



## CMS Announces New Visitor Restrictions

At 8:52 p.m. on March 13, CMS issued a [revised memorandum](#) related to visitor restrictions in nursing homes which is effective immediately. This was alluded to earlier today in a press conference where CMS Administrator Verma shared that visitation would be restricted “to all visitors and non-essential personnel, with a few exceptions, such as end-of-life personnel.”

### New Directive on Visitors

In the new guidance, **CMS directs ALL Facilities nationwide to restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations**, such as an end-of-life situation. Facilities are expected to communicate through multiple means to inform individuals and nonessential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.

### End-of-Life Care Exception

In cases of compassionate/end-of-life care, CMS specifies that visitors will be limited to a specific room only and shall be required to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case-by-case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene and suggest refraining from physical contact with residents and others while in the facility.

### Healthcare Workers

Facilities should follow CDC guidelines for [restricting access to health care workers](#), which also applies to other health care workers, such as hospice workers, EMS personnel or dialysis technicians who provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Note that the CMS revised visitation guidance seems to have been based on the new [CDC guidance released](#), which provides some additional guidance on essential health care personnel as well.

## Surveyors

CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to transmission in the next facility and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.

## Other Key Directives from CMS

- Cancel communal dining and all group activities, such as internal and external group activities.
- Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home
- Implement active screening of residents and staff for fever and respiratory symptoms. Remind residents to practice social distancing and perform frequent hand hygiene.
- Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.
- Residents still have the right to access the Ombudsman program. Their access should be restricted except in compassionate care situations, however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).
- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

We encourage you to review the [revised memorandum](#) and [CDC added recommendations for infection control practices in nursing homes](#) when planning to implement these changes.