions like wearing a mask, practicing social distancing, and avoiding large gatherings after vaccination. We do know that the vaccine is very effective at preventing symptomatic disease in the person who is vaccinated, but more needs to be learned about whether vaccinated people can be asymptomatic carriers of the virus that can still infect others.

Why don't we have enough vaccines currently?

Vaccine supply has been limited by manufacturing capacity but as of March 2021, three manufacturers, Pfizer, Moderna, and Johnson & Johnson, have received Emergency Use Authorization for their vaccines and are producing doses at full capacity. States should expect supply increase quickly in the coming months. The Biden Administration has announced that the United States will have enough vaccine doses manufactured for all adults who want it by the end of May, however that does not mean that all adults will be vaccinated by then because distribution and administration to the full population will take additional time.

Is the state or KDHE hoarding vaccine?

No, the state and KDHE are not hoarding vaccine doses. The state manages the allocation and order process and then the doses are delivered directly to Local Health Departments and other providers. KDHE keeps an allocation of vaccine to administer to special populations including K-12 teachers and staff.

Long-term Care: Vaccine FAQs (8/9)

Our facility received one type of vaccine for prime doses, but then our county switched to the other type of vaccine. How do we receive the boost doses of vaccine for our facility?

Many local pharmacies and health departments have received shipments of both the Pfizer and the Moderna vaccines. Please reach out to your facility's pharmacy for further vaccine support. If your pharmacy and Local Health Department cannot provide you the vaccination support needed, please reach out to KDHE at COVID-19@ks.gov for further support.

If a pharmacy won't send vaccinators to a rural LTC facility, how can the residents get the Pfizer vaccine without having to travel together?

First, please contact the location (via the phone number, email, and/or website contact information provided) to verify location-specific eligibility, vaccine availability, hours, and appointment requirements. Once you have confirmed these details, please reach out to your Local Health Department (directory by county) to see if they have any transportation assistance programs. If you still are not able to receive transportation support, please contact KDHE at COVID-19@ks.gov.

How do we get vaccine for residents that received monoclonal antibody treatment during our vaccine clinics with CVS?

For residents that were unable to receive vaccines during the CVS/Walgreens clinics, you can reach out to your Local Health Department, or to your facility's pharmacy to get those residents vaccinated.

If a second Pfizer vaccine cannot be obtained, should I start over with the Moderna?

No, do not start the vaccine process over with Moderna (or vice versa). Please contact your Local Health Department for assistance finding a provider that can administer your second dose (directory by county).

Long-term Care: Vaccine FAQs (9/9)

How long can a person wait to receive the second shot?

The mRNA COVID-19 vaccine series consists of two doses administered intramuscularly. CDC guidance ([link here](#)) on the interval between doses is as follows:

- Pfizer-BioNTech (30 µg, 0.3 ml each): 3 weeks (21 days) apart
- Moderna (100 µg, 0.5 ml): 4 weeks (28 days) apart
- Johnson & Johnson: 1 dose only

Persons should not be scheduled to receive the boost dose earlier than recommended (i.e., 3 weeks for Pfizer or 4 weeks for Moderna). However, boost doses administered within a grace period of 4 days earlier than the recommended date for the boost dose are still considered valid. Doses inadvertently administered earlier than the grace period should not be repeated.

The boost dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the boost dose of Pfizer and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the prime dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. However, if the boost dose is administered beyond these intervals, there is no need to restart the series.

Questions from April 30, 2021 webinar(1/9)

Can vaccinated residents go without a mask in the hallways if there are no unvaccinated residents in the halls?

[CMS](#) and [KDADS](#) guidance allow fully vaccinated residents the choice of not wearing source control or physically distancing while in their room, in a designated visitation room, during communal dining and group activities as long as all participants present are fully vaccinated. However, please note that visitation guidance(s) from both agencies also include language encouraging facilities to practice the Core Principles of COVID-19 Infection Prevention that reduce the risk of COVID-19 transmission and the [Interim Public Health Recommendations for Fully Vaccinated People](#) from the CDC recommend that for now, fully vaccinated people should continue to take precautions in indoor public settings like wearing a well-fitted mask.

Can we ask visitors their vaccination status, can facilities require visitor show proof of vaccination status ?

Visitors shall be given the opportunity to disclose their vaccination status to determine if the visitor may have close contact (including touch) and not wear source control while alone in a resident's room or the designated visitation room, however the facility may not require visitors to disclose their vaccination status or to show proof of vaccination. Visitors that decline to disclose their vaccination status should adhere to the infection control principles of COVID-19 infection prevention for unvaccinated persons.

