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**Memorandum**

**TO:** Long-Term Care Facilities  
**FROM:** Elizabeth Daake Kelley, MBA, MPH,  
Director, Bureau of Health Care Safety and Quality  
**SUBJECT:** Update to Infection Prevention and Control Considerations When Caring for Long-Term  
Care Residents, including Visitation Conditions, Communal Dining, and Congregate  
Activities  
**DATE:** May 10, 2023

Updates Summary:

- Removed the requirement for universal source control (masking) in the facility.
- Removed the requirement to perform SARS-CoV2 testing of all new admissions and readmissions.
- Long term care facilities should resume usual activities for indoor dining and communal activities and entertainment.

The Massachusetts Department of Public Health (DPH) recognizes that providing care for individuals seeking treatment for Coronavirus Disease 2019 (COVID-19) may prove to be especially challenging for health care practitioners and facilities, and we continue to appreciate your essential role. DPH is issuing this memorandum to long-term care facilities to update guidance following the end of the state and federal Public Health Emergencies. This update replaces the March 13, 2023 version of “Caring for Long-Term Care Residents during the COVID-19 Response.” DPH is issuing this updated guidance in alignment with the Centers for Medicare and Medicaid Services (CMS).

As we transition beyond the federal and state Public Health Emergencies, all rest homes and nursing homes must remain prepared to care for COVID-19 positive residents. Residents infected with SARS-CoV-2 may vary in severity from lack of symptoms to mild or severe symptoms. Symptoms may be mild and not require admission to a hospital. All facilities are expected to follow the infection prevention and control practices recommended by DPH.

## **Screening of All Individuals**

Long-term care facilities should screen all individuals entering the facility for symptoms but may utilize posted signage as a means to do so. Long term care facilities should have all individuals entering the facility, including healthcare personnel and visitors, self-assess for symptoms of COVID-19 (e.g., cough, shortness of breath, sore throat, runny nose, headache, myalgia, chills, fatigue, gastrointestinal symptoms, new onset loss of smell or taste and a fever). Self-screening should also include absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days. Long-term care facilities should post signage at facility entrance(s) explaining self-screening to visitors and staff. If an individual self-screens positively for symptoms or a diagnosis of SARS-CoV2 infection in the past 10 days, then they should not be allowed to enter the facility. Any healthcare personnel who had a diagnosis of SARS-CoV-2 infection in the prior 10 days must meet the return to work criteria outlined here:

<https://www.mass.gov/guidance/covid-19-isolation-and-quarantine-guidance-for-health-care-personnel>

Residents included in outbreak testing or who are being tested following an exposure, should be assessed for symptoms of COVID-19 during each shift.

## **Use of Personal Protective Equipment (PPE)**

Effective May 12, 2023, all health care personnel (HCP) should return to using PPE, including facemasks if indicated, as part of transmission-based precautions, in accordance with DPH return to work guidance<sup>1</sup> and as outlined in their health care facility infection prevention and control policies and procedures. Universal source control (masking) in the facility is no longer required, but all long-term care facility personnel should wear required PPE when caring for patients with suspected or confirmed COVID-19, consistent with the [DPH Comprehensive PPE Guidance](#).

Consistent with DPH [Organizational Policies and Procedures for Mitigating Respiratory Illness](#) Guidance, long-term care facilities are expected to develop and update their infection prevention and control policies to incorporate actions they will take during periods of higher levels of community respiratory virus transmission.<sup>2</sup> This should include but is not limited to implementing masking for HCP and visitors, increasing ventilation within the facility, and offering respiratory vaccination clinics. This can include universal masking, which means having everyone wear a mask upon entry. Such an approach could be implemented facility-wide or could be targeted toward higher risk areas (e.g., units experiencing an outbreak, units providing care to severely immunocompromised individuals) based on a facility risk assessment.

