



Arkansas Department of Health

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Revised Visitation, Screening, and Staffing Directive for Long-term Care Facilities

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All long-term care facilities must prohibit all visitation except as allowed by this directive. This directive supersedes the directives on visitation, screening, and staffing in nursing homes previously issued by the Arkansas Department of Health (ADH), including the Guidance for Limiting the Transmission of COVID-19 for Long-term Care Facilities (Revised March 13, 2020) and the Requirements for Facilities to Expand Visitation, Activities, and Communal Dining (Revised July 22, 2020).

SARS-CoV-2, the virus responsible for COVID-19, is a highly transmissible virus and long-term care facilities by nature house persons who are highly susceptible to COVID-19 and account for a large portion of morbidity and mortality related to COVID-19. As a result, visitation by persons outside of a long-term care facility with residents of that facility presents an increased risk of virus transmission and negative outcomes.

Long-term care facilities must notify all residents, their families, and all visitors of the increased risk described above that visitation presents so that they can make informed decisions for themselves and their loved ones on whether they will participate in visitation. Long-term care facilities shall list the risk described above on all visitor screening forms completed to document visitation allowed under this directive.

Long-term Care Facilities Subject to this Directive

A long-term care facility is defined by section 20-10-101(10) of the Arkansas Code and includes nursing homes, assisted living facilities, intermediate care facilities, residential care facilities, post-acute head injury retraining and residential care facilities, and any other facility that provides long-term medical or personal care.

Long-term care facilities are regulated by the Arkansas Department of Human Services (DHS) and are required to comply with applicable infectious disease requirements issued by ADH.

Minimum Visitation Required Under this Directive

Long-term care facilities must allow all visitation that is medically necessary and all visitation by law enforcement, emergency personnel, representatives from Disability Rights of Arkansas, or representatives from government regulatory agencies such as ADH, DHS, and the U.S. Department of Health and Human Services in their official capacities. Long-term care facilities must allow full access to these visitors and cannot require such visitors to test negative for COVID-19 before entering a facility. However, long-term care facilities must require all persons to pass visitation screening and wear personal protective equipment (PPE) to the extent appropriate.

Medically necessary visitation includes visitation related to medical treatment and visitation appropriate in compassionate care situations as determined by the resident's physician or advanced practice registered nurse. Visitation related to medical treatment includes visitation by health care workers who provide direct care to residents, including without limitation hospice workers, dialysis technicians, laboratory technicians, radiology technicians, and social workers.

Compassionate care situations include without limitation visitation related to a resident's end of life care as well as visitation by a resident's friends and family members for residents who are struggling with a change in environment, lack of physical family support, grief after a friend or family member passes away, weight loss or dehydration because the resident is no longer receiving cueing or encouragement to eat or drink from caregivers or family members, and emotional distress due to not talking or interacting with others.

Visitors for medical treatment and compassionate care situations must comply with visitation and screening requirements applicable to all visitors.

Long-term care facilities not eligible for expanded visitation and other activities shall offer alternative means of communication for people who would otherwise visit, including through virtual communication such as phone and video communication. Other visitation required by 42 CFR § 483.10(f)(4)(i) that is not provided for in this directive shall be by alternative means of communication in lieu of in-person visitation in facilities not eligible for expanded visitation, including without limitation visitation by representatives from the long-term care ombudsman.

Eligibility for Expanded Visitation and Other Activities

A long-term care facility may expand visitation and other activities beyond the minimum visitation described above only as provided by this directive. To be eligible for expanded visitation and other activities, a long-term care facility must meet the following requirements:

- 1) The facility has not had a newly positive COVID-19 case in the ten (10) calendar days before expanded visitation or other activities are offered, measured from the date of the facility's latest newly positive COVID-19 test result;
- 2) The facility has adequate staff to provide enough direct care, housekeeping, and dietary services to residents to meet the needs of all residents and existing legal requirements, and the facility is not under a waiver of any state or federal staffing requirements;

- 3) The facility has adequate PPE to meet the needs of residents and staff;
- 4) The facility screens every visitor, activity participant, and staff prior to entry to the facility, including facility employees, contractors, vendors, and all other persons who enter the facility; and
- 5) The facility will restrict access to the facility to all persons who meet any screening criteria for restricted access.

A newly positive COVID-19 case is a new COVID-19 case identified in a resident after admission to the facility. A newly positive COVID-19 case does not include new or existing residents who are admitted or return to the facility with a known COVID-19 positive status, or new or existing residents who are admitted or return to the facility with an unknown COVID-19 positive status and are immediately placed in transmission-based precautions and tested for COVID-19 within 24 hours of admission or readmission. All new facility staff cases are considered new COVID-19 cases if the staff have had contact with a resident or been inside the facility in the ten (10) calendar days before the collection of the test.

Long-term care facilities are required to document initial and continuing compliance with all eligibility requirements. In addition, long-term care facilities must document PPE supplies within each facility's weekly report submitted to the National Healthcare Safety Network Long-term Care module or other report approved by ADH.

Long-term care facilities not eligible for expanded visitation and other activities may use "visitation booths" located outside the structure of a facility to conduct or facilitate visitation. A resident is brought to that location to visit, but only if the resident is completely separated from visitors by plexiglass or similar barrier and the facility has not had more than three (3) active resident or staff cases at any one time within the last fourteen (14) calendar days.

Screening for All Visitation and Other Activities

A long-term care facility must screen every visitor, activity participant, and all other persons who enter the facility, including, without limitation, employees of the facility, contractors, and vendors. Specifically, each facility must screen the above persons for absence of the following:

- 1) Temperature of 100.4° F or higher as measured by the facility;
- 2) A positive test for COVID-19 within the last ten (10) calendar days;
- 3) A fever of 100.4° F or above within the last 24 hours;
- 4) A worsening of other symptoms of COVID-19 (i.e, cough, shortness of breath, sore throat, or the loss of taste or smell) within the last 24 hours, and

- 5) Absence close contact within the last ten (10) calendar days to a person who is positive with COVID-19. Close contact is defined as being in contact within six (6) feet for longer than fifteen minutes cumulatively over a 24-hour period without appropriate PPE.

Long-term care facilities must restrict entry to any person who exhibits any one of the screening criteria.

Long-term care facilities must document all visitors and screening conducted and provide all documentation upon request to representatives from government regulatory agencies acting in their official capacities.

Long-term care facilities must maintain a screening log that will record the name, address, and phone number of the person entering the facility, as well as of the date of the entry and, if applicable, the name of the resident visited. The log must also include for each person a written declaration of compliance for each screening criteria and statement that the person must inform the facility immediately if the person, within forty-eight (48) hours of entering the facility, develops symptoms of COVID-19 or tests positive for COVID-19.

Law enforcement and emergency personnel for agencies that conduct their own screening are exempt from screening requirements under this directive provided personnel have not tested positive for COVID-19 within the last ten (10) calendar days and are entering the facility in their official capacities. The law enforcement and emergency personnel agencies who conduct their own screening shall be responsible for not sending personnel to long-term care facilities who have tested positive within the last ten (10) calendar days.

Requirements for All Visitation and Other Activities

Long-term care facilities must monitor all visits and other activities to ensure compliance with visitation requirements. Long-term care facilities must provide enough staff to transition residents to and from visitation and other activities as needed, monitor visitation and activities, and wipe down all surfaces in visitation and activity areas with EPA-approved disinfectants after each visitation, activity, or meal service. For additional guidance on EPA-approved disinfectants, see <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>.

All visitors and activity participants must always wear face masks and sanitize their hands with an alcohol-based hand rub, or by handwashing with soap and water, at the beginning and ending of the visit or activity. Visitors and activity participants cannot eat during a visit or activity but may provide food to a resident if approved by the facility and consistent with the resident's dietary considerations.

All visitors and activity participants must remain in their vehicles outside the facility and the facility's visitation or activity area until their scheduled visitation or activity. During visitation or other activities, visitors are not permitted to go anywhere but directly to and from the designated visitation or activity area.

A resident should wear a face mask during visitation and other activities if the resident is able to do so considering the resident's condition and ability. Residents should not use respirators such as N95 respirators.

Visitation and other activities are allowed only as scheduled by the facility in its discretion. Visitation and other activities shall be limited in duration pursuant to the facility's scheduling requirements and limited to no more than two (2) visitors for each resident at a time. Visitation and other activities shall also be subject to the facility's ability to conduct safe visitation and other activities, and subject to demand and the availability of visitation and activity times, staffing, capacity, and areas. Visitation and activity schedules must provide enough time between each visitation or activity to wipe down all surfaces.

