Safe Start for Long Term Care Recommendations and Requirements:

Adult Family Homes, Assisted Living Facilities & Enhanced Services Facilities

March 12, 2021 Updates to the Safe Start for LTC Recommendation and Requirements Document.

1. **The information contained in this Safe Start for Long Term Care (LTC) document is *independent of the Healthy Washington Roadmap to Recovery*, but may refer to the Healthy WA Roadmap where applicable.**
1. Facilities and homes are required to follow these Safe Start for LTC Recommendations and Requirements.
2. The impact of COVID-19 vaccines on community transmission rates may allow for future changes to the recommendations and requirements in the Safe Start for LTC.

Introduction

Safe Start for Long-Term Care (LTC) Facility Recommendations and Requirements

In response to requests for recommendations, the Department of Social and Health Services (DSHS) and the Department of Health (DOH) are presenting the following phased safe start plan for licensed and certified long-term care facilities and agencies. Given the critical importance of limiting COVID-19 exposure in long-term care residential care settings and certified supported living agencies, decisions on relaxing restrictions should be made:

- With careful review of various unique aspects of the different facilities and communities in which they reside;
- In alignment with the Governor's Proclamations; and
- In collaboration with state and local health officials.

This phased approach will help keep residents and clients healthy and safe.

Because the pandemic is affecting communities in different ways, DSHS, DOH and the Governor's Office should regularly monitor the factors for the Safe Start for LTC and adjust the Washington plans accordingly.

Residential Care Setting and Supported Living Provider safe start Requirements

1. *Follow the Centers of Disease Control and Prevention (CDC), Department of Health (DOH), and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.*

2. *Cooperate with the local health officer or his/her designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents.*

3. *Follow this DSHS and DOH phased Safe Start for LTC plan. This document is guidance for LTC and is not included in the Healthy Washington Roadmap to Recovery.*

4. *Facilities and homes need to follow case count criteria outlined in each phase of this document, or county percent positivity rate where applicable.* **The phases in the LTC Safe Start documents are independent of the regional phases in the Healthy WA Roadmap to Recovery. Facilities and agencies LTC Safe Start phases are based on county community case rates.**

5. *Individual facility types have state statute or rules that requires a facility to impose actions to protect the residents by activating their infection control plan.*

6. *The phase progression/regression parameters outlined in this plan will automatically designate phase levels for counties/regions. The LHJ in conjunction with DOH can regress a phase regardless of the parameters if necessary to protect the public health The LHJ or DOH will communicate changes in LTC Safe Start phase status with facilities in each region/county. Changes in phases made by DOH or the LHJ will also be communicated to Residential Care Services at RCSPolicy@dshs.wa.gov.*

7. *The LHJ or DOH have the authority to return a facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak.*
   - *Examples that may require a facility to return to a more restrictive phase of the Safe Start for LTC include but are not necessarily limited to new outbreaks of COVID-19 in their facility as determined by the LHJ or DOH. The LHJ and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures and, pursuant to WAC 246-101-305, LTCs are obligated to cooperate with these investigations. Please refer to the DOH definition of an outbreak found here: Interim COVID-19 Outbreak Definition for Healthcare Settings*

8. *If a facility has moved beyond Phase 1, the facility will automatically move back to Phase 1 of the LTC Safe Start plan if county case rates exceed 150 cases/100,000. If the county case count begins to rise in a county and moves above the rate of the phase a facility is currently in, the facility may pause and remain in their current phase unless the case counts reaches or exceeds 150 cases/100,000, at which time the facility will move back to phase 1.*
   - *For example, if a facility is currently in phase 3 (a phase with a target case count of 10-25/100,000), and the county case count reaches 25-75/100,000 (a phase 2 case count), the facility will remain in phase 3. The facility will not need to move back and forth between phases, but the facility will not be able to move on to phase 4.*

All facilities and agencies must be prepared for an outbreak and make assurances they have;

1. Access to adequate testing: The facility must maintain access to COVID-19 testing for all residents and staff:
   a. Aiming for fast turnaround times, ideally less than 48 hours,
   b. Testing all clients with signs and symptoms of COVID-19 or has exposures,

    c. Working with local and state public health to coordinate repeat and outbreak testing, and
    d. Capacity to conduct ongoing, serial testing of clients and staff according to federal, state and local guidance;
    e. Testing includes point of care antigen testing and PCR lab testing.
2. Capacity to conduct ongoing testing of residents and staff.
3. A response plan to inform cohorting and other infection control measures.
4. A plan to actively screen all staff and visitors per DOH guidance. Daily Guidance for COVID-19 Staff and Visitor Screening
5. Dedicated space for cohorting and managing care for residents with COVID-19 or if unable to cohort residents, have a plan which may include transferring a person to another care setting.
6. A plan in place to care for residents with COVID-19, including identification and isolation of residents. The facility or agency plans describing the identification, care and isolation of residents or clients may be requested by DSHS, DOH or the LHJs to conduct an outbreak investigation. Technical assistance for development of these plans can be received from LHJs.
7. Protected and promoted resident and client rights while following standards of infection control practices including when a resident or a client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility or client home.

