

State of South Dakota Back to Normal Long-Term Care Reopening Plan

Revised August 11, 2020

On March 13, 2020, Governor Noem declared a state of emergency. Guidance from the Center for Medicare and Medicaid Services (CMS) directed restrictions for the states vulnerable population that are served in Long Term Care (LTC), both Nursing Home (NH) and Assisted Living Centers (ALC), advising no outside community visitation. COVID-19 can spread rapidly in LTC facilities, and persons with chronic underlying medical conditions are at greater risk for COVID-19–associated severe disease and death.

Recognizing the needs of the population we serve, the plan is deliberate in support of “normalizing” as much as possible the exercising resident rights, dignity, and autonomy while balancing resident safety, resident choice, and socio-emotional needs during the COVID-19 pandemic. Based on the Centers for Disease Prevention and Control (CDC) and CMS guidance, the South Dakota Department of Health (SD DOH) may adjust restrictions as needed.

The guidelines outlined in this plan to reopen our NH and ALC communities is a collaborative effort between the South Dakota Department of Health, South Dakota Department of Human Services (SD DHS), South Dakota Association of Healthcare Organizations, and the South Dakota Healthcare Association to implement a Back to Normal Long-Term Care Reopening Plan. The plan provides guidance to NH and ALC to relax the current restrictions and would be conducted in phases beginning with the most restrictive phase, Phase I, and continuing through Phase III. The provider may change phases (advance or regress) based on a stair-step criteria dependent on community spread and the absence of COVID-19 within the facility. The reopening plan would allow the administrator and the governing board of the facilities to direct and advance through the phases following and completing the steps in each phase of the plan. Once the facility has completed Phase I and Phase II, the provider would remain in Phase III of the plan until the pandemic declaration has been lifted.

Due to the elevated risk COVID-19 poses to nursing home and assisted living residents, criteria have been developed for advancing through the phases of reopening Long-Term Care facilities.

- Nursing homes and assisted living centers should not advance through any phase until baseline testing is completed and appropriate actions are taken based on the results. The facility should plan for ongoing testing based on testing results.
- Nursing homes and assisted living centers reopening should lag behind the general county’s reopening by 14 days.
- In Phase 1 – Restricted, the facility remains at their highest level of vigilance and mitigation.
- The facility should spend a minimum of **14 days** in each phase, with no new facility onset of positive COVID-19 cases. If a facility identifies a new onset COVID-19 case in the facility while in **any** phase, the facility goes back to the **highest** level of mitigation and starts over (even if in Phase 3).
- A nursing home or assisted living center may be in different phases than its surrounding community based on the status of COVID-19 inside the facility, and the availability of key elements including, but not limited to PPE, testing, and staffing.
- Recognizing and acknowledging each facility’s leadership team understands their residents, staff and facility’s physical layout and resources; the team may choose to exercise caution and

progress more slowly through each phase. They may not progress more quickly than the guidance recommends.

- Phase 3 will continue until the pandemic declaration has been lifted.

In order to move to another phase, the facility:

- Shall conduct a one-time Mass Testing (Baseline) testing. If regression, Point Prevalence Survey (PPS) testing will be initiated per facility plan and testing guidelines.
- Nursing homes and assisted living centers should have adequate PPS test capabilities when a positive case of a resident or staff is identified within the facility.
- Nursing Homes shall conduct Weekly Random Surveillance (Sentinel) Testing. This is encouraged but optional for the assisted living center.

Factors that will also be utilized in relaxing restrictions in nursing homes and assisted living centers include:

- Community spread status in county.
- Case status in the nursing home and/or assisted living center.
- Adequate staffing – identify staff that work at multiple facilities and actively screen and restrict appropriately to ensure they do not place individuals in the facility at risk for COVID-19.
- Access to adequate testing.
- Universal source control.
- Adequate access and appropriate use of PPE for staff.
- Local hospital capacity to care for symptomatic individuals.
- Facility’s ability to schedule, staff, and provide for visitation areas to ensure appropriate precautions.

Terms:

- **Universal source control** – residents, those facility staff with no resident contact, and visitors wear a cloth face covering or facemask. All visitors should maintain physical distancing and perform hand washing or sanitizing upon entry to the facility and when leaving.
- **Family** – refers to any support person defined by the resident as family, including friends, neighbors and/or relatives.
- **Compassionate care situations** – including but not limited to an end-of-life situation.

