

UPDATE CORONAVIRUS (COVID-19)



Stay informed. Take precautions. Stay safe.

COVID-19 Update: EOEA Q and A

Dear Mass-ALA Members:

See below for a set of FAQs from EOEA addressing questions from ALR operators regarding visitors and congregate dining/activities. Please email Mass-ALA with any immediate questions or concerns at massala@mass-ala.org.

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TO: ALR Executive Directors

FROM: Secretary Elizabeth Chen

RE: FAQ #1 – “Visitor” Access, Congregate Dining, Group Activities

The following is the first set of FAQs addressing the most pressing questions from ALR operators regarding visitors and congregate dining/activities. We will continue to issue responses to other outstanding questions in the days ahead.

I. VISITORS/ACCESS

Question: The March 16, 2020 ALR guidance restricted access for all visitors except for compassionate care situations (e.g., end-of-life visits). ALR Residents frequently require access to personal health care workers, such as visiting nurses for services like wound care and injections, and family members for the provision of medication supplies and care like insulin injections. Are these individuals considered to be visitors for the purpose of restricted access?

Response: The following are excepted from the general restriction on visitors: (1) health and home care workers (RNs, physical therapists, home care aides, etc.); (2) family members providing necessary medication that ALR staff are not allowed to provide by regulation (e.g., insulin injections); (3) family members or pharmacy employees dropping off medication for LMA/SAMM; (4) United States Postal Service (USPS) employees and other package or parcel service delivery personnel.

All those identified in the first two categories should be screened in accordance with established practices prior to entry (i.e., travel to high risk areas, close contact with a COVID-19 positive individual, and a temperature greater than or equal to 100.3F). These groups should have access limited to the Resident’s unit and only for the time necessary to complete the service.

In the case of family members or pharmacy employees dropping off medication, access should be limited to ALR staff in the lobby. All medications should be logged and tracked with receipts from the pharmacy (other specific procedures regarding medications will be issued in the next day or two). USPS employees and other package or parcel service delivery personnel should not have direct contact with Residents, and should similarly be limited to contact with ALR staff in the lobby.

II. MOVE-IN/MOVE-OUT

Question: How can individuals helping Residents moving in or moving out of an ALR gain access?

Response: To the extent possible, move-ins should be limited to situations in which an elder faces an increased risk of harm if access to an ALR is not provided.

Access to the ALR for those assisting with a move-in or move-out should be limited to two persons and standard screening policies apply. Move-in and move-out should be scheduled during times when current Residents will not be in the areas accessed by those assisting (perhaps a designated day/time per week).

III. ENTRY/RE-ENTRY

Question: Residents can leave for medical appointments (e.g., chemotherapy, radiation, etc.), to visit family, or go shopping, etc., and subsequently return to the Residence. How do we ensure that they are not exposed during their time away or return with symptoms?

Response: Residents cannot be forced to stay in their homes, nor can they be refused entry even if they fail to meet the screening criteria.

Educate residents and families about the modes of virus transmission and the importance of reducing the risk of bringing the virus into the ALR community in accordance with CDC and DPH guidance by practicing:

- Hand hygiene;
- Cough/sneezing etiquette (into the elbow);
- Surface hygiene (wipe down high touch surfaces frequently with 60%+ alcohol);
- Social distancing (6 feet apart and as small a family/social group as possible).

IV. MEDICATION

Question: Are ALR staff allowed to administer medication in lieu of family members or VNAs?

Response: No. See Section I above regarding access by others for administering or delivering medications.

V. MEALS

Question: Is there an alternative to delivering meals to units given insufficient staffing?

Response: Residents who request or require delivery of meals to their units cannot be refused this service. In this time of a public health emergency, please consider waiving the meal delivery fee if existing contracts charge such a fee. Also, consider staggered meal time delivery to ease staffing schedules, and please remember that each delivery is also an opportunity to check on a Resident's wellbeing.

Communal dining is allowed for Residents who are not able to eat safely alone or who need cueing to eat. Follow surface hygiene, hand hygiene, and social distancing protocols between Residents.

If the Resident Community prefers that the ALR maintain communal dining, then please follow surface hygiene, hand hygiene, and social distancing protocols between Residents.

Residents exhibiting respiratory symptoms should be kept away from common areas and communal or group activities as much as possible until the symptoms and illness are fully resolved.

VI. GROUP ACTIVITIES

Question: How can we combat the negative physical and psychological consequences of extended periods of isolation?

Response: Allow small, limited group activities and follow surface hygiene, hand hygiene, and social distancing protocols. Residents exhibiting respiratory symptoms should be kept

away from common areas and communal or group activities as much as possible until the symptoms and illness are fully resolved.

ALRs should use technology as creatively as possible to provide virtual activities within the community, if possible.

Mass-ALA will continue to keep you informed on Novel Coronavirus (COVID-19). Stay tuned for more updates

**The information provided in this COVID 19 update is solely for general informational purposes to assist in understanding the evolving guidance regarding the current COVID 19 public health threat. It is not intended to be a primary public health or medical resource, but is provided as a clearinghouse for or compilation of various guidance issued by official and related sources.*

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