## **Management of COVID-19 Positive Residents**

Whenever possible, residents with COVID-19 should be placed in a private room or in a room with another confirmed COVID-19 positive individual, with the door closed, unless the room is part of a

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<sup>1</sup> <https://www.mass.gov/guidance/covid-19-isolation-and-quarantine-guidance-for-health-care-personnel>

<sup>2</sup> Examples of potential metrics include, but are not limited to, increase in outbreaks of healthcare-onset respiratory infections, increase in emergency department or outpatient visits related to respiratory infections and increase in wastewater SARS-COV2 levels,

physically separate, isolation unit in the facility or there is a serious safety concern. These residents should not share a bathroom with others who are not COVID-19 positive. In many cases, it may be most appropriate to isolate positive residents in place. Residents with COVID-19 may be released from isolation after five days from symptom onset, if afebrile for at least 24 hours, any symptoms have improved and they have a negative viral test collected on day 5 or later or, if asymptomatic, after five days from specimen collection date of the positive COVID-19 test and have a negative viral test collected on day 5 or later. These residents must wear a mask around others through day 10.

### **Updated Admissions Policies**

When a long-term care facility resident is transferred from a long-term care facility to a hospital for evaluation of any condition, including but not limited to, COVID-19 care, each long-term care facility must accept the resident's return to the facility when the resident no longer requires hospital level of care.

Long-term care facilities shall not condition admission or return to the facility on COVID-19 testing, COVID-19 test results or COVID-19 vaccination status. The long-term care facility may test the resident upon admission unless they are recovered in the last 30 days. Awaiting the test results should not delay an individual's discharge from the hospital to the long-term care facility. It is DPH's expectation that long-term care facilities will vaccinate any admitted resident who is not up to date with COVID-19 vaccine and consents to vaccination.

- Residents who are a close contact of a case of COVID-19 and are not recovered from COVID-19 in the last 30 days should be tested as soon as possible, but not sooner than 24 hours following exposure, on Day 3 and Day 5, and should wear a mask around others through day 10.

If long-term care facilities choose to test a resident upon admission or if the resident is tested because they are a close contact of a COVID-19 case then the facility may use any FDA EUA-authorized rapid antigen test to perform this testing.

Please see Appendix B for a Detailed Isolation and Exposure Chart for Residents based upon recovered status.

### **Testing**

In addition to the circumstance-specific testing described above, long-term care facilities are required to perform outbreak testing of residents and staff as soon as possible when a case is identified. Surveillance testing of staff is no longer required. If the long-term care facility identifies that the resident or staff member's first exposure occurred less than 24 hours ago, then they should wait to test until 24 hours after any exposure, if known.

Once a new case is identified in a facility, following outbreak testing, long-term care facilities should test exposed residents and staff at least every 48 hours on the affected unit until the facility goes seven days without a new case unless a DPH epidemiologist directs otherwise. Residents and staff who are recovered from COVID-19 in the last 30 days can be excluded from this testing. Any residents

recovered 31 to 90 days prior, should ONLY be tested with an antigen test (not PCR). In addition, facilities should immediately test any symptomatic resident or staff member. The facility may use any FDA EUA-approved rapid antigen test to perform testing described in this paragraph. Positive FDA EUA-approved rapid antigen test results no longer need to be confirmed with a molecular test.

Facilities must submit any positive SARS-CoV-2 test results when the test is performed in the facility to the Department of Public Health's Bureau of Infectious Diseases and Laboratory Sciences (BIDLS). Please contact [ImmediateDiseaseReporting@mass.gov](mailto:ImmediateDiseaseReporting@mass.gov) to share the primary contact details and the BIDLS team will follow up with you to set up reporting, if needed.

### **General Standards for In-Person Visitation**

A long-term care facility must allow in-person visitation, which can occur in designated indoor or outdoor visitation space or the resident's room, with the following safety, care, and infection control measures and policies in place:

- Before visiting residents who are in isolation, visitors should be made aware of the potential risk of visiting and precautions necessary in order to visit the resident. Visitors should adhere to the core principles of infection prevention. It is strongly advised that visitors to COVID-19 positive residents wear well-fitting facemasks when visiting.

### **Visitor Testing and Vaccination**

Facilities can choose to offer and perform rapid testing of visitors using any FDA EUA-approved rapid antigen test if feasible. However, a facility shall not condition a visit on testing.

Facilities must submit any positive test results from tests conducted in the facility, including visitors, to the Department of Public Health's Bureau of Infectious Diseases and Laboratory Sciences (BIDLS). Please contact [ImmediateDiseaseReporting@mass.gov](mailto:ImmediateDiseaseReporting@mass.gov) to share the primary contact details and the BIDLS team will follow up with you to set up reporting, if needed.

### **Indoor Visitation During Outbreak Investigation**

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 when there have been cases in the last 7 days in the facility and adhere to the core principles of infection prevention. If residents or their representative would like to have a visit while the resident is part of an exposure or outbreak investigation, they should wear face masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room.

While residents have the right to receive visitors at all times and make choices about aspects of their life in the facility that are significant to them, there may be times when the scope and severity of an outbreak warrants DPH to advise the facility pause visitation for a brief period of time. In accordance with CMS, DPH expects these situations to be extremely rare and only occur after the facility has worked with DPH to manage and prevent escalation of the outbreak. DPH, in accordance with CMS, also expects that if the

outbreak is severe<sup>3</sup> enough to warrant pausing visitation, it would also warrant a pause on the facility accepting new admissions. For example, in a nursing home where, despite collaborating with DPH epidemiologists over several days, there continues to be uncontrolled transmission impacting a large number of residents (e.g., more than 30% of residents are suspected or confirmed to be infected with COVID-19), the facility may pause visitation and new admissions temporarily but for not more than 72 hours. In this situation, the nursing home would not be out of compliance with DPH and CMS requirements. A pause in visitation due to a severe outbreak would not apply to compassionate care visits.

### **Compassionate Care Visitation**

Compassionate care visits are allowed at all times. Facilities must accommodate compassionate care visits for residents, regardless of vaccination and outbreak status.

### **Dining and Group Activities:**

Long-term care facilities should resume usual practices for communal dining and group entertainment and activities

### **Ombudsman Program and Legal Representation:**

Residents have the right to access the Ombudsman program and to consult with their legal counsel. Please note that reports of facilities found to not be adhering to this guidance will be referred to the DPH Complaint Intake Unit.

DPH strongly encourages all long-term care facilities in Massachusetts to monitor the CDC website for up-to-date information and resources:

- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.

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<sup>3</sup> Neither DPH nor CMS have a specific threshold for what constitutes a severe outbreak, and this could vary based on facility size or structure. However, any visitation limits should be rare and applied when there are many cases in multiple areas of the facility.

## Appendix A

### Personal Protective Equipment Used When Providing Care to Residents in Long Term Care

Resident Type	Recommended Staff PPE	Recommended Sign for Resident Room
<b>COVID-19 Negative* Residents</b>	N/A^	N/A
<b>COVID-19-Positive Residents</b>	Full PPE upon room entry to include fit-tested N95 respirator or alternative, and Face Shield/Goggles. Gown and Gloves if there is any contact with potentially infectious material. Gown and gloves <b>must</b> be changed between residents.	<b>Isolation Sign</b>
<b>COVID-19-Suspected Residents (i.e., Symptomatic, with test results pending)</b>	Full PPE upon room entry to include fit-tested N95 respirator or alternative and Face Shield/Goggles. Gown and Gloves if there is any contact with potentially infectious material. Gown and gloves <b>must</b> be changed between residents.	<b>Isolation Sign</b>

\*“Negative” refers to a resident who has not tested positive in the past 30 days.

\*\*“Resident case” means a case that was potentially acquired in the facility

^ During periods of higher levels of community respiratory virus transmission, LTC facilities should take additional action steps that include but are not limited to implementing masking for HCP.

## Appendix B

### Isolation and Exposure Chart for Residents

Resident Recovered Status	If resident identified as a <u>close contact</u> ** of a case:	If resident <u>tests positive</u> for COVID-19:
Not recently recovered	No quarantine indicated. <b>Test</b> as soon as possible, but not sooner than 24 hours following exposure, on Day 3 and Day 5, or if symptoms develop.	<b>Isolate</b> for 10 days with release on day 11 or release after day 5 with a negative test on day 5 or later. If released before day 11, resident must be able to wear a mask when around others through day 10 and must have substantial improvement in symptoms (if any).
Recovered < 30 days (regardless of vaccination status)	No testing indicated unless symptoms develop and no alternate diagnosis.	If resident develops new symptoms and tests positive for COVID-19, then isolate for 10 days with release on day 11 or release after day 5 with a negative test on day 5 or later. If released before day 11, resident must be able to wear a mask when around others through day 10 and must have substantial improvement in symptoms (if any).

\* Up to date means the resident received at least one updated (bivalent) Pfizer-BioNTech or Moderna COVID-19 vaccine.

\*\*Close contact means being within 6 feet for 15 minutes or more (in a 24-hour period), of someone diagnosed with COVID-19, while that individual was potentially infectious.