Questions from April 30, 2021 webinar(2/9)

If resident and staff are vaccinated, can they eat their meal together?

Recommendations for use of personal protective equipment by HCP remains unchanged and HCP should adhere to the following the [Interim Infection Prevention and control Recommendations for Healthcare Personnel During he Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) while providing patient care.

If the HCP(s) is not providing patient care (i.e. eating assistance) fully vaccinated residents and HCP could eat their meals together following the communal dining section(s) of both CMS and KDADS visitation guidance.

Are facilities required to report ALL lab results for all swabs to KDHE? Or are we required to report PUIs/positives to KDHE?

Any antigen or PCR point-of-care testing performed onsite will be required to report to KDHE or NHSN. This includes positive and negative results and are required to be reported within 24 hours. If a sample is taken to a reference or hospital lab then that lab is responsible for reporting to KDHE.

https://kdheks.gov/epi/covid_reporting.htm

If we are reporting to NHSN do we also need to report on the KS Disease Reporting site?

If you are already reporting to National Healthcare Safety Network (NHSN), then that meets your reporting requirements and there is no further need to report to KDHE. Please note, however, that you are no longer required to report antigen test results each day to National Healthcare Safety Network (NHSN). If you are reporting directly to KDHE, then that also meets your reporting requirements. Nursing facilities are still required to report test results and positive cases through NHSN weekly. The CMS memo and CDC website guidance on reporting to NHSN can be found [here](#) and [here](#). Please note reporting to KDHE can also be done through LabXchange. Please contact kdhe.KHEL_INFO@ks.gov and request access to LabXchange. Please also note, this email can be used to ask general questions related to LabXchange.

Questions from April 30, 2021 webinar(3/9)

How do you anticipate the variances between vaccinated & unvaccinated staff & residents will be handled by surveyors? Will surveyors look at making unvaccinated residents stay away from others while participating in visitations, communal dining and group activities as a violation of resident rights or HIPPA?

Facilities should have a system in place for staff to be aware of each resident's needs, including the need for infection control interventions to protect a resident from a communicable disease. Staff should also be as discrete as possible when talking to residents about their vaccination status, however, a resident's vaccination status might be revealed by actions taken by the individual or others.

When determining vaccination status, the privacy of the patient/resident/HCP should be maintained (e.g., not asked in front of other patients/residents/HCP). For example, when planning for group activities or communal dining, facilities might consider having patients/residents sign up in advance so their vaccination status can be confirmed, and seating assigned. If vaccination status cannot be determined, the safest practice is for all participants to follow all recommended infection prevention and control practices including maintaining physical distancing and wearing source control.

When outbreak testing, can residents continue with outdoor visiting and window visits? Vaccinated residents? Unvaccinated residents?

When a new case of COVID -19 among residents or staff is identified, a facility 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.

Questions from April 30, 2021 webinar(4/9)

Our county positivity rate has doubled in 5 weeks. Variants have been identified. We have 90% of our residents vaccinated. We are hesitant to continue in-facility visitation. Are we overreacting?

Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

- Unvaccinated residents, if the nursing home's 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 2 criteria to discontinue Transmission-Based Precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Questions from April 30, 2021 webinar(5/9)

When outbreak testing, do all residents need to be restricted to their rooms? Vaccinated residents? Unvaccinated residents?

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#anchor_1619116602537

Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection; outpatients should be cared for using recommended Transmission-Based Precautions.

Although not preferred, healthcare facilities could consider waiving quarantine for fully vaccinated patients and 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. These decisions could be made in consultation with public health officials and infection control experts.

What if their doctor has told some families that they shouldn't get the 2nd vaccination or vaccinated at all? Where does that lie in the definition of being fully vaccinated?

The criteria for fully vaccinated and unvaccinated is as follows:

“Fully vaccinated” refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine.

“Unvaccinated” refers to a person who does not fit the definition of “fully vaccinated,” including people whose vaccination status is not known, for the purposes of CMS and KDADS guidance.

Questions from April 30, 2021 webinar(6/9)

If all residents are vaccinated but staff members in the dining room or an activity are NOT vaccinated, do residents have to continue precautions?

Yes, if any individual present is unvaccinated, all must mask and social distance, regardless of whether the unvaccinated individual is a resident or a staff member.

