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TO: Assisted Living Residence Executive Directors

FROM: Elizabeth C. Chen, Secretary

SUBJECT: Assisted Living Residence Operators Guidance and Policies and Procedures to Protect Residents, Facilities, and Services during the COVID-19 Outbreak

DATE: March 12, 2020

On March 10, 2020, Governor Baker declared a state of emergency to support the Commonwealth's response during the outbreak of Coronavirus (COVID-19). Assisted Living Residences (ALRs) should immediately implement the following provisions to protect the health and safety of residents and staff.

Resident Visitors Policies and Procedures:

Pursuant to an Order issued by the Commissioner of Public Health (attached), EOEA is authorized to require ALRs to actively screen all visitors. Visitation by those who meet any of the following criteria must be restricted:

- Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
- Anyone who has had contact with someone in the last 14 days with a confirmed diagnosis of COVID-19, is under investigation for COVID-19, or are ill with respiratory illness.
- International travel within the prior 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.

- Anyone who resides in a community where community-based spread of COVID-19 is occurring.

If a visitor does not meet one of the above criteria, then the ALR must confirm that the visitor does not have a fever by taking each visitor's temperature upon arrival. The visitor's temperature must be 100.3 °F or lower for him or her to enter the facility and visit.

If in-person visits are not possible due to one or more of the above criteria, ALRs should offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).

In cases when visitation is allowed, ALRs must:

- Require visitors to limit their movement within the ALR to the resident's unit (e.g., reduce walking the halls, avoid going to dining room, etc.).
- Make efforts to allow for safe visitation for residents and loved ones such as suggest limiting physical contact with residents and others while in the ALR, practicing social distances with no hand-shaking or hugging, and remaining six feet apart;
- If possible, create dedicated visiting areas (e.g., "clean rooms") near the entrance to the ALR where residents can meet with visitors in a sanitized environment. ALRs should disinfect rooms after each resident-visitor meeting.

ALRs should consider a resident's current state (e.g., end-of-life care) when restricting visitors and make accommodations as necessary on an individual basis.

For ALRs that are in counties or counties adjacent to other counties where a COVID-19 case has occurred, we recommend that visitation be limited to essential visits only.

ALRs should maintain a visitor log with contact information for all visitors to enable accurate public health contact tracing should there be a need (refer to 651 CMR 12.04(13)(b)).

Staff Policies and Procedures:

- If staff are feeling unwell or otherwise displaying illness symptoms, they should stay home.
- Restrict non-essential staff including volunteers and non-essential staff (e.g., barbers) from entering the ALR.
- Screen all staff at the beginning of their shift for fever and respiratory symptoms.
- Staff who work in multiple locations may pose higher risk and should be asked about exposure to locations with recognized COVID-19 cases.

If a resident develops new symptoms: Fever, Cough, Shortness of breath:

- Wellness Nurse should seek permission from Resident or legal representative to call the person's health care provider for guidance and coordination.
- If residents are symptomatic, have them put on facemasks and self-isolate in their units.

Environment:

- Residents with known or suspected COVID-19 should be cared for in a single-person unit with the door closed.
- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

Please review the complete CDC guidance that may be found here:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

Ombudsman Program:

Residents have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities must facilitate resident communication (by phone or another format) with the Ombudsman program.

Prevention Strategies Inside the Assisted Living Facility:

- Regularly wash your hands [with soap and water](#) for 20 seconds or use alcohol-based hand sanitizer. (See [Clean Hands Count for Healthcare Providers](#).)
- Do not touch your face with hands or provide assistance to Residents until your hands have been washed or sanitized.
- Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and then wash hands or use hand sanitizer. (See [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
- Frequently clean and disinfect surfaces high touch surfaces like door knobs and counters using an [EPA-registered disinfectant](#)

Dining Rooms/Cafes

Clean and disinfect table tops, arms of chairs, salt and pepper shakers and other condiment containers using an [EPA-registered disinfectant](#) before and after each resident's use.

Consider seating arrangements that allow for six (6) feet of distancing between residents during the meal.

Activities:

- Group and enrichment activities can help prevent isolation and loneliness for residents.

Decisions about when to scale back or cancel activities should be made after a review of the COVID-19 situation in your community and in accordance with the most current advice of public health officials in your community.

- During this period of increased prevention, special attention should be given to screening visitors (see below), the promotion of hand hygiene and cough etiquette, advising staff to stay home when sick, and regular cleaning of the residence, high contact areas, and equipment should be observed. If group activities are to continue, plan to keep participants at least 6 feet from one another.
- Practice “health club etiquette” and wipe down shared equipment after each use with an EPA-registered disinfectant (for example, exercise machines, mats, weights, computer keyboard and mouse, Wii equipment).

Communicate with staff, residents, and visitors:

Every individual has a personal responsibility to minimize risk of spreading illness. Share information with residents and families about the measures you are taking to protect your residents from COVID-19.

Stay Current:

Assign one person at each facility to monitor public health updates from:

- Your Local Public Health Department
- The Massachusetts Department of Public Health
- The Centers of Disease Control and Prevention Situation

Plan Ahead:

Develop a plan for:

1. Transporting residents (or staff while at work) with symptoms to and from medical facilities for testing.
2. Resident isolation if a resident develops COVID-19 and needs to be isolated and cared for “at home.” Inform and coordinate plan with local public health.
3. Use of personal protective equipment for caring for residents with symptoms of respiratory infection. Inform and coordinate plan with local public health.
4. A liberal employee sick leave policy that is not a disincentive for remaining home if sick.
5. Plan for alternate staffing patterns such as longer shifts, if needed due to staff illness.

Inventory and maintain essential items including, but not limited to, disinfectant cleaning supplies, hand sanitizer, rubber gloves, face masks, disposable plates and cutlery, facial tissue and toilet paper, and personal protective equipment.

Additional Background:

COVID-19 Basics:

What is it?

- COVID-19 is an infectious disease caused by a new type of coronavirus that hasn't been identified before. The virus that causes COVID-19 is not the same as other coronaviruses that commonly cause mild respiratory tract infections in humans, like the common cold.

How does it spread?

- According to the CDC, the virus is thought to be spread mainly between people who are in close contact with one another (within 6 feet) by respiratory droplets produced when someone who has the virus coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Who is at higher risk of getting sick?

- Those considered “high risk” include people over the age of 60, anyone with underlying health conditions or a weakened immune system and pregnant women.

For questions about this memorandum please call the Executive Office of Elder Affairs (EOEA) at (617) 727-7750

For information about COVID-19 visit the DPH website at [mass.gov/2019coronavirus](https://www.mass.gov/2019coronavirus).

If you have specific questions related to an exposure to COVID-19 call 2-1-1 or your local health department.