Core Principles of Safe Start and COVID-19

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for long-term-care, and should be adhered to at all times. Additionally, visitation should be person-centered, consider the residents' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains). Also, providers should enable visits to be conducted with an adequate degree of privacy whenever possible. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. Providers may restrict or limit visitation due to COVID-19 county positivity rates in addition to facility COVID-19 status, a resident's COVID-19 status, visitor symptoms, visitor lack of adherence to proper infection control practices, or other relevant factors related to the COVID-19 public health emergency. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the below guidance:

Personal Protective Equipment (PPE)

Providers will ensure designated visitors and those providing compassionate care wear proper PPE that includes masking and facial shields/eye protection and full PPE when appropriate. Facilities have the flexibility to safely manage visitation and may deny a visitor access if they are unwilling to wear appropriate PPE. If the visitor is denied access, they will be given the OMBUDS and Local Health Jurisdiction contact information. They must also be given information regarding the steps they can take to resume the visits, such as agreeing to comply with infection control practices and Washington Safe Start Guidelines. For additional guidance, see Contingency Strategies for PPE use during COVID-19 Pandemic

Key Visitation Principles

Visitation can be conducted through different means, based on a facility/home's structure, community virus activity, and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission.

Infection Prevention

Infection prevention should entail the following basic concepts, at a minimum:

- Active Screening of all who enter the facility/home for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose), and use of eye protection if appropriate
- Social distancing at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- Cleaning and disinfecting high frequency touched surfaces in the facility/home often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care) if possible

Outdoor Visitation Principles

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred and can also be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation should be facilitated routinely. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one resident at the same time. Outdoor Visitation Guidance for Long-term Care Settings

Indoor Visitation Principles

- Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:
- Visitors should be able to adhere to the core principles;
- Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
  NOTE: Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities/homes should attempt to enable in- room visitation while adhering to the core principles of COVID-19 infection prevention.

Outbreaks Visitation

Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions. However, this restriction should be lifted once transmission based precautions are no longer required per CDC guidelines, and other visits may be conducted as described above. Facilities should consider visitation, group activities, and communal dining limitations based on status of COVID-19 infections in the facility. Facilities have flexibility to determine what is best for resident and staff safety to manage visitation. The facility will take into consideration the scope of residents in isolation and quarantine status. For example, the facility may not allow communal dining, group activities, and visitors, compassionate care, and designated visitors if active COVID-19 throughout the entire physical plant. Or, they may restrict these activities and visitation on particular wings/units with COVID-19 spread and allow on non-COVID units.

Access to Ombuds and Resident Right Advocates

Washington State laws and rules provide representatives of the Office of the State Long-Term Care Ombudsman and the Developmental Disabilities Ombuds with immediate access to any resident. During this public health emergency, in-person access may be limited due to infection control concerns and/or transmission of COVID-19; however, in-person access may not be limited without reasonable cause. We note that representatives of the Ombuds should adhere to the core principles of COVID-19 infection prevention. If in-person access is not advisable, such as the Ombuds having signs or symptoms of COVID-19, facilities must, at a minimum, facilitate alternative resident communication with the ombuds, such as by phone or through use of other technology. Providers will work with Ombuds to coordinate and identify private meeting space that meets infection controls standards if visitation in the resident's room is not possible.

Federal and State Disability Laws

Providers must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). For example, if a resident requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the facility/home

must allow the individual entry into the facility/home to interpret or facilitate, with some exceptions. This would not preclude facilities/homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Medically Necessary Providers, Service and Health Care Workers Principles

Health care workers who are not employees of the facility but provide direct care to the facility's residents, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the facility as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after an active screening process. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind facilities that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining Principles

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Residents may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Facilities should consider additional limitations based on status of COVID-19 infections in the facility. Additionally, group activities may also be facilitated (for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among residents, appropriate hand hygiene, and use of a face covering. Facilities may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. Facilities are encouraged to utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs).

Specialized Care Visitation

Guidance for residents on respiratory ventilation who are room bound, or any other resident with specific medical conditions that place them bed bound. Providers should follow DSHS and DOH guide for specialized care visitation.

