

# UPDATE CORONAVIRUS (COVID-19)



**Stay informed. Take precautions. Stay safe.**

Dear Members,

Mass-ALA is pleased to provide the latest update from EOEA regarding indoor group entertainment and activities, as well as other important issues. Throughout the pandemic, Mass-ALA has advocated for ALRs being given the flexibility to offer services to residents that would improve their quality of life during this difficult time. One of the most recent requests we made was for clergy and entertainers to be allowed indoors to improve residents' engagement and quality of life. While some of the changes reflected in this update may add challenges for assisted living residences from an operational standpoint, we appreciate the flexibilities being afforded, with specific conditions applied, as we enter the winter season with limited options for outdoor activities. Yesterday's memorandum replaces that which was issued on September 21, 2020, with differences reflected in red text. Please note that one of the restrictions specifically prohibits activities involving singing or hosting entertainers who might be singing or playing wind instruments. Additionally, visitation time allowances have increased from at least 30 minutes to at least 45 minutes, beyond which may be determined by the ALR.

The full memorandum issued by EOEA (below) which includes additional guidance regarding visitation while reinforcing limitations on quarantine, will become effective as of November 13, 2020.

Changes reflected in this memorandum address the following topics:

- Group entertainment and activities
  - Testing of visitors
  - Policies for out-of-state visitors
  - Compassionate care visits
  - Quarantine
  - Increase in time allowances for visitation
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### Memorandum

**TO:** Assisted Living Residences Executive Directors

**FROM:** Secretary Elizabeth Chen

**SUBJECT:** Updated Guidance Regarding Visitors and Indoor Congregate Activities for Assisted Living Residences (ALRs) during the COVID-19 Outbreak

**DATE:** November 9, 2020

This memorandum replaces the memorandum issued on September 21, 2020 and is effective as of November 13, 2020. Content changes from September 21<sup>st</sup> are reflected in red text. This updated memorandum provides additional information regarding indoor social visits, offers guidance for indoor activities, provides examples of compassionate care visits outside of end-of-life care situations, and reinforces limitations on quarantine.

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 case<sup>[1]</sup> 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.

[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 masks for residents when outside unit, face masks for staff when in contact with each other and with residents, and face masks 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 that the physical distancing and protection requirements described in detail below are followed. As much as possible, ALRs should continue to facilitate residents' use of electronic methods for communication and social engagement, such as Zoom, Skype, FaceTime, WhatsApp, or Google Duo, to minimize infection risk.

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.
- 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 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 **45 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.
- 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 visitors 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.

### Testing Visitors:

If an ALR has access to Point of Care (POC) Testing, it may offer such testing to visitors upon arrival. If feasible ALRs should prioritize POC Testing for visitors who visit regularly (e.g., weekly); although any visitor can be tested. However, an ALR cannot require POC testing as a condition before visiting a resident.

In the event an ALR utilizes onsite POC testing as a screening tool for visitors, ALRs must submit both positive and negative test results to the Department of Public Health's Bureau of Infectious Diseases and Laboratory Sciences (BIDLS). The spreadsheet included [here \(Addendum A\)](#) includes the required data variables. Please send the completed [spreadsheet](#) to [ISIS-ImmediateDiseaseReporting@mass.gov](mailto:ISIS-ImmediateDiseaseReporting@mass.gov) