Guidance for CMS Phase 2

All eligibility criteria for phase advancement must be met for a facility to enter CMS Phase 2. This includes the regional resurgence metrics. Thereafter, these conditions must be met continuously for the facility to remain in CMS Phase 2.

- If any resident of the facility develops new, facility-onset COVID-19, then the facility must immediately revert to the highest level of mitigation and start the CMS phases over.
- If the facility no longer meets any other criterion for phase advancement, apart from regional COVID-19 health metrics, then the facility must revert to CMS Phase 1 until the criteria are fulfilled.
- If the facility's Region no longer meets targets for health metrics, then all facilities in the Region are subject to tiered mitigation.

Indoor compassionate care visitation. Indoor visitation is generally prohibited in CMS Phase 2, except in situations of compassionate care when outdoor visitation is not practicable. Indoor compassionate care visits are considered on a case-by-case basis. Situations warranting consideration are not limited to the end of life. Other cases that may be considered could include a resident whose health status has sharply declined or a resident whose close relative or close friend recently passed away. In such cases, proceed as in CMS Phase 1.

State-authorized personnel. Regarding State-authorized personnel, proceed as in CMS Phase 1.

Outdoor visitation. [*This section supersedes a previous IDPH guidance document, "Outdoor Visitation Guidance for Long-Term Care Facilities," June 18, 2020.*]

During CMS Phase 2, all residents who are not in isolation or quarantine due to known or suspected COVID-19 infection or exposure should be allowed to receive outdoor visitors safely, provided facility grounds have suitable space for the requirements described below. Residents in isolation or quarantine cannot receive visitors.

To conduct outdoor visitation, the facility must formulate a written visitation policy. This policy must balance clinical and safety considerations of infection control with the resident's right to receive visitors [42 CFR § 483.10(f)(4)]. The facility should develop a short, easy-to-read fact sheet on visitation policy for residents and visitors, distributed to residents and posted on the facility's website. Visitors are required to comply with the facility's visitation policy. If a visitor refuses to follow the facility's policy during the visit, then staff may end the visit.

The outdoor visitation policy must address the following points:

- Designate outdoor space for visitation.
    - Visits may take place under a canopy or tent without walls.
    - Outdoor space must have separate ingress and egress which do not require visitors to enter the facility's building. Visitors must not enter the facility at any time.
- Measure the designated outdoor space and determine the number of residents and visitors that can be accommodated at one time in that area with at least six-foot separation between residents and their visitors
    - Consider marking the ground to show how visitors can place themselves with at least six-foot separation.
    - Post maximum number of residents and visitors that can occupy the area
    - Post signage to cue six-foot separation, face covering, and hand hygiene;
    - Set up dispensers for alcohol-based hand rub (AHBR)

- Designate outdoor visitation hours when staff for screening and supervision of visitors will be available.
- Limit visitation to two visitors at a time per resident. The visitors, if two, must be from the same household. Specify whether exceptions can be made for compassionate care situations.
- Create an appointment schedule with time slots for each visitation area.
    - Schedule visits by appointment only; specify start, end time, and location for each visit.
    - Limit sign-ups to the allowed number of visitors in each time slot and visitation area.
    - If demand for appointment slots may exceed availability, set limits on the number of slots per week or per day for each resident
- Pre-screen visitors by phone using its checklist-based screening protocol (see section on Universal Screening, above), required less than 24 hours in advance; re-screen with the same protocol on arrival, as for all other persons entering the facility, including temperature check. (Facilities cannot require viral testing of visitors as part of screening unless they offer point-of-care testing at no charge.)
- Maintain a record of all visitors with contact information, for potential contact tracing:
    - Record date and time of visit, name, address, telephone; email address if available;
    - Make records available to state and local health department for inspection and, as needed, for contact tracing; retain at least 30 days.
- Notify all visitors upon arrival that, if they develop symptoms of COVID-19 within 3 days after visiting, they must immediately notify the facility.
- Supervise every visit to ensure infection control practices are utilized, including that visitors keep at least a six-foot separation between themselves and the resident, that the visitor continually wears a cloth face covering or facemask, and that the visitor practices proper hand hygiene. The facility may determine whether supervision is continuous or intermittent.
- If feasible, the facility may construct an outdoor conversation booth for residents unable or unwilling to wear a mask.
    - The conversation booth is constructed as a three-sided box with transparent walls at least three feet higher than the seated height of the occupant and the visitor.
    - The resident sits inside the box and the visitor sits opposite the front wall.
- Clean and disinfect seating and other touched surfaces in the visitation area between visitors.

Modified communal dining. Communal dining may be considered, with a maximum of 25% of seating capacity. To conduct communal dining on a limited basis:

- Allow participation only by residents who are not in isolation or quarantine due to known or suspected COVID-19 infection or exposure.
- Limit number of residents in dining area at a time to the maximum allowed by 6-foot separation; serve diners in shifts as needed.
- Organize residents to enter the dining room one at a time and to take tables starting in the back and then filling in toward the front; after the meal, exit one at a time in reverse order, starting from the front (last in, first out).
- Residents should wear face covering or masks in the dining area when not eating or drinking.
- Maintain at least 6-foot separation between diners.
- Staff must perform hand hygiene and change PPE as appropriate in between assisting residents.
- Clean and disinfect surfaces between shifts of diners.

- Driver must wear a facemask or cloth face covering and use additional PPE as indicated by CDC guidelines; resident must wear a cloth face covering or facemask.
- Assist resident in performing hand hygiene on departure from facility and upon return to facility.
- Disinfect transport equipment and commonly touched surfaces, including vehicle handles and seatbelts, before and after transport.
- Maintain social distancing, cloth face covering or facemask, and hand hygiene throughout time spent at the destination.
- Upon return of a resident from a trip outside the facility, observe and monitor closely for development of symptoms during the following 14-day period.
    - Some facilities may choose to adopt a policy to manage all residents who go off-site as potentially exposed and use full Transmission-Based Precautions (TBP), and/or cohort these residents, upon return.
    - Other facilities may choose to adopt a policy to make case-by-case decisions on whether to place such residents into TBP, based on an assessment of the potential for exposure while away.