RE: Information from CMS about visitation during outbreaks

The Consumer Voice recently asked CMS for clarification of guidance addressing specific issues around visitation during a COVID outbreak (defined as 1 positive test). CMS responded via email on September 1, 2021. While the responses we received are not official guidance, they do provide information that may be useful in your advocacy.

**Question 1:** Do residents in the section of the facility where an outbreak occurs have to quarantine in their room? Can they have visitors outdoors? (assuming the resident’s COVID tests are negative)

**CMS response:** Yes, but they can have visitors based on the results of the first round of outbreak testing. According to CMS and CDC guidance, when there is a new infection among staff or residents, outbreak testing should be immediately initiated for all residents and staff. Indoor visitation is suspended until the results of this first round of outbreak testing are known. During outbreak testing, residents should generally be restricted to their rooms, however outdoor visitation may still occur. Residents who are infected, symptomatic or had close contact (per CDC definition) with someone infected with COVID-19 should not participate in outdoor visits. Visitors should be informed about the outbreak in order to make informed decisions about visitation. Compassion care visits must be permitted even during an outbreak. Also, after the first round of outbreak testing is complete, indoor visits may occur on unaffected units/areas.

**Question 2:** Even if subsequent COVID testing for all affected in the outbreak area comes back negative, do they have to stay under precautions for the full 14 days?

**CMS response:** Not completely. According to CDC guidance, “Residents should generally be restricted to their rooms and serial SARS-CoV-2 testing performed.” CDC guidance for Responding to a Newly Identified COVID-19 Infection in HCP or Resident, states: “recommended precautions should be continued for residents until no new cases of SARS-CoV-2 infection have been identified for at least 14 days” (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html). However, “Residents could leave their rooms to permit visitation; visitors should be informed about the outbreak in order to make informed decisions about visitation” (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#visitation).

**Question 3:** A common scenario we hear about regards a staff person who “is all over the facility” (could be a direct care staff person, or, for example, from housekeeping or dietary) tests positive. The entire facility is shut down under precautions for at least 14 days. Is there a better way to assess the exposure that would require a full shut down for the minimum 14-day period?
**CMS response:** A full shut down of the facility may not be necessary. The memo states that facilities should, “suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed,” and if there are, “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.”

For the situation you describe, if the original case is with an employee who is now out of the building and there are no additional positive cases among residents and staff after the first round of testing, then visitation may resume for all residents. Outbreak testing should continue for all staff and residents that tested negative every 3 days to 7 days, residents should generally be restricted to their rooms, and recommended precautions should be continued for residents until the facility identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.

Get more information about visitation and advocacy during COVID at [www.theconsumervoice.org](http://www.theconsumervoice.org).