Status	Criteria for Entrance/Implementation	Visitation and Service Guidance
Phase 1	Restrictions in place. More than minimal to moderate community spread of COVID-19 and/or suspect or confirmed case of COVID-19 in facility resident or staff.	
	<ul style="list-style-type: none"> ✓ Base line testing completed. If regression, testing will be per facility plan. ✓ Plan for ongoing testing. ✓ Dedicated space in facility for cohorting and managing COVID-19. ✓ Ability of local hospital to accept referral/transfers of symptomatic residents. ✓ 100% screening of ALL persons entering facility and staff at the beginning of each shift. ✓ 100% screening of ALL residents (minimum once per day). ✓ Universal source control for everyone in the facility. ✓ Adequate staffing levels. ✓ Adequate supply of appropriate PPE worn when indicated. ✓ Adequate supply of essential cleaning and disinfection products. 	<ul style="list-style-type: none"> ✓ Testing: <ul style="list-style-type: none"> ○ Weekly Sentinel testing of residents and staff. ○ PPS testing of residents and staff if a positive case is identified in the facility. ✓ Visitation: <ul style="list-style-type: none"> ✓ Indoor visitation generally prohibited, except is allowed for end of life or where the residents safety or documented psychosocial needs would have a negative effect for an outdoor visit. ✓ Outdoor visitation is generally allowed. <ul style="list-style-type: none"> ○ All visitors are screened, and additional precautions are taken, including physical distancing, and hand hygiene upon entry and exit. All visitors must wear a cloth face covering or facemask for the duration of their visit. ✓ Medically necessary trips outside the facility, the resident must wear a cloth face covering or facemask and the resident's COVID-19 status must be shared with the transportation service and entity of appointment. ✓ Non-medically necessary trips outside the facility should be avoided. ✓ Communal dining for COVID-19 negative or asymptomatic residents only. Residents may eat in the same dining room with limited number of people at tables and physical distancing spaced at least 6 feet apart. ✓ Some restricted group activities may be conducted (for COVID-19 negative or asymptomatic residents only) with physical distancing, hand hygiene, and use of cloth face covering or facemask. ✓ Screening for ALL persons and ALL staff includes: <ul style="list-style-type: none"> ○ Temperature checks. ○ Cloth face covering or facemask. ○ Questionnaire about signs, symptoms and potential exposure. ○ Observation of any signs or symptoms. ✓ Screening of ALL residents includes at minimum: <ul style="list-style-type: none"> ○ Temperature checks.

		<ul style="list-style-type: none"> ○ Questions about and observation for other signs or symptoms of COVID-19.
<p>Survey operations:</p> <ul style="list-style-type: none"> ● Investigations of complaints alleging either Immediate Jeopardy (IJ) or actual harm to resident(s). ● Revisit surveys to confirm removal of any IJ. ● Focused Infection Control (IC) surveys. ● Initial survey to certify the provider has met the required conditions to participate in the Medicare Program. ● State-based priorities. <p>Ombudsman operations:</p> <ul style="list-style-type: none"> ● Outdoor visitation allowed following safety and precautionary guidelines; ● Indoor visitation allowed following the DOH guidelines of phase 1 – limited to requests by residents and family for visitation or if a case involves abuse and/or neglect; ● Telephonic and virtual visits will continue to take place; ● Ombudsman representatives will share observed concerns or reported concerns, with resident permission, of Immediate Jeopardy (IJ) or actual harm to resident(s) with DOH and other appropriate agencies. 		
Phase 2	<p>Relaxing restrictions. No community spread of COVID-19 and no confirmed case of COVID-19 in facility resident or staff within past 14 days. No rebound in cases after 14 days in Phase 1. There have been no new facility onset COVID cases in the facility within the past 14 days.</p>	
	<ul style="list-style-type: none"> ✓ Adequate access to testing. ✓ Maintain dedicated space in facility for cohorting and managing COVID-19 residents. ✓ Ability of local hospital to accept referral/transfers of symptomatic residents. ✓ Continue 100% screening of ALL persons entering facility and staff at the beginning of each shift. ✓ Continue 100% screening of ALL residents (minimum once per day). ✓ Continue universal source control for everyone in the facility. ✓ Adequate staffing levels. 	<ul style="list-style-type: none"> ✓ Testing: <ul style="list-style-type: none"> ○ Weekly Sentinel testing of residents and staff. ○ PPS testing of residents and staff if a positive case is identified in the facility. ✓ Visitation: <ul style="list-style-type: none"> ✓ Indoor visitation may be allowed for end of life or where the residents safety or documented psychosocial needs would have a negative effect for an outdoor visit. A limited number of non-essential healthcare personnel/contractors as determined necessary by the facility. ✓ Outdoor visitation is generally allowed. ○ All visitors are screened, and additional precautions are taken, including physical distancing, and hand hygiene upon entry and exit. All visitors must wear a cloth face covering or facemask for the duration of their visit.

