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Memorandum

TO: Assisted Living Residences Executive Directors

FROM: Secretary Elizabeth Chen

SUBJECT: Guidance for Assisted Living Residences (ALRs) during the COVID-19 Outbreak

DATE: July 2, 2020

This memorandum replaces the memorandum issued on June 1, 2020 and is effective as of July 2, 2020. This updated memorandum provides clarifications to ALR visitor and congregate activity policies.

The implementation of this guidance is contingent on Massachusetts meeting a range of public health metrics <https://www.mass.gov/info-details/reopening-massachusetts>. Ongoing performance on these measures will inform additional reopening decisions. In addition, ALRs should limit implementation of indoor visitation and salon services if the ALR has had a new COVID-19 staff or resident case¹ in the last 14 days.

General ALR Guidance:

- ALRs are required to continue incident reporting of every new COVID19 case and death for staff and residents within 24 hours.
- ALRs are required to continue relevant infection prevention – surface and hand hygiene, social distancing, face covering for residents when outside unit, face covering for staff when in contact with each other and with residents, and face covering for visitors at all times.

¹ “Resident case” means a case that was acquired in the facility (i.e. not within 14 days of admission).

- A resident who is suspected or confirmed to be infected with COVID-19 and not yet recovered cannot be visited or participate in congregate activities.
- ALRs should maintain a log of visitors and participants in congregate activities if contact tracing becomes necessary.

Social Visits

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

ALR may allow in-person social visits in a designated outdoor space or in the unit, provided that the ALR implements all of the following safety, care, and infection control measures:

- A resident who is suspected or confirmed to be infected with COVID-19 cannot be visited.
- A resident may be visited if: the resident has recovered from COVID-19 or the resident has been quarantined after a recent hospital stay and is not suspected or confirmed to be infected with COVID-19.
- The ALR must screen the visitor for fever or respiratory symptoms. Any individuals with symptoms of COVID-19 infection (fever equal to or greater than 100.0 F, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) will not be permitted to visit with a resident. Asymptomatic visitors should be asked if they have been in contact with someone known or suspected to be COVID+ in the past 48 hours.

It is within the discretion of the ALR to determine:

- The length of any visit provided that residents are offered the opportunity to visit for no fewer than 30 minutes;
- The days on which visits will be permitted, provided that visits are offered on no fewer than five days of the week and one of the days must be on a weekend day;
- The hours during a day when visits will be permitted, provided that at least one day per week visits are offered outside of standard business hours; and,
- The number of times during a day or week a resident may be visited.

Outdoor Visits:

- Visits with a resident in a designated outdoor space must be scheduled in advance and are dependent on permissible weather conditions, availability of outdoor space, and sufficient staffing at the residence to meet resident care needs, and the health and well-being of the resident.
- A staff member trained in such patient safety and infection control measures must have a line of sight into visits with residents in special care units
- A visitor must remain at least 6 feet from the resident at all times during the visit.
- Staff and residents must wear a surgical face mask and visitors must wear a face covering or mask for the duration of the visit.

- Visitors should perform hand hygiene before and after the visit.

In-Unit Visits

In-unit visits are allowed in an ALR if the unit:

- Is large enough for at least 6 feet of distance between visitor and resident;
- Is not shared between unrelated individuals; and,
- Windows can be opened for ventilation.

Staff should escort the visitor to and from the resident's unit to ensure visitors do not stop in common areas or other residents' units.

Indoor visits are not permitted in any indoor common space.

Post-Visit Protocol

Any individual who enters the ALR and develops signs and symptoms of COVID-19, such as fever, cough, shortness of breath, sore throat, myalgia, chills, or new onset loss of smell or taste within two (2) days after exiting the ALR or designated outdoor space must immediately notify the ALR of the date they were in the residence, the individuals they were in contact with, and the locations within the ALR they visited.

In-House Salon Services

Assisted Living Residences (ALRs) may resume operations of in-house hair salon and barber shops. Providers must follow the same safety standards and checklists as hair salons and barber shops located outside of ALRs, including but not limited to maintain social distancing between residents, hygiene protocols, staffing and operations, and cleaning and disinfection. The guidance may be found here:

<https://www.mass.gov/info-details/safety-standards-and-checklist-hair-salons-and-barbershops>

ALRs should continue to screen all staff and those residents seeking hair salon and barber shop services for COVID-19.

Compassionate Care Visitation:

For compassionate care situations, including but not limited to an end-of-life situation, ALRs must limit visitors in the residence to a specific room: either the resident's room, if the resident has a private room, or another location designated by the residence. ALRs must require visitors to perform hand hygiene. Decisions about visitation during an end-of-life situation should be made on a case-by-case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for any symptoms of COVID-19. Individuals with symptoms of a respiratory infection (fever, cough, shortness of breath, sore throat, myalgia, chills or new onset of loss of taste or smell) should not be permitted to enter the residence at any time.

For visits to those who are in end-of-life situations, visitors should be allowed a time limited visit and be given a face mask if they do not have a face covering or mask. For those visitors who are permitted to visit in compassionate care situations, the visitors must be restricted to the resident's room or other location designated by the ALR. They must also be reminded to frequently perform hand hygiene.

Any individual who enters the ALR and develops signs and symptoms of COVID-19 such as fever, cough, shortness of breath, sore throat, myalgia, chills, or new onset loss of smell or taste within 2 days after exiting the residence or designated outdoor space must immediately notify the residence of the date they were in the ALR, the individuals they were in contact with, and the locations within the residence they visited. ALRs should immediately screen the individuals who had contact with the visitor for the level of exposure and follow up with the residence's medical director or resident's care provider.

Whether or not a resident has visitors should not impact their access to fresh air and time outdoors. ALRs are encouraged to offer residents time outdoors provided that the physical distancing and protection requirements described in detail above are followed.

Dining and Group Activities:

ALRs may also provide outdoor entertainment and activities on the grounds of the residence if the residence meets the following conditions:

- The ALR has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents;
- The residence has no staffing shortages and the residence is not under a contingency staffing plan;
- Only residents who have fully recovered from COVID-19 and those residents not in isolation for suspected or confirmed COVID-19 status can participate in the group activities; and,
- Participating residents must remain at least 6 feet apart.

ALRs may allow communal dining if the residence meets the following conditions:

- The ALR has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents;
- The ALR has no staffing shortages and the residence is not under a contingency staffing plan;
- The number of residents at each table must be limited with residents spaced at least 6 feet apart; and,
- Only residents who have fully recovered from COVID-19 and those residents not in isolation for suspected or confirmed COVID-19 status can participate in communal dining.

Ombudsman Program and Legal Representation:

Residents have the right to access the Ombudsman program and to consult with their legal counsel. When in-person access is not available due to infection control concerns, ALRs must facilitate resident communication (by phone or another format).

DPH strongly encourages all ALRs in Massachusetts to monitor the CMS and CDC website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.