Arkansas Department of Health

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Governor Asa Hutchinson
Nathaniel Smith, MD, MPH, Secretary of Health

To: **Long-Term Care Facilities**

From: **Dr. Nate Smith, Secretary of Health**

Cindy Gillespie, Secretary of Human Services

Date: **March 13, 2020**

Regarding: **Guidance for Limiting the Transmission of COVID-19 for Long-Term Care Facilities (revised)**

Coronavirus disease (COVID-19) adversely affects older adults and persons with underlying health conditions or compromised immune conditions. This population is at greater risk for severe illness from this virus.

Due to the vulnerability of residents in long-term care facilities, it is of utmost importance to limit possible exposure to COVID-19. A long-term care facility is defined by section 20-10-101(10) of the Arkansas Code and includes nursing homes, residential care facilities, assisted living facilities, post-acute head injury retraining and residential care facilities, and any other facility that provides long-term medical or personal care.

Effective immediately, the Arkansas Department of Health directs all long-term care facilities to prohibit all visitation for thirty (30) days unless medically necessary or by law enforcement or other emergency personnel, a representative from the Arkansas Department of Health, a representative from the Arkansas Department of Human Services Office of Long-term Care, or a representative from the U.S. Department of Health and Human Services.

This prohibition shall begin on March 13, 2020, and end on April 12, 2020. Visitation may resume on April 13, 2020, unless extended by a separate directive from the Arkansas Department of Health.

All visitation that is allowed by this directive is subject to the screening requirements below unless otherwise provided in a separate directive from the Arkansas Department of Health. Medically necessary visits include visitation related to medical treatment and visitation appropriate for a resident's end of life care.

While visitation is prohibited, all long-term care facilities 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 above shall be by alternative means of communication in lieu of in-person visitation.

The Arkansas Department of Health also directs all long-term care facilities to screen all visitors and employees as described below. The facility shall restrict entry for visitors meeting any one of the screening criteria. The facility shall restrict work for any employee meeting any one of the screening criteria. For employees, screening shall be done prior to every shift. Staff may recommend to a visitor or employee that he or she contact his or her personal medical provider if the visitor or employee has signs or symptoms of a respiratory infection.

Screening Criteria.

1. Facility staff must question all visitors and employees as to whether they have travelled internationally within the last 14 days to countries with sustained transmission of COVID-19. For updated information on restricted countries visit: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
2. Facility staff must question all visitors and employees as to whether they have had contact with someone with a confirmed diagnosis of COVID-19, had contact with a person under investigation for COVID-19, or had contact with a person with a respiratory illness.
3. Facility staff must screen all visitors and employees for signs or symptoms of a respiratory infection, such as cough, shortness of breath, sore throat, and fever by measuring their temperature. Temperature may not exceed 100.4 degrees Fahrenheit for any visitor entering the facility.
4. Facility staff must question all visitors and employees as to whether the visitor or employee resides in a community where community-based spread of COVID-19 is occurring. A community in which community-based spread is occurring includes any county in which a COVID-19 case has occurred and counties adjacent to a county in which a COVID-19 case has occurred.

Residents of long-term care facilities are discouraged from leaving the residents' respective facilities and returning to those facilities unless medically necessary. Residents returning to a facility shall be screened as provided above. If a resident meets any one of the screening criteria upon returning to the facility, the facility shall evaluate the need for hospitalization. If hospitalization is not medically necessary, the facility shall allow the resident to return to the facility and follow CDC Guidance for Transmission-based Precautions. If a facility is not able to follow CDC Guidance for Transmission-based Precautions, the facility shall immediately notify the Arkansas Department of Health and the Arkansas Department of Human Services Office of Long-term Care.

For assistance with screening, an optional questionnaire is attached and can also be accessed at: www.healthy.arkansas.gov.

Each facility should review the most recent comprehensive guidance from the Centers for Medicare and Medicaid Services (CMS) on limiting visitors and related issues (dated March 10 and referenced as QSO-20-14-NH-Revised) at this link:

https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf.

Additional CMS guidance can be found at this link:
https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-to-states-and-regions.html.

CDC Guidance for Transmission-based Precautions can be found at this link:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

Per CMS guidance on survey activities, the Office of Long-term Care will continue to work immediate jeopardy complaints, complaints alleging infection control concerns, annual surveys, re-visits, initial certifications, surveys of facilities that have had immediate-jeopardy level infection control deficiencies in the last three years, and surveys of facilities that have a history of infection control deficiencies at lower levels.