Offsite Visits

Providers must use the Risk Assessment Template to assess each resident for any COVID-19 exposure after returning from offsite visits to determine if the resident is low, medium or high risk. Automatic quarantine should not be the standard practice upon returning from a trip into the community. Decisions about precautions taken with a resident as a result of the assessment must be documented in the resident's care plan. Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits

Outside Safety Related to Structures

Providers must follow state fire marshal requirements for safety related to tent use or other temporary shelter structures: proper installation and suitable anchoring, flame resistant product use, protection of residents, tents, and surrounding grounds must be free of combustible materials, not obstruct fire hydrants, smoke free and equipped with smoke free signs, comfortable temperatures, fire marshal approved only heater use, no open fires/flames within or around tents, fire marshal approved only lighting sources, clear unobstructed path for egress, easily opened doors and zippers, hard packed walking surfaces with no tripping hazards, and illumination of operating in dark hours. Providers must ensure resident wear proper clothing for outdoor climate, and promote outside safety and comfortable temperatures via a structured shelter, parking lot, patio, or courtyard venue. Outdoor Visitation Guidance for Long-term Care Settings.

Holiday Guidance

Providers should follow CDC guidelines for holidays. Where State or LHJ guidance provides stricter measures, providers must follow the stricter guidance. This guidance does not replace state proclamation requirements, DOH, and CDC link: CDC recommendations for Holiday Celebrations and Small Gatherings. Providers must follow all guidelines for visitation within this document with strict adherence to infection control principles to prevent the spread and transmission of COVID-19.

Activities

Providers should follow the DSHS and DOH guide for activities. Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)

Beauticians

For the purpose of these recommendations, the category of workers is beauticians, nail technicians, and barbers.

Negotiated Care Plans/Negotiated Service Agreements

Because person-centered care is key, providers will document in the resident care plan medically necessary care, compassionate care, and designated person care delivery.

Continuing Care Retirement Communities (CCRC) and Independent Living Campus

State licensed homes that reside on the same campus as CCRCs and independent living settings, must follow these recommendations for Safe Start Long Term Care Recommendations. Refer to the Department of Health guidance for shared water recreation facilities: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/WaterRecreationProgGuidanceCOVID-19.pdf.

Section I – Safe Start of Facilities

Phase 1

COVID 19 Risk Assessment Dashboard

Phase 1 is designed aggressive infection control during periods of heightened virus spread in the community and potential for healthcare system limitations, which may include factors such as staffing, hospital capacity, Personal Protective Equipment (PPE), and testing. Heightened virus spread (High COVID-19 activity) is defined as >75 cases/100,000 for two weeks. Check this dashboard to see what the metric is for your county. If your county is currently meeting the definition of heightened virus spread the facility will remain phase 1.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
Visitation	***See Section II***	***See Section II***
Essential/Non-Essential Personnel	• Entry is restricted to essential healthcare personnel, including healthcare personnel addressed in Dear Administrator letter 20-058 (ALF) 20-047 (ESF), with the following exceptions: - Beautician/Barber/Hair Stylist/Nail Technicians. • All personnel participate in active screening upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task; and at a minimum wearing a face mask for the duration of their visit. • Beautician/Barber/Hair Stylist/Nail Technician must attest in writing they follow all recommended infection control practices in the community, including all currently required industry standards for COVID-19 and any other requirements based on the *Healthy Washington Roadmap to Recovery*. In the facility they must have a designated	• Entry is restricted to essential healthcare personnel, including healthcare personnel addressed in Dear Provider letter 20-062, with the following exceptions if the home is able to accommodate: - Beautician/Barber/Hair Stylist/Nail Technicians. • All personnel participate in active screening upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task; and at a minimum wearing a face mask for the duration of their visit. • Beautician/Barber/Hair Stylist/Nail Technician must attest in writing they follow all recommended infection control practices in the community, including all currently required industry standards for COVID-19 and any other requirements based on the *Healthy Washington Roadmap to Recovery*. In the home they must have a designated

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	space, use all appropriate PPE, and sanitize the space between each resident visit. The Beautician/Barber/Hair Stylist/Nail Technician must follow all currently required industry standards for COVID-19 and any other requirements based on the *Healthy Washington Roadmap to Recovery* while in the ALF/ESF. • Essential healthcare personnel such as Nurse Delegators will follow DOH guidance for nurse delegation.	space, use all appropriate PPE, and sanitize the space between each resident visit. The Beautician/Barber/Hair Stylist/Nail Technician must follow all currently required industry standards for COVID-19 and any other requirements based on the *Healthy Washington Roadmap to Recovery* while in the AFH. • Essential healthcare personnel such as Nurse Delegators will follow DOH guidance for nurse delegation.
Medically and Non-Medically Necessary Trips	• Telemedicine should be utilized whenever possible. • For medically and non-medically necessary trips away from of the facility: o The resident must wear a cloth face covering or face mask unless medically contraindicated; and o The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment. • Transportation staff, at a minimum, must wear a face mask. Additional PPE may be required. • Transportation equipment shall be sanitized between transports. • Residents can make trips outside of the building and into the community, including non-medically-related trips, to locations that are open to the public. However, residents are encouraged to limit or avoid trips where appropriate precautions are not being followed.	• Telemedicine should be utilized whenever possible. • For medically and non-medically necessary trips away from of the facility: o The resident must wear a cloth face covering or face mask unless medically contraindicated; and o The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment. • Transportation staff, at a minimum, must wear a face mask. Additional PPE may be required. • Transportation equipment shall be sanitized between transports. • Residents can make trips outside of the building and into the community, including non-medically-related trips, to locations that are open to the public. However, residents are encouraged to limit or avoid trips where appropriate precautions are not being followed..

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	○ Please see Dear Administrator letter ALF 020-028 and ESF 020-021 for details regarding residents leaving the facility for non-medically necessary trips. ○ Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities.	○ Please see Dear Administrator letter AFH 020-027 for details regarding residents leaving the facility for non-medically necessary trips. ○ Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. ○
Communal Dining	• Residents may eat in the same room with appropriate social distancing. • Limit the number of people at tables and space tables at least 6 feet apart. • All staff must wear masks. • Residents must wear masks when not eating/drinking. • Disinfect all dining tables and eating surfaces before and after meals. • If staff assistance is required, appropriate hand hygiene must occur between residents and before and after meals. Along with a mask, staff providing assistance must wear appropriate eye protection. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Residents may eat in the same room with appropriate social distancing. • Limit the number of people at tables and space tables at least 6 feet apart. • If staff assistance is required, appropriate hand hygiene must occur between residents and before and after meals. Along with a mask, staff providing assistance must wear appropriate eye protection. • Disinfect all dining tables and eating surfaces before and after meals. • All staff must wear masks. • Residents must wear masks when not eating/drinking. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Screening	• Actively screen residents daily. • Actively Screen 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential	• Actively screen residents daily. • Actively screen 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or face mask. • Maintain a screening log for 30 days. • Do not screen EMTs or law enforcement responding to an emergent call.	exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or face mask. • Maintain a screening log for 30 days. • Do not screen EMTs or law enforcement responding to an emergent call.
Universal Source Control & Personal Protective Equipment (PPE)	• All staff, regardless of their position, must wear a cloth face covering while in the home, and face mask and eye protection when providing care or social distancing cannot be maintained. • All facility staff, personnel, Beautician/Barber/Hair Stylist/Nail Technicians , and visitors, must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • All visitors must wear masks at a minimum, and eye protection if applicable. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the LHJ guidelines for new admissions or readmissions from a hospital setting.	• All staff, regardless of their position, must wear a cloth face covering while in the home and face mask and eye protection when providing care or social distancing cannot be maintained. • All staff, personnel, Beautician/Barber/Hair Stylist/Nail Technicians, and visitors must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • All visitors must wear masks at a minimum, and eye protection if applicable. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the LHJ guidelines for new admissions or readmissions from a hospital setting.
Cohorting & Dedicated Staff	• Follow LHJ guidance for any isolation and cohorting of residents. • Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.	• Follow LHJ guidance for any isolation and cohorting of residents. • Depending on the number of rooms and size of the home, the provider may have to transfer residents who are symptomatic or testing positive for COVID-19.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps

	• Plans must be in place to:
	  ○ Monitor residents who test positive and have roommates in the facility;
	  ○ Manage new admissions and readmissions with an unknown COVID-19 status;
	  ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis);
	  ○ Monitor staff who work with multiple clients and agencies.
		• Plans must be in place to:
		  ○ Monitor residents who test positive and have roommates in the home;
		  ○ Manage new admissions and readmissions with an unknown COVID-19 status;
		  ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis);
		  ○ Monitor staff who work with multiple clients and agencies.

Group Activities	• Modify activity restrictions; schedule to avoid high volume or congregate gathering. • Create policy for universal masking for residents, social distancing, flexible scheduling, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring. • Assist residents in engagement through technology to minimize opportunity for exposure. • Assist residents in finding personalized activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). Engagement through technology is preferred to minimize opportunity for exposure. • Facilities should have procedures in place to engage remotely or virtually, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). • Utilize the Interim Supplemental Guidance for Allowing Group Activities and	• Modify activity restrictions; schedule to avoid high volume e.g. kitchen, family room, dining room areas of the home. • Create policy for universal masking for residents, social distancing, flexible scheduling, locations, and minimize resident risk. • Resident outdoor activities on home property requires universal masking, social distancing, and facility monitoring. • Encourage residents and any roommates to practice social distancing and wear face masks when they engage in group activities at home. • Assist residents in engagement through technology to minimize opportunity for exposure. • Assist residents in finding personalized activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). • Engagement through technology is preferred to minimize opportunity for exposure.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	Communal Dining in Long-Term Care Facilities (LTCFs)	• Homes should have procedures in place to engage remotely or virtually, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Testing	• Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.	• Testing will occur based on CDC, DOH, and LHJ guidance. • The home must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 2

Entry Criteria:

*The facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following*:

- The facility has reviewed the key metrics for the county at the COVID 19 Risk Assessment Dashboard and determined that moderate transmission is occurring in the community. Moderate transmission is defined as 25-75 cases/100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or 2 staff cases was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: CDC Burn Rate Calculator;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;

- The facility/home is capable of cohorting residents with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Consideration	**Assisted Living/ESF Mitigation Steps**	**AFH Mitigation Steps**
Visitation	***See Section II***	***See Section II***
Essential/Non-Essential Personnel	• All essential personnel are allowed to continue to enter the building. • Allow entry of a limited number of non-essential personnel such as entertainment or religious personnel as determined necessary, with active screening and additional precautions including social distancing, hand hygiene, and face masks. • The number of non-essential personnel per day is based on the facility or agency ability to manage infection control practices. • All personnel are actively screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Essential health care personnel such as Nurse Delegators, will follow DOH guidance for nurse delegation.	• All essential personnel are allowed to continue to enter the building. • Allow entry of a limited number of non-essential personnel such as entertainment or religious personnel as determined necessary, with active screening and additional precautions including social distancing, hand hygiene, and face masks. • The number of non-essential personnel per day is based on the facility or agency ability to manage infection control practices. • All personnel are actively screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Essential health care personnel such as Nurse Delegators, will follow DOH guidance for nurse delegation.
Medically and Non-Medically Necessary Trips	• Telemedicine should be utilized whenever possible. • Residents can make trips outside of the building and into the community, including non-medically-related trips, to locations that	• Telemedicine should be utilized whenever possible. • Residents can make trips outside of the building and into the community, including non-medically-related trips, to locations that

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	are open to the public. However, residents are encouraged to limit or avoid trips where appropriate precautions are not being followed. ○ Please see Dear Administrator letter ALF 020-028 and ESF 020-021 for details regarding residents leaving the facility for non-medically necessary trips. ○ Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities.	are open to the public. However, residents are encouraged to limit or avoid trips where appropriate precautions are not being followed. ○ Please see Dear Administrator letter AFH 020-027 for details regarding residents leaving the facility for non-medically necessary trips. ○ Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities.
Communal Dining	• Residents may eat in the same room with appropriate social distancing. • Limit the number of people at tables and space tables at least 6 feet apart. • All staff must wear masks. • Residents must wear masks when not eating/drinking. • Disinfect all dining tables and eating surfaces before and after meals. • If staff assistance is required, appropriate hand hygiene must occur between residents and before and after meals. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Residents may eat in the same room with appropriate social distancing. • Limit the number of people at tables and space tables at least 6 feet apart. • If staff assistance is required, appropriate hand hygiene must occur between residents and before and after meals. • All staff must wear masks. • Residents must wear masks when not eating/drinking. • Disinfect all dining tables and eating surfaces before and after meals. • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Screening	• Actively screen residents daily. • Actively Screen 100% of all persons, residents, and staff entering/re-entering the	• Actively screen residents daily. • Actively Screen 100% of all persons, residents, and staff entering/re-entering the

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or face mask. • Do not screen EMTs or law enforcement responding to an emergent call. • Maintain a screening log for 30 days.	facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or face mask. • Do not screen EMTs or law enforcement responding to an emergent call. • Maintain a screening log for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	• All staff, regardless of their position, must wear a cloth face covering while in the home and face mask and eye protection when providing care or social distancing cannot be maintained. • All facility staff, visitors, and personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • All visitors must wear masks at a minimum, and eye protection if applicable. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH and LHJ guidelines for new admissions or readmissions from a hospital setting.	• All staff, regardless of their position, must wear a cloth face covering while in the home or and face mask and eye protection while in the home when providing care or social distancing cannot be maintained. • All staff, visitors, and personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • All visitors must wear masks at a minimum, and eye protection if applicable. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH and LHJ guidelines for new admissions or readmissions from a hospital setting.
Cohorting & Dedicated Staff	• Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Dedicate space in the facility and dedicate staff for cohorting and managing care for	• Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Follow LHJ guidance for any resident isolation and cohorting of roommates

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps

	residents who are symptomatic or testing positive with COVID-19.
	• Plans must be in place to:
	  ○ Manage new admissions and readmissions with an unknown COVID-19 status;
	  ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis);
	  ○ Monitor staff who work with multiple residents and agencies.
		depending on number of rooms and size of home. Provider may need to transfer residents.
		• Plans must be in place to:
		  ○ Manage new admissions and readmissions with an unknown COVID-19 status;
		  ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., behavioral health).
		  ○ Monitor staff who work with multiple residents and agencies.

Group Activities	• Modify activity restrictions; schedule to avoid high volume or congregate gathering. • Create policy for universal masking for residents, social distancing, flexible scheduling, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring. • Assist residents in engagement through technology to minimize opportunity for exposure. • Assist residents in finding personalized activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). • Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)	• Modify activity restrictions; schedule to avoid high volume visitation in the home visitation areas e.g. kitchen, family room, dining room areas of the home. • Create policy for universal masking for residents, social distancing, flexible scheduling, locations, and minimize resident risk. • Resident outdoor activities on home property requires universal masking, social distancing, and facility monitoring. • Encourage residents and any roommates to practice social distancing and wear face masks when they engage in group activities at home. • Assist residents in engagement through technology to minimize opportunity for exposure. • Assist residents in finding personalized activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
		• Utilize the Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities (LTCFs)
Testing	• Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.	• Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 3

Entry Criteria:

*The facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following*:

- The facility has reviewed the key metrics for the county at the COVID 19 Risk Assessment Dashboard and determined minimal transmission is occurring. Minimal transmission is defined as 10-25 cases/ 100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or 2 staff cases was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: CDC Burn Rate Calculator;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility/home is capable of cohorting residents with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Visitation	• ***See Section II***	***See Section II***
Essential/Non-Essential Personnel	• All personnel are actively screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Permitted to allow essential and non-essential personnel as long as all CDC and DOH safety practices are followed. • Facilities will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk.	• All personnel are actively screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Permitted to allow essential and non-essential personnel as long as all CDC and DOH safety practices are followed. • Facilities will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk.
Medically and Non-Medically Necessary Trips	• All parties must practice maintaining 6 ft. social distancing, use proper hand hygiene and wear face coverings when out of the facility and upon return, cooperate with facility entry screening policies. • Continue to follow Residential Care Services Dear Administrator letter, ALF 020-028 or ESF 020-021 for details regarding residents leaving the facility for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities.	• All parties must practice maintaining 6 ft. social distancing, use proper hand hygiene and wear face coverings when out of the facility and upon return, cooperate with facility entry screening policies. • Continue to follow Residential Care Services Dear Provider letter AFH 020-027 details regarding residents leaving the home for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. •

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Communal Dining	• Permitted if 6 ft. social distancing can be maintained, staff/residents/visitors have access to hand hygiene and they wear face covering when not eating/drinking, as tolerated, and while traveling to and from the dining area. • Providers are to separate residents in COVID-19 positive units from dining with residents in COVID-19 negative units, as well as resident suspected to be COVID-19 positive. • The facility conducts proper environmental cleansing between meals.	• Permitted if 6 ft. social distancing can be maintained in the confines of the home square footage, staff/resident/visitors have access to hand hygiene, and wear face coverings when not eating/drinking, as tolerated, and while traveling to and from the dining area. • Providers are to separate residents with COVID-19 positive diagnoses from residents with no COVID symptoms while they dine. • The home conducts proper environmental cleansing between meals.
Screening	• Remains the same as other phases. Actively Screen 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or face mask. • The provider will maintain a log of all visitors that is kept for 30 days.	• Remains the same as other phases. Actively Screen 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or face mask. • The provider will maintain a log of all visitors that is kept for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	• Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. • All visitors must wear masks at a minimum. • Staff and visitors must wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent	• Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. • All visitors must wear masks. • Staff must wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC,

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	with CDC, DOH, and LHJs guidance on optimization of PPE.	DOH, and LHJs guidance on optimization of PPE.

