



Answers to Frequently Asked Questions about COVID-19 Guidance for Nursing Homes

Last updated April 12, 2022

Masking

Should staff at nursing homes continue to wear masks?

Healthcare workers in nursing homes who are not up to date with their COVID-19 vaccines are required to wear a National Institute for Occupational Safety and Health (NIOSH)-approved N-95 mask during periods of substantial and high transmission ($\geq 50/100,000$ cases per 100,000 persons) in accordance with Rhode Island Department of Health (RIDOH) regulations (1). All healthcare workers in nursing homes, regardless of vaccination status should wear procedure or surgical masks in resident-facing areas regardless of community transmission rates (2,3).

Should residents of nursing homes continue to wear masks?

Residents should wear masks in areas where they interact with other residents (2,3). Masking is an effective way to reduce transmission of COVID-19. Older adults and people who have compromised immune systems living in congregate care settings are at the highest risk of infection and severe disease. Vaccines are highly effective in reducing severity of illness and reduce, but do not eliminate risk of infection or transmission.

Should visitors of nursing homes continue to wear masks?

Visitors are currently required to wear masks during visits to nursing homes (4). This regulation is due to expire May 10, 2022. Because of increased risk of severe illness in this population, visitors should continue to wear masks and physically distance during their visits after this date (2,3).

Vaccination

Are healthcare workers in nursing homes required to be vaccinated?

All healthcare workers are required to be up to date with their COVID-19 vaccines. If a healthcare worker chooses not to be vaccinated for any reason, they must wear a NIOSH-approved N-95 mask during periods of substantial or high COVID-19 transmission (greater than or equal to 50 cases per 100,000 persons per week, as reported by RIDOH) in accordance with RIDOH regulations (4).

COVID-19 case prevalence data can be found at health.ri.gov/data/covid-19. These data are updated Monday through Friday by approximately 3 p.m.

Healthcare workers in facilities that are certified by Centers for Medicare and Medicaid Services (CMS) are required to complete the primary series of vaccination unless they have been granted a religious or medical exemption to vaccination by the facility (5).



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What does up to date on vaccination mean?

Being up to date with your COVID-19 vaccines means a person has received all recommended doses of their primary series and a booster dose when eligible. Currently, a second booster is not required to be considered up to date. Please consult with your healthcare provider about receiving a second booster.

Will RIDOH continue to offer on-site vaccination?

On June 30, 2022, the State's contract with MedTech and Alert Ambulance to provide on-site vaccinations free of cost to nursing homes and assisted living communities will end. All nursing homes and ALRS have been provided information on vaccination options available to them after June 30, 2022. These options include, among others, MedTech and Alert (though any costs for their services will not be covered by the State).

While nursing homes and ALRs are encouraged to continue using MedTech and Alert until June 30, 2022, they are also encouraged to take this time to put in place necessary arrangements to ensure vaccine availability beyond this date. Questions and concerns may be directed to Nicholas Larmore at nicholas.larmore@health.ri.gov.

Are visitors to nursing homes required to be vaccinated?

Visitors for nursing home residents are required to be up to date with their COVID-19 vaccines or to have a negative COVID-19 test prior to visiting residents as per RIDOH regulations (4). Either a point-of-care antigen test within 48 hours or a PCR test within 72 hours may be used to meet this requirement (4). If a visitor is not up to date on their vaccines and does not have documentation of a negative test result, the facility must provide them with a rapid antigen point-of-care test.

Testing

Do residents of nursing homes need to be tested weekly?

No. There are no current regulations requiring surveillance testing for residents. New admissions or residents who have left the facility for more than 24 hours should be tested on arrival and, if negative, 5 to 7 days after admission. Close contacts of someone who has tested positive for COVID-19 should also be tested immediately and 5 to 7 days after exposure. Residents should be tested if they have symptoms consistent with COVID-19 infection (3,6). Facilities may choose to implement broad-based surveillance testing during periods of high community transmission.



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Do healthcare workers or staff in nursing homes need to be tested weekly?

Per CMS requirements, staff who are not up to date with their COVID-19 vaccines must be tested weekly during periods of moderate transmission and twice weekly during periods of substantial or high transmission. These levels are based on community transmission rates (7).

Do facilities still need to report positive tests to RIDOH?

Yes, facilities must continue to report all positive COVID-19 cases to RIDOH, including residents, staff, and visitors. Results from point-of-care rapid antigen tests administered at the facility can be reported through portal.ri.gov/reportcovidresult. Anyone who would like to report the result of a COVID-19 test administered at home should enter their results through portal.ri.gov/s/selftest.

Quarantine

Do new admissions need to be quarantined on arrival?

Residents who are up to date with their COVID-19 vaccines do not need to be quarantined on arrival. Residents who are not up to date with their vaccines should be quarantined on admission. All new admissions should be tested on arrival and after 5 to 7 days regardless of vaccination status (3,6)

Do close contacts of COVID-19 patients need to be quarantined?

Residents who are up to date with their vaccines do not need to be quarantined after close contact exposure. The COVID-19 infected patient does need to be isolated for the duration of illness. Residents who are not up to date with their vaccines should be quarantined after close contact with someone with COVID-19 for at least 7 days with a negative test or 10 days. All residents with close contact exposure should be tested after exposure and after 5 days regardless of vaccination status (3,6).

Do staff need to be quarantined after close contact with COVID-19 patients?

Staff in nursing homes should follow the RIDOH quarantine and isolation guidance/Centers for Disease Control and Prevention (CDC) healthcare worker guidance for quarantine which recommends quarantine for 10 days or 7 days with a negative test if not up to date with vaccines and no work restrictions if up to date on their vaccines. Facilities in contingency or crisis operations should notify the Rhode Island Center for Health Facilities Regulation when they implement contingency or crisis standards of care for quarantine and isolation and when they resume normal conventional operations. They should also post on their website that they are following contingency or crisis standards for quarantine and isolation (6,8).



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Isolation

Residents diagnosed with COVID-19 must be isolated away from uninfected residents with appropriate infection control protocols for 10 days. Staff diagnosed with COVID-19 may return to work if asymptomatic or mildly symptomatic (with improving symptoms) after 10 days or 7 days with a negative test (6,8). Longer isolation periods may be appropriate for residents or staff who are immunocompromised or who have severe illness.

References

1. RIDOH 216- RICR 20-15-9 and RICR 20-15-7
2. CMS QSO 20-39
3. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> accessed 3/29/2022
4. RIDOH 216- RICR 40-10-27 expires 5/10/2022
5. CMS QSO 22-07
6. <https://health.ri.gov/publications/guidance/COVID-19-Quarantine-and-Isolation-Guidance-by-Population.pdf> accessed 3/30/2022
7. CMS QSO 20-38 updates 3-10-2022, accessed 3/30/2022
8. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> accessed 3/30/2022
9. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> accessed 3/30/2022



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