Visitation by law enforcement, emergency personnel, and government regulatory agencies acting in their official capacities are not subject to requirements for all visitation and other activities except as to the requirements to wear a face mask and sanitize hands.

Requirements for Expanded Visitation and Other Activities

Once a long-term care facility is eligible for expanded visitation and other activities, the facility must expand visitation and other activities subject to the requirements in this directive. ADH is available to provide technical assistance to facilities seeking expanded visitation and other activities as appropriate to address facility preparation and consideration of special needs and relevant safety factors.

Expanded visitation and other activities should be held outdoors unless it is not possible due to weather or other circumstances out of the control of long-term care facilities. Long-term care facilities should establish outdoor visitation and activity areas that are protected from weather elements in an appropriate setting such as courtyards, patios, and tents. Visitation booths located outside the structure of the facility may be used to conduct or facilitate expanded visitation and other activities.

Visitation and other activities held indoors must be held in designated areas that are outside of a resident's room or private space and easily accessible to visitors and activity participants without unnecessary movement in the facility. A long-term care facility may, in its discretion, approve visitation in a resident's room if the resident is bedbound or cannot leave his or her room for health reasons. If a resident has a roommate, the roommate must approve in-room visitation; if a roommate lacks capacity, the roommate's custodian, legal guardian, or representative must approve in-room visitation.

All expanded visitation and other activities must have enough space to allow social distancing of at least six (6) feet between visitors and residents. All activities must be limited to groups of ten (10) or fewer individuals, including residents.

Expanded visitation and other activities should be limited to persons twelve (12) years of age or older unless the long-term care facility approves visitation with persons less than twelve (12) years of age due to special circumstances. Visitors and activity participants with children must

be able to manage the children and children must wear a face mask during the entire visitation or activity.

Additional Requirements for Specific Other Activities.

Once a long-term care facility is eligible for expanded visitation and other activities, the facility may allow salons and barber services inside the facility to reopen or otherwise provide services to residents subject to the requirements in this directive. Such services shall be limited to a designated area, with only the salon or barber services staff, facility staff, and a single resident client allowed in the designated area at one time. The facility must schedule appointments to allow time to transport residents so that no residents are waiting within or around the designated area for services.

Once a long-term care facility is eligible for expanded visitation and other activities, the facility may also allow communal dining for residents subject to the requirements in this directive. The long-term care facility must provide alcohol-based hand sanitizer or a hand washing station with soap and water in the dining area for use by residents and facility staff, arrange tables and other furniture to allow six (6) feet between residents and ten (10) feet between tables, limit tables to a maximum of three (3) residents where each resident is at least six (6) feet apart, and schedule residents to dine with the same one (1) or two (2) people.

Separate Buildings or Units for Purposes of Expanded Visitation or Other Activities

A long-term care facility may treat separate buildings or physically separated units within the long-term care facility as separate facilities for the purposes of allowing expanded visitation and other activities if:

- 1) The building or unit to be treated separately from the rest of the long-term care facility meets the eligibility requirements for expanded visitation;
- 2) The building or unit to be treated separately is physically separate from the rest of the long-term care facility or the long-term care facility is otherwise able to isolate the building or unit to be treated separately from the rest of the long-term care facility;
- 3) The long-term care facility does not commingle or share staff between the building or unit to be treated separately and the staff for the rest of the long-term care facility;
- 4) The long-term care facility does not commingle residents of the building or unit to be treated separately and the residents from the rest of the long-term care facility.

If a long-term care facility treats a building or unit separately from the rest of the long-term care facility for the purposes of allowing expanded visitation and other activities, the long-term care facility must immediately notify the Office of Long-term Care by email to OLTC3@dhs.arkansas.gov.

Restrictions of Expanded Visitation and Other Activities

A long-term care facility must immediately suspend all expanded visitation and other activities if at any time the facility no longer meets the eligibility criteria for expanded visitation and other activities. If the long-term care facility suspends visitation because one or more residents or facility staff become newly positive, the facility must suspend visitation for at least 10 days from the date of the most recent newly positive case. If the facility suspends visitation because of non-compliance with any other eligibility criteria, the facility must suspend visitation until the facility meets all eligibility criteria.

If the facility suspends visitation for any reason, the facility must immediately notify the Office of Long-term Care by email to OLTC3@dhs.arkansas.gov.

A long-term care facility must comply with any restrictions on visitation provided by ADH in writing if ADH determines that there are inadequate hospital beds, intensive-care services, or other resources available in the state to serve new COVID-19 cases; the requirements in this directive are not followed; or restrictions are otherwise appropriate due to circumstances in a facility, community, or the state.

Restrictions by ADH may be specific to one facility or apply to multiple facilities and may include without limitation the limitation of visitation or other activities and the suspension of visitation or other activities in a long-term care facility, multiple long-term care facilities, or all long-term care facilities.

A long-term care facility may end a visitation or other activity, or not allow a visitation or other activity to occur, if the requirements in this directive are not followed by a visitor or activity participant.

Expanded visitation and other activities are not allowed for residents who have tested positive for COVID-19 for fourteen (14) calendar days after the resident's first positive COVID-19 test or as long as the resident is subject to transmission-based precautions related to COVID-19, whichever period ends later. A resident is not required to test negative to be eligible for expanded visitation and activities unless the resident has symptoms of COVID-19. Residents should not be tested for COVID-19 for ninety (90) days after their first COVID-19 positive test unless symptomatic. ADH will provide additional guidance for visitation of residents who test positive more than ninety (90) calendar days after the resident's first positive test.

Expanded visitation and other activities are also not allowed for residents who are in quarantine or isolation due to the resident being a recent admission or pending COVID-19 test results.

Expanded visitation and other activities should not commingle residents from COVID-19, non-COVID-19, and quarantine units within the facility.

For additional guidance on transmission-based precautions, see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

Requesting Waivers for State Requirements

Under current state law and rules, long-term care facilities are prohibited from having staff who are positive for COVID-19 working in the facility at any time. A long-term care facility may request a waiver of that prohibition for asymptomatic staff by submitting a request to DHS by email to: staffing.waiver.request@dhs.arkansas.gov. DHS will review all requests and may grant a request if it determines, in its discretion, that it is appropriate to do so. DHS will issue its decision on each request to the facility in writing.

Any approved waiver shall be subject to such restrictions and limitations as DHS may provide, including without limitation that the administrator must continue to find that medically necessary care cannot occur without the use of such staff and that the COVID-19 positive staff are only allowed to care for residents who are COVID-19 positive, are not allowed to care for residents in any other circumstances and cannot work in any other area, must always wear a face mask, must monitor for symptoms throughout their shifts, avoid contact with other non-COVID-19 positive staff, isolate at home when not working, avoid contact with others when commuting to work, and must immediately be excluded from work if the COVID-19 positive staff becomes symptomatic. DHS may revoke an approved waiver at any time.

Long-term care facilities must document compliance with all requirements and provide documentation upon request to government regulatory agencies.

If a COVID-19 positive staff member becomes symptomatic, the long-term care facilities must immediately notify DHS by email to staffing.waiver.request@dhs.arkansas.gov.

General Quarantine and Isolation Guidance for Staff and Residents

Due to underlying differences between staff and residents, quarantine and isolation times differ between the two. As such, staff should quarantine for ten (10) days from the last date of exposure to a positive person. The quarantine duration can be reduced to seven (7) days if a staff member has tested negative for COVID-19 on or after day five (5) of quarantine. Staff should be isolated for ten (10) days following a positive COVID-19 test with the isolation period starting at date of symptom-onset or the collection date of a positive test for asymptomatic persons.

Residents should be quarantined utilizing transmission-based precautions for 10 days following a known or potential COVID-19 exposure, including on admission or return to the facility when the resident has been physically outside of the building for more than one (1) day. The ADH recommends that residents be tested by PCR on or after day seven (7) of quarantine and if negative can be released following 10 days of isolation. Additionally, rapid testing on date of removal from quarantine can help minimize the potential of release from quarantine a person that may be COVID-19 positive. Residents that test positive for COVID-19 (antigen or PCR) should be isolated using transmission-based precautions for fourteen (14) days starting from the date of symptom-onset or collection date of a positive test for asymptomatic residents. Persons that are severely immunocompromised and/or actively receiving chemotherapy should be isolated with transmission-based precautions for twenty-one (21) days. A negative test is not needed to discontinue isolation and transmission-based precautions.