Cohorting & Dedicated Staff	• Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.
	• Plans must be in place to manage:
	  ○ New admissions and readmissions with an unknown COVID- 19 status.
	  ○ Residents who routinely attend outside medically-necessary appointments (e.g., dialysis).
		• Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19.
		• Plans must be in place to manage:
		  ○ New admissions and readmissions with an unknown COVID- 19 status.
		  ○ Residents who routinely attend outside medically-necessary appointments (e.g., mental health).

Group Activities	• Modify activity restrictions; schedule to avoid high volume or congregate gathering • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring.	• Modify activity restrictions; schedule to avoid high volume or congregate gathering. • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring.
Testing	• Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.	• Testing will occur based on CDC, DOH, and LHJ guidance. • The home must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 4

Entry Criteria:

*The facility may relinquish all restrictions and return to a regular course of business provided after meeting **all** of the following criteria:*

- The facility has reviewed the key metrics for the county at the COVID 19 Risk Assessment Dashboard and determined that sporadic transmission is occurring in the community. Sporadic transmission is less than 10 cases/100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- The facility/home has adequate staffing levels in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: CDC Burn Rate Calculator;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility/home is capable of cohorting residents with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Until the COVID public health threat has ended facilities and providers will:

- Actively Screen 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or face mask;
- Maintain a log of all visitors which must be kept for 30 days;
- Use PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted;
- Universally mask;
- Maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Section II – Visitation

All facilities and agencies are required to provide accommodations to allow access for visitation for all residents and clients even if visitation is not allowed in-person due to the COVID status of an individual or the facility. This access and accommodation may be by phone, remote video technology, window visits or outside visits, or some combination of access.. Any equipment shared among residents should be cleaned and disinfected between uses according to manufacturer guidelines.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred *even when the resident and visitor are fully vaccinated* against COVID-19*. Outdoor visits *generally* pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations or an individual resident's health status may hinder outdoor visits. For outdoor visits, facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

**Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

Indoor Visitation

Facilities should allow indoor visitation., except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission. Either the visitor or resident must be fully vaccinated for indoor visitation to occur. **Compassionate care* visits should be permitted at all times**, including during the times outlined below when regular visitation is curtailed. These scenarios for limiting indoor visitation include:

- Unvaccinated residents, unless the visitor is fully vaccinated;
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or
- Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

- The facility/home must establish policies and procedures outlining how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. The facility must also take into consideration work schedules of visitors and include allowances for evening and weekend visits.
- The facility will post at the entrance, and with the visitor log, vaccination requirements for visitation, as well as a notice that it is a violation of the Governor's Proclamation for visitors to visit if they are unvaccinated and the resident is unvaccinated.

- The Facility/home must establish policies and procedures around tours of the home for the purpose of screening for prospective new residents. The policies and procedures should include when tours will occur, screening process before entry of visitor(s) into the home, movement about the facility during the tour, and adherence to core principles of infection prevention.
- If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area.
- For larger Assisted Living Facilities (17 or more beds) visitors must be actively screened for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status) will be denied entry.
- For AFH, ESF and smaller ALFs visitors must be actively screened upon entry for symptoms or prolonged contact with someone with COVID 19 in the last 14 days. Those with symptoms or recent exposure will be denied entry.
- Visitors must sign in, including contact information, in a visitor's log. Visitors must acknowledge they have reviewed the notice about unvaccinated visitors and that it is a violation of the Governor's Proclamation to visit an unvaccinated resident if the visitor is also unvaccinated. The log of visitors must be kept for 30 days. **
- Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (maintaining at least 6 feet between people). If the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control. Visitors should physically distance from other residents and staff in the facility/home.
- Visitors and residents should wear a well fitted cloth mask or face mask and practice hand hygiene before and after the visitation.

Indoor Visitation during an Outbreak

An outbreak exists when a new facility/home onset of COVID-19 occurs that meets the outbreak definition found here: Interim COVID-19 Outbreak Definition for Healthcare Settings. This guidance is intended to describe how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 can be contained to a single area (e.g., unit) of the facility/home or the LHJ is able to assist with recommendations, dependent on the setting:

Assisted Living Facility (ALF) with 17 beds or more	**Adult Family Home (AFH), Enhanced Services Facility (ESF), and Assisted Living Facilities (ALF) with 16 beds or less**
When a new case of COVID-19 among residents or staff is identified, a facility should immediately work with the LHJ to begin outbreak testing and suspend all visitation until at least one round of facility-wide testing is completed. Visitation can resume based on the following criteria:	When a new case of COVID-19 among residents or staff is identified, a facility/home should immediately work with the LHJ to begin outbreak testing and suspend all visitation until at least one round of facility-wide testing is completed.