	<ul style="list-style-type: none"> ✓ Adequate supply of appropriate PPE worn when indicated. ✓ Adequate supply of essential cleaning and disinfection products. 	<ul style="list-style-type: none"> ✓ Medically necessary trips outside the facility, the resident must wear a cloth face covering or facemask and the resident's COVID-19 status must be shared with the transportation service and entity of appointment. ✓ Communal dining as in Phase 1. ✓ Group activities, including outings, limited (for COVID-19 negative or asymptomatic residents only) with same precautions as in Phase 1. ✓ Screening for ALL persons and ALL staff continues as in Phase 1. ✓ Screening for ALL residents continues as in Phase 1.
<p>Survey operations:</p> <ul style="list-style-type: none"> • Investigations of complaints alleging either Immediate Jeopardy (IJ) or actual harm to resident(s). • Revisit surveys to confirm removal of any IJ. • Focused IC surveys. • Initial survey to certify the provider has met the required conditions to participate in the Medicare Program. • State-based priorities. <p>Ombudsman operations:</p> <ul style="list-style-type: none"> • Outdoor visitation allowed following safety and precautionary guidelines; • Indoor visitation allowed following the DOH guidelines of phase 2; • Telephonic and virtual visits will continue to take place; • Ombudsman representatives will share observed concerns or reported concerns, with resident permission, of Immediate Jeopardy (IJ) or actual harm to resident(s) with DOH and other appropriate agencies. 		
Phase 3	<p>Back to Normal and Reopening. No community spread of COVID-19 and no confirmed case of COVID-19 in facility resident or staff within past 28 days. No rebound in cases during Phase 2. There have been no new, facility onset COVID cases in the facility within past 28 days through Phase 1 and 2.</p>	
	<ul style="list-style-type: none"> ✓ Adequate access to testing. ✓ Maintain dedicated space in facility for cohorting and managing COVID-19 residents. ✓ Ability of local hospital to accept referral/transfers of symptomatic residents. 	<ul style="list-style-type: none"> ✓ Testing: <ul style="list-style-type: none"> ○ Weekly Sentinel testing of residents and staff. ○ PPS testing of residents and staff if a positive case is identified in the facility. ✓ Visitation (indoor/outdoor) allowed with screening and additional precautions. Precautions as in Phases 1 and 2.

	<ul style="list-style-type: none"> ✓ Continue 100% screening of ALL persons entering facility and staff at the beginning of each shift. ✓ Continue 100% screening of ALL residents (minimum once per day). ✓ Continue universal source control for everyone in the facility. ✓ Adequate staffing levels. ✓ Adequate supply of appropriate PPE worn when indicated. ✓ Adequate supply of essential cleaning and disinfection products. 	<ul style="list-style-type: none"> ✓ Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility. Screening and additional precautions in place. ✓ Allow entry of volunteers with screening and additional precautions in place. ✓ Communal dining as in Phases 1 and 2. ✓ Group activities, including outings, allowed (for COVID-19 negative or asymptomatic residents only) with no more than the number of people where physical distancing among residents can be maintained. Appropriate precautions as in Phases 1 and 2. ✓ Medically necessary trips outside the facility, precautions as in Phase 2. ✓ Screening for ALL persons and ALL staff continues as in Phases 1 and 2. ✓ Screening for ALL residents continues as in Phases 1 and 2.
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Survey operations:

- Normal Survey operations.
- All complaint and revisit surveys required to identify and resolve any non-compliance with health and safety requirements.
- Focused IC surveys.
- State-based priorities.

Ombudsman operations:

- Outdoor visitation allowed following safety and precautionary guidelines;
- Indoor visitation allowed following the DOH guidelines of phase 3;
- Telephonic and virtual visits will continue to take place;
- Ombudsman representatives will share observed concerns or reported concerns, with resident permission, of Immediate Jeopardy (IJ) or actual harm to resident(s) with DOH.

