

UPDATE CORONAVIRUS (COVID-19)



Stay informed. Take precautions. Stay safe.

Dear Members,

Last week, Mass-ALA was pleased to share good news from EOEA regard updated visitation guidance, allowing visitation in indoor designated space, effective September 25th. We are sharing the full revised visitation guidance below, which replaces the memorandum issued on July 2, 2020. This memorandum from Secretary Chen is welcome good news, especially as the cold weather approaches. Please note that it specifies that ALRs should limit indoor social visits and salon services if there has been an occurrence of one COVID-19 cases among staff or residents in the last 14 days. We are grateful for the additional option for indoor visitation.

We also want you to know how Mass-ALA is advocating for assisted living providers as the regulatory guidances are developed. Upon hearing concern from some assisted living providers last week regarding the visitation in designated common spaces, and how it should be an option and not a mandate, we requested EOEA emphasize the voluntary nature of this provision. We greatly appreciate EOEA's responsiveness in confirming that such visitation is at the option of the ALR.

Here is the updated visitation guidance:



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Memorandum

TO: Assisted Living Residences Executive Directors

FROM: Secretary Elizabeth Chen

SUBJECT: Updated Guidance Regarding Visitors for Assisted Living Residences (ALRs) d
the COVID-19 Outbreak

DATE: September 21, 2020

This memorandum replaces the memorandum issued on July 2, 2020 and is effective as of September 25, 2020. Content changes from July 2nd are reflected in red text. This updated memorandum provides additional information regarding indoor social visits and contractor access to ALRs for non-essential, cosmetic improvements or repairs.

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 indoor social visits 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 COVID-19 case and death for staff and residents within 24 hours.

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

- 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.

- 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 **indoor and** outdoor visits with residents to occur, provided the physical distancing and protection requirements described in detail below are followed. As much as possible, ALRs should continue to facilitate resident use of electronic methods for communication and social engagement, such as Zoom, Skype, FaceTime, WhatsApp, or Google Duo, to minimize infection.

An ALR may allow in-person social visits in a designated outdoor space, **designated indoor space**, or in the resident’s 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 participate in an in-person visit.

- A resident may be visited if the resident has recovered from COVID-19 or the resident is currently quarantined after a recent hospital stay and is not suspected or confirmed to be infected with COVID-19.

- **In addition to staff and medical personnel**, the ALR must screen visitors for **COVID-19 symptoms and check their temperature**. 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 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 visit for no fewer than 30 minutes;
- The days on which visits will be permitted, provided that visits are offered 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.
- **The number of visits occurring at the Residence on a given day.**

Designated Shared Outdoor or Indoor Space for Social Visits:

- Visits with a resident in designated **shared indoor or** outdoor spaces must be scheduled in advance and are dependent on permissible weather conditions, availability of space, and sufficient staffing at the residence to meet resident care needs, and the health and well-being of the resident.
- **If designated shared indoor space is used for social visits, ALRs must:**
 - **Identify a designated space that is as close to the entrance as possible to minimize visitor impact on other residents in the ALR, and large enough so residents and visitors can be at least 6 feet apart.**
 - **Ensure that ventilation systems are operating properly, have been serviced in accordance with manufacturer recommendations, and increase circulation of outdoor air as much as possible to these designated indoor spaces.**
- **A visitor must remain at least 6 feet from the resident for the majority of the visit. If brief physical contact is desired by both resident and visitor, perform hand hygiene prior to and after touching, hug in opposite directions, and avoid face-to-face contact even when face masks are used.**
- **The residence must implement a schedule for frequent cleaning and disinfection of designated shared spaces for social visits, including the cleaning of high-touch surfaces with an appropriate EPA-registered disinfectant.**

- Staff, residents and visitors must wear a face mask for the duration of the visit.
- A staff member trained in resident safety and infection control measures must have a line of sight into visits with residents in special care units.
- 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 visits do not stop in common areas or other residents' units.

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 social distancing and protection requirements described in detail above are followed.

Compassionate Care Visits:

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 symptoms of COVID-19 and temperature checks.**

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 mask. For those visitors who are permitted to visit in compassionate care situations, all visitors must be restricted to the resident's room or other location designated by the ALR.

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. 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.

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.

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;
- 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 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).

Access for Cosmetic Improvements or Repairs:

Contractors may enter the ALR to make cosmetic repairs and/or improvements provided that there have been no new COVID-19 positive resident or staff cases identified in the facility in the last 14 days. The ALR must screen such contractors for risk of COVID-19 in accordance with established procedures prior to entry and maintain a log of their names and contact information with the ALR for purposes of contact tracing.

No cosmetic repairs and/or improvements may be made in occupied units, and access should be limited only to the areas required for such work to be completed. All contractors must wear a face mask for the duration of their time in the ALR and don any other appropriate personal protective equipment.

DPH and EOEA strongly encourage 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-Emergency-ies/Current-Emergency-ies-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 COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.

**The information provided in this COVID 19 update is solely for general informational purposes to aid 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 a compilation of various guidance issued by official and related sources.*

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