• If the first round of outbreak testing reveals **no additional COVID-19 cases in other areas (e.g., units) of the facility**, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing. For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases. ○ Outbreak testing is discontinued when testing identifies no new cases of COVID-19 infection among staff or residents for at least 14 days since the most recent positive result • If the first round of outbreak testing **reveals one or more additional COVID-19 cases in other areas/units of the facility** (e.g., new cases in two or more units), then the facility should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing. Compassionate care visits should be allowed **at all times**, for any resident (vaccinated or unvaccinated) regardless of the above scenarios. Window visits and visits using technology are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. Providers will also assist with the use of technology to support continued social engagement during an outbreak. In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.	Visitation can resume based on criteria determined through coordination between the facility/home and the LHJ. Compassionate care visits should be allowed **at all times**, for any resident (vaccinated or unvaccinated) regardless of outbreak status. Window visits and visits using technology are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. Providers will also assist with the use of technology to support continued social engagement during an outbreak. In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

A facility should continue to consult with their LHJ when an outbreak is identified to ensure adherence to infection control precautions, and for recommendations to reduce the risk of COVID-19 transmission.	

**** Compassionate Care Visits*:**

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care visits" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care visits include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a facility and is struggling with the change in environment and lack of physical family support.
- A resident who is grieving the recent loss of a friend or family member.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, "compassionate care visits." Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

At all times, visits should be conducted using social distancing and visitors will wear PPE appropriate to the situation. Visitors should coordinate visits with the provider, thus allowing the provider the ability to take the compassionate care visit into consideration when applying the facility policies and procedures for visitation during that period of time (i.e. how many people overall are in the building, how long visitors are in the building, how much PPE is required). If during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

****Visitor Log Information**

Visitor's log information will include date, time in, name of visitor and their contact information, including phone number and email address if available.

Additional Resources

Outbreak Definition

Interim COVID-19 Outbreak Definition for Healthcare Settings

Influenza vs COVID-19

CDC Similarities and Differences between Flu and COVID-19

Interim Guidance for Transferring Residents between Healthcare Settings

Risk Assessment Template (quarantine for the purpose of this document is per template context)

Indoor/Outdoor Visitation Guidance

Outdoor Visitation Guidance

LHJ and DOH Assessment Teams

Consider an onsite or virtual LHJ/DOH COVID-focused Infection Control Assessment. This is a non-regulatory support to enhance facilities' internal infection control program.

V*isitation, Communal Dining and Activity Examples* – (With provider adherence to strict infection control principles and flexibility to scale back due to outbreaks and facility size/structure and staffing)

- *A resident's personal business manager may come in a meet with the resident for personal business transactions as long as the home follows social distancing, universal masking, entrance screening,*
- *A resident's personal guardian may come in and meet with the resident as long as the home follows social distancing, universal masking, entrance screening, and hand hygiene before and after each resident interaction.*
- *Residents may come and go from their homes to go out to eat or shop, as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use hand hygiene.*
- *Adult children may take residents out for day trips as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use of hand hygiene.*
- *The facility serves meals in one third of its dining room capacity to maintain 6 ft. social distancing between residents.*
- *The facility adjusts meals times to offer more options.*
- *Residents volunteer to rotate meals for dining so residents can eat at least one meal a day out of their rooms.*
- *The facility offers meals outside on the patio*
- *Residents may come and go from their homes to go walk down to a local store, as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use hand hygiene.*

- *Families may take residents home for the weekend as long as they and the resident practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use of hand hygiene*
- *Providers may permit group activities with residents and families in a common area together as long as the home follows social distancing, universal masking, entrance screening and hand hygiene.*
- *Worship services, book reading, arts and crafts, chair exercises, and music programs are all permitted in this category as long as residents do not share activity items, and there is proper environmental cleansing before and after the activities.*
- *Residents may gather in the TV or library, maintaining 6 ft. social distancing and enjoying an afternoon happy hour with music.*
- *Residents may gather in a memory care unit potting flowers while maintaining 6 ft. social distancing. The facilities ensure the residents do not exchange tools.*
- *A home may permit group activities with residents and families in a common area together as long as the home follows social distancing, universal masking, entrance screening and hand hygiene. Some residents may be seated in the kitchen while others are in the living room to maintain social distancing and participate together listening to history channel on the TV.*
- *A variety of resident-centered activities are permitted in this category as long as residents do not share activity items, there is no personal contact, and there is proper environmental cleansing before and after activities. For example, a resident may be painting at the kitchen table while another is drawing in the living room. Focus on resident-centered provision of activities while practicing social distancing, good hygiene, and environmental cleanliness.*