References and Resources:

[Covid.sd.gov](https://www.covid.sd.gov)

[CDC.GOV](https://www.cdc.gov)

[Retirement Communities and Independent Living](#)

[Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities \(Interim Guidance\)](#)

[Strategies to Optimize the Supply of PPE and Equipment](#)

[Evaluating and Testing Persons for Coronavirus Disease 2019 \(COVID-19\)](#)

[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

[Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)

[Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#)

[Using Personal Protective Equipment \(PPE\)](#)

[SD DOH PPE REQUEST](#)

[Testing Guidance](#)

[CMS Memo QSO 14-20-NH \(revised\)](#)

[CMS Memo QSO 20-30-NH](#)

Appendix 1. SOUTH DAKOTA SNF/NF & ALC COVID-19 PHASE CHANGE ATTESTATION FORM

This attestation confirms the provider has followed the guidelines outlined in the State of South Dakota Back to Normal Long-Term Care Reopening Plan. The reopening plan allows the administrator and the governing board of the facilities to direct and advance through the phases following and completing the steps in each phase of the plan. The provider may change phases (advance or regress) based on a stair-step criteria dependent on community spread and the absence of COVID-19 within the facility.

I hereby certify and attest that my facility has developed and has available upon request a policy and procedures for Family Visitation and Essential Health Care Worker in Long Term Care Facilities as we transition through the phases.

Facility:	
County:	
Date Initiated:	
Signature and Title:	

I hereby certify and attest that my facility meets the requirements in the State of South Dakota Back to Normal Long-Term Care Reopening Plan criteria below for:

Phase:		Date of Progression:		Date of Regression:	
Signature and Title:					

In order to move to another phase, the facility:

- Shall conduct a one-time Mass Testing (Baseline) testing. If regression, Point Prevalence Survey (PPS) testing will be initiated per facility plan and testing guidelines.
- Have adequate PPS test capabilities when a positive case of a resident or staff is identified within the facility.
- Nursing Homes shall conduct Weekly Random Surveillance (Sentinel) Testing. This is highly encouraged but optional for the assisted living center.

Phase 1	Restrictions in place. More than minimal to moderate community spread of COVID-19 and/or suspect or confirmed case of COVID-19 in facility resident or staff.
Compassionate care and psychosocial well-being visits. Some restricted group activity. Limited communal dining with the following compliance:	
	Baseline testing completed. Plan for ongoing testing as directed.
	Dedicated space in facility for cohorting and managing care for residents with COVID-19 – includes admission/readmission.
	Ability of local hospital to accept referrals/transfers of symptomatic residents.
	100% screening of ALL persons entering the facility and staff at the beginning of each shift.
	100% screening for ALL residents (minimum once per day).
	Universal source control for everyone in the facility.
	Adequate staffing levels.

	Adequate supply of appropriate PPE and worn when indicated.
	Adequate supply of essential cleaning and disinfection products.

Phase 2	Relaxing restrictions. No community spread of COVID-19 and no confirmed case of COVID-19 in facility resident or staff within past 14 days. No rebound in cases after 14 days in Phase 1. There have been no new facility onset COVID cases in the facility within the past 14 days.
	Compassionate care and psychosocial well-being visits. Limited number of non-essential personnel. Group activities, including outings – limited. Limited communal dining.
	14 days since last positive or suspected case identified. Number of cases in county have remained stable or declined over last 14 days.
	Adequate access to testing.
	Dedicated space in facility for cohorting and managing care for residents with COVID-19 – includes admission/readmission.
	Ability of local hospital to accept referrals/transfers of symptomatic residents.
	100% screening of ALL persons entering the facility and staff at the beginning of each shift.
	100% screening of ALL residents (minimum once per day).
	Universal source control for everyone in the facility.
	Adequate staffing levels.
	Adequate supply of appropriate PPE worn when indicated.
	Adequate supply of essential cleaning and disinfection products.

Phase 3	Back to Normal and Reopening. No community spread of COVID-19 and no confirmed case of COVID-19 in facility resident or staff within past 28 days. No rebound in cases during Phase 2. There have been no new, facility onset COVID cases in the facility within past 28 days through Phase 1 and 2.
	Visitation allowed with screening and additional precautions. Allow entry of non-essential personnel and volunteers with screening and additional precautions.
	No rebound or no new onset for 28 days (through phases 1 and 2).
	Adequate access to testing.
	Dedicated space in facility for cohorting and managing care for residents with COVID-19 – includes admission/readmission.
	Ability of local hospital to accept referrals/transfers of symptomatic residents.
	100% screening of ALL persons entering facility and staff at the beginning of each shift.
	100% screening of ALL residents (minimum once per day).
	Universal source control for everyone in the facility.
	Adequate staffing levels.
	Adequate supply of appropriate PPE worn when indicated.
	Adequate supply of essential cleaning and disinfection products.

Scan and email this form to Jennifer Maeschen at email Jennifer.Maeschen@state.sd.us.

Reviewed by the South Dakota Department of Health

Approved: Y/N	Based on:	Date:
	Signature:	

Appendix 2. Family Visitation, Essential Health Care Workers (HCW), *and Essential Caregiver* in Long Term Care Facilities

Long-term care facilities may allow visits with residents to occur, provided the physical distancing and protection requirements described in detail below are followed. As much as possible long-term care facilities should continue to use alternative electronic methods for communication between residents and visitors, such as Skype, FaceTime, WhatsApp or Google Duo.

The facility must establish policy and procedures related to screening and infection control practices for the family visits, essential HCW, *and Essential Caregivers (EC)*. The SD DOH recognizes beautician/barber, clergy, SD DHS ombudsman program, and the SD DOH surveyors as Essential HCWs. SD DOH believes the risk of COVID transmission in nursing homes and assisted living facilities and the need for family, partner, or close friend interactions and essential HCWs can be balanced under certain conditions.

Any facility that meets the Reopening Plan guidelines retains the right to deny visitation or services if they believe, 1) circumstances pose a risk of transmitting COVID-19 to the facility, or 2) either the resident or visitors might be at risk of harm.

Facility Guidelines: Facilities shall meet the guidelines contained in the State of South Dakota Back to Normal Long-Term Care Reopening Plan. Guidelines for visitation are as follows:

- A schedule of visitation hours must be established along with a limitation of two visitors per resident per day. The facility should determine how many visitations and visitors they can accommodate safely during the scheduled visits according to their licensed facility size. A visitor is considered blood relative, the resident's personal representative, or significant other/friend.
- Facilities should increase visible signage at entrances/exits.
- The resident's visitors must be screened for signs and symptoms of COVID and temperatures checked.
- Adequate staff must be present to allow for personnel to assist with the outdoor or indoor transition of residents, monitoring of visitation, and sanitizing visitation areas after each family, partner or friendship visit.
- Areas where visitors and residents congregate must be cleaned and sanitized between visitations using an approved antiviral disinfectant. <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- There must be adequate PPE to permit residents, if they are able to comply, to wear a face mask during visitation.
- Visitors must always appropriately wear a face covering at all times. Visitors should not be furnished with a N95 mask due to required fit testing to wear the mask.
- Outdoor or indoor visitation spaces must allow appropriate physical distancing of at least 6 feet between visitors and loved ones.
- Facilities must provide resident and visitor education and screening procedures prior to the visit and at the time of the visit. Education will consist of but not limited to hand hygiene, limiting touch to environmental surfaces, and proper use of PPE per facility policy.

- Facilities must provide alcohol-based hand rub to families visiting residents before and at the conclusion of the visit.
- Facilities should establish additional protocols to ensure the safety of visitations and their facility's operations to include:
 - Written policies and procedures.
 - Staff training.
 - Resident and visitor education and screening procedures prior to the visit.
 - Physical distancing 6 feet apart.
 - Staff supervision during the visit.

Resident Guidelines: Resident outdoor or indoor visitation should be prioritized for the following:

- Prioritization for visitation should be for residents who require end of life care, a cognitive decline, feelings of loneliness or depression, spiritual care, decreased mobility, or their overall well-being has declined physically and mentally.
- Residents must have the ability to safely transition from their room to an outdoor or indoor visitation location independently or with the staff's assistance.
- Residents who have had COVID-19 must no longer require transmission-based precautions as outlined by the CDC.
- Residents who can, should wear a face mask during the visitation.

Visitor Guidelines: Visitation would be restricted to visitors who meet the following criteria:

- Must wear a face covering or face mask during the entire visitation.
- Must use alcohol-based hand rub before and after visitation.
- Must stay in designated facility location.
- Visitation should be restricted to children 12 years of age or older. Visitors with children must be able to manage them, and children must be able to wear a face mask during the entire visitation. Special family circumstances warranting children under the age of 12 to visit can be approved by individual facilities.
- Must sign in and provide contact information.
- Must not have signs or symptoms of COVID-19; visitors must also attest to their COVID status (testing results) and if they have had COVID-19, they must provide documentation (e.g., doctor's note) that they no longer meet CDC criteria for transmission-based precautions.
- Visitors may provide food and beverage to the resident consistent with dietary considerations, but food should not be shared between residents and visitors.

Weather: Outdoor visitations should occur only on days when there are no weather warnings that would put either visitors or residents at risk. Furthermore, visitation spaces must provide adequate protection from weather elements (e.g., shaded from the sun). Residents should be offered water during outside visitations during warm weather.

Essential Caregiver Guidelines: *In recognizing the critical role of family members and close friends in the life of residents in LTC and acknowledging the ongoing COVID-19 pandemic, the SD DOH recommends LTC facilities amend or develop their response plan to acknowledge and include designated EC.*

EC is an individual(s) whether family or friend who previously was actively involved with the resident and/or was committed to providing companionship or assisting in the activities of daily living of the resident. Guidelines for an EC visit may include but are not limited to the following:

- In determining or identifying an EC, the resident when capable should be involved.*
- Desire to designate more than one person as an EC should be explored.*
- Only 1 EC at a time should be scheduled with each resident.*
- The EC may identify a schedule including evenings and weekends by setting hours per day or until identified tasks are completed.*
- The provider should identify acceptable activities or restrictions during visits.*
- Direct the EC to provide care in the resident's room, or in a facility designated area within the building. The provider may limit the movement of the EC in the facility.*
- The EC signs in and is actively screened for signs and symptoms of COVID-19 in the same manner as facility staff.*
- The EC must inform the provider if they develop a fever or symptoms consistent with COVID-19.*
- The EC must wear face cover or necessary personal protective equipment (PPE) as determined by the facility and must perform frequent hand hygiene. The provider must educate the EC about the proper use of PPE and hand hygiene.*
- The EC must maintain appropriate physical distancing of at least 6 feet with staff and other residents while in the facility.*
- The EC should not take the resident out into the community except for essential medical appointments.*
- The EC will not be allowed to visit during a resident's 14-day quarantine, if a resident is positive for COVID-19 or is symptomatic; unless the visit is for compassionate care and/or end of life.*
- The LTC provider may restrict or revoke EC status if the EC ignores the criteria allowing EC visitation or other COVID-19 related restrictions of the facility. Attempt to mediate concerns should be conducted prior to restricting or revocation of the EC visitation.*

Salon or Barber Services Guidelines: The department recognizes the impact COVID-19 has had on all residents and their loved ones both medically and emotionally. The department further understands a resident's Quality of Life has been impaired where personal care has affected the resident's well-being for required salon or barber services. The above measures must be implemented by the facility along with:

- The facility has no suspected or confirmed case of COVID-19 in the facility resident or staff.
- Only one beautician or barber in the facility at a time on designated days. Dependent on the layout of the facility and the salon location, an alternative room(s) near an entrance/exit door may need to be utilized to minimize potential spread.
- Facilities with multiple individualized resident halls (dependent on facility layout) should schedule services to avoid cross contamination.
- Residents can sign up according to when the beautician/barber is assigned to their hallway; only one resident may be in the vicinity at the time of the establish appointment.
- Residents and the beautician/barber will need to wear masks.

- The beautician or barber will need to wear a protective gown and face shield.
- *The beautician or barber will need to conduct the appropriate hand hygiene prior to the hair care for each resident.*
- Beautician/barber will sanitize all equipment between each resident.
- Residents can pay the beautician/barber as they always have with no additional expense.
- The facility has implemented a screening and infection control policy and procedure and provided education to all of those involved to minimize the potential transmission.

The following exceptions to visitation may be made for compassionate care such as end-of-life circumstances for all facilities regardless of the current status of community spread within the county:

- Visitation may occur according to the above guidelines maintaining physical distancing in the resident's private room upon arrangement with the facility and a limit of two visitors at a time.
- The visitors are screened upon entering the facility through an entrance door nearest the resident's room. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry into the facility.
- Members of the certified hospice provider team are allowable to care for the resident. Those members include the registered nurse, nurse's aide, social worker, clergy, etc. who are required to provide care according to their Conditions of Participation.
- Members of the certified hospice team should be screened upon entrance to the facility.
- The facility has implemented a screening and infection control policy and procedure and provided education to all of those involved to minimize the potential transmission.