Does a Nurse have to do the assessment/questions for visitors to enter your building?

No

If a resident refuse to wear a mask should the facility have a risk vs benefit statement?

Facilities should have a system in place to be aware of each resident's needs, including the need for infection control interventions to protect a resident from a communicable disease, these needs should be met through a person-centered approach.

Can a vaccinated resident and a vaccinated visitor visit without face masks and social distancing?

The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the patient/resident is fully vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.

Questions from April 30, 2021 webinar(7/9)

What is the recommendations for visits with babies under 2 not able to wear masks?

The CDC has recognized children under 2 years of age as exempt from the mask wearing requirements.

Recommendations for visits for memory impaired residents fully vaccinated but unable to wear masks during visits or won't keep the masks on during visits without being able to ask visitors their vaccination status?

Facilities should have a system in place to be aware of each resident's needs, including the need for infection control interventions to protect a resident from a communicable disease, these needs should be met through a person-centered approach. However, fully vaccinated residents may choose to have close contact with their visitors regardless of the visitor's vaccination status. Visitors shall be given the opportunity to disclose their vaccination status to determine if the visitor may have close contact (including touch) and not wear source control while alone in a resident's room or the designated visitation room, however the facility may not require visitors to disclose their vaccination status or to show proof of vaccination. Visitors that decline to disclose their vaccination status should adhere to the infection control principles of COVID-19 infection prevention for unvaccinated persons.

*Please note that visitors who choose to disclose their vaccination status are not required to show proof of vaccination for status to be valid.

Questions from April 30, 2021 webinar(8/9)

CDC guidance dated April 27 indicates vaccinated visitors have less restrictions than unvaccinated regarding using a mask. So how do we know if the visitor is vaccinated without requiring proof of that?

Visitors shall be given the opportunity to disclose their vaccination status to determine if the visitor may have close contact (including touch) and not wear source control while alone in a resident's room or the designated visitation room, however the facility may not require visitors to disclose their vaccination status or to show proof of vaccination. Visitors that decline to disclose their vaccination status should adhere to the infection control principles of COVID-19 infection prevention for unvaccinated persons.

*Please note that visitors who choose to disclose their vaccination status are not required to show proof of vaccination for status to be valid.

How long are the vaccinations supposed to last? Months? Years? Just curious at what point we need to look at fully vaccinated individuals as no longer being vaccinated due to the vaccine wearing off.

We don't know how long protection lasts for those who are vaccinated; however, we know that the vaccine is protective for at least six months. Experts continue working to learn more about both natural immunity and vaccine-induced immunity and will provide updates when available.

Do vaccinated staff still have to wear mask? When will fully vaccinated staff be able to work without face coverings?

Recommendations for use of personal protective equipment by HCP remains unchanged at this time and HCP should adhere to the following [the Interim Infection Prevention and control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) while providing patient care.

Questions from April 30, 2021 webinar(9/9)

Can you provide clarification on outings? If a resident is unvaccinated and leaves the facility for an outing with family that has not had the vaccine either, and you know that face masks and social distancing will not be followed, can we quarantine the resident for 14 days upon return?

Patients/residents taking social excursions outside the facility should be educated about potential risks of public settings, particularly if they have not been fully vaccinated, and reminded to avoid crowds and poorly ventilated spaces. They should be encouraged and assisted with adherence to all recommended infection prevention and control measures, including source control, physical distancing, and hand hygiene. If they are visiting friends or family in their homes, they should follow the source control and physical distancing recommendations for visiting with others in private settings as described in [the Interim Public Health Recommendations for Fully Vaccinated People](#).

The facility is responsible for maintain policies and procedures to take upon residents return to ensure infection control is maintained; facilities may want to take into account the nature of the leave and refer to [Updated Healthcare Infection Prevention and Control recommendation in Response to COVID-19 Vaccination](#) when determining the period of quarantine required upon return if at all.

Can we test a visitor if we are concerned, they have been exposed to COVID-19?

Facilities should follow their policy for screening of visitors and have a procedure in place for those who do not meeting the screening criteria for entry into the adult care home. Additionally, we encourage facilities in medium- or high-positivity counties to offer testing to visitors, if feasible. If so, facilities should prioritize 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). While visitor testing can help prevent the spread of COVID-19, visitors should not be required to be tested (or show proof of such) as a condition of visitation. This also applies to representatives of the Office of the State Long-Term Care Ombudsman and protection and advocacy systems.