



Guidance for Non-Essential Health Services At Nursing Homes and Assisted Living Facilities

July 16, 2020

Nursing homes and assisted living residences have been severely impacted by Coronavirus Disease 2019 (COVID-19), with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home and assisted living population, combined with the inherent risks of congregate living in a healthcare setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within these locations. Whenever possible, nursing homes and assisted living residences should continue to encourage the use of [telehealth services to evaluate residents' needs and/ or provide non-essential health services](#).

This guidance is focused on non-essential, yet important, health services for residents living in nursing homes and assisted living residences. The guidance provides facilities with minimum standards to limit COVID-19 exposure and prevent the spread of COVID-19 within these facilities. The guidance includes the elements that facilities must address to allow non-essential health service providers to have direct contact with their residents or to otherwise enter their facility. Non-essential, yet important, health services include routine dental, podiatry, optometry, and similar ancillary healthcare services.

Screening Procedures

- As with all visitors, the facility must screen visiting, non-essential, health-service providers for symptoms of, and risk factors for, COVID-19 before they enter the facility. The [most current list of COVID-19 symptoms](#) is available on RIDOH's website. Sample screening tools are available in [English](#) and in [Spanish](#) on Reopening RI's website.
- If symptoms or other risk factors for COVID-19 are present, the non-essential service provider shall not be allowed to enter the facility.
- Facilities must evaluate the risk to the health of the non-essential service provider. (i.e., some individuals may have underlying illness putting them at higher risk of severe illness from COVID-19).
- The facility must limit points of entry to the facility and service provision hours to allow for screening of all visiting, non-essential service providers.
- Facilities shall keep a daily log with the names and contact information for all visiting, non-essential service providers.

Physical Space, Distancing, and Occupancy Limits

- Non-essential health services must be provided to the resident in the resident's room or a dedicated area designed to provide such services.
- All non-essential health-service providers will be escorted to the area where the services will be provided. Only one resident at a time is to be allowed in the area where the services will be provided.

Scheduling and Provision of Services

- All visits to provide non-essential health services must be scheduled with the facility in advance. Unannounced visits by non-essential service providers are unacceptable, and such visitors will be denied entrance.
- Non-essential health-service providers must have a valid and active Rhode Island license to provide the services. They should also, at a minimum, follow applicable guidance specific to their profession; such as *recommendations from the Center for Disease Control and Prevention*.
 - Non-essential healthcare services should be provided in accordance with [general RIDOH regulatory requirements](#) and [Executive Orders](#).

Cleaning and Disinfecting Procedures

- All common surfaces and high-touch objects shall be cleaned and disinfected between each visit as specified in [RIDOH regulations](#) and [Centers for Disease Control and Prevention \(CDC\)](#) guidance.
- All chairs, tables, and benches should be cleaned before and after every visit in accordance with [CDC guidance](#) for nursing homes.
- All equipment shall be cleaned between residents.

Face Masks and Other Personal Protective Equipment

- All non-essential health-service providers must wear appropriate PPE at all times in accordance with CDC guidance while in the facility.

Hand Hygiene

- All visiting, non-essential health-service providers shall perform hand hygiene upon entry to the facility and before entry to the area in the facility where the services will be provided.
- Either soap and water or hand sanitizer containing at least 60% alcohol shall be available and used.
- All visiting, non-essential health-service providers shall perform hand hygiene between residents receiving non-essential services.
- All visiting, non-essential health-service providers shall perform hand hygiene before exiting the facility.

Clear Communications Plan

- The facility must provide the following communication to all non-essential health-service providers:
 - Visiting, non-essential health-service providers must coordinate and schedule visits to provide services with the facility. If a visit has not been previously coordinated and scheduled with the facility, the services cannot be provided.
 - If the visiting, non-essential health-service provider has symptoms of COVID-19, the services cannot be provided, even if they were previously coordinated and scheduled with the facility.
 - Clear instructions on hand hygiene, limiting of surfaces touched, requiring the wearing of a face covering at all times, and maintaining six feet of physical distance from other people whenever possible will be posted and made available.
 - All visiting, non-essential health-service providers must be advised to monitor themselves for signs and symptoms of COVID-19 for 14 days after leaving the facility.

If symptoms occur, the non-essential health-service provider must self-quarantine 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.

Newly Identified Cases of COVID-19

- If a facility identifies a new COVID-19 case in the facility, the facility should immediately suspend all non-essential health services. The facility should work with RIDOH to determine when these services may resume – which may be no earlier than 14 days from the new onset case, as long as there has been no new onset of COVID-19 cases at the nursing home or assisted living residence.
- If non-essential services are temporarily suspended, the facility must continue to assess the needs of residents. Facility leadership, in consultation with the medical director or primary care providers, should continue to be involved in determining on a case-by-case basis which health services are essential to meet the needs of specific residents, and which are non-essential services that can be postponed.