Updated Guidance from CMS and CDC on Testing, Visitation, and Activities in Response to COVID-19 Vaccination

The Centers for Medicare and Medicaid (CMS) and the Centers for Disease Control and Prevention (CDC) updated guidance for long term facilities today in response to COVID-19 vaccination. The following key changes have now been made:

- Residents and visitors may visit without distancing and source control masks if alone in the resident’s room and the resident and visitor are fully vaccinated. If the visitor is not vaccinated, they can visit with a fully vaccinated resident alone in the resident’s room without distancing while wearing well-fitting source control masks.
- Communal dining and activities may occur without physical distancing if all residents are vaccinated.
- Vaccinated health care personnel (HCP) no longer need to undergo routine testing, but should continue to be tested after exposure, during an outbreak, or if experiencing symptoms.

The new guidance can be found here:
- [CDC Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#)
- [CMS QSO Memo on Nursing Home Visitation](#)
- [CMS QSO Memo on Testing](#)

Important: The CDC indicates that facilities should continue to follow the infection prevention and control recommendations for unvaccinated individuals (e.g., quarantine, testing) when caring for fully vaccinated individual with an immunocompromising condition. The CDC provides examples of immunocompromising conditions [here](#).

A high level explanation of the changes to the guidance can be found below. Members are encouraged to review the CDC guidance and QSO memos linked above for complete information.

Visitation

Visitation could be permitted for all residents except in the following circumstances:
• **Indoor visitation should be limited solely to compassionate care situations for:**
  o Unvaccinated residents if the COVID-19 county positivity rate is greater than 10 percent and less than 70 percent of residents in the facility are fully vaccinated.
  o Vaccinated and unvaccinated residents with COVID-19 infection until they have met [criteria to discontinue Transmission-Based Precautions](#).
  o Vaccinated and unvaccinated residents in [quarantine](#) until they have met criteria for release from quarantine.

• **Facilities in outbreak status.** These facilities should follow guidance from state and local health authorities and [CMS](#) on when visitation should be paused.
  o Visitors should be counseled about their potential to be exposed to SARS-CoV-2 in the facility if they are permitted to visit.

Physical distancing and source control during visitation
• When both residents and their visitors are fully vaccinated, they can choose to have close contact (including touch) and not wear source control masks. However, the visitor should continue to wear source control and physically distance from other HCP and other patients/residents/visitors that are not part of their group at all other times while in the facility.

• 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 masks.

Facilities should continue to promote and provide vaccination for all HCP and residents. Full vaccination for visitors is always preferred, when possible. Regardless, screening should still be utilized and infection prevention and control practices, including wearing well-fitting facemasks for visitors and physical distancing, is appropriate.

**Activities**

Communal activities, including dining, may occur except for:

• Vaccinated and unvaccinated residents with COVID-19 infection, or in isolation because of suspected COVID-19, until they have met [criteria to discontinue Transmission-Based Precautions](#).
• Vaccinated and unvaccinated residents in [quarantine](#) until they have met criteria for release from quarantine.

Infection prevention and control practices to be utilized for planning and executing communal activities include:

• Group 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:
  o Fully vaccinated patients/residents can participate in communal dining without use of source control or physical distancing.
  o 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 six feet from others.

• 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.

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.

In general, fully vaccinated HCP should continue to wear source control while at work. However, fully vaccinated HCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If unvaccinated HCP are present, everyone should wear source control and unvaccinated HCP should physically distance from others.

COVID-19 Testing

• Symptom based testing: Anyone with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately.

• Testing after exposure: Asymptomatic HCP with prolonged exposure, regardless of vaccination status, should have a series of two viral tests (immediately and then five to seven days post-exposure).

• Outbreak testing: Testing strategies for facilities with outbreaks remain unchanged. HCP and residents, regardless of vaccination status, should have viral tests every three to seven days until no new cases are identified for 14 days.

• Routine testing: Fully vaccinated HCP are no longer required to undergo routine testing. Unvaccinated staff must continue to be routinely tested based on county positivity rate.

PPE

Recommendations for use of personal protective equipment by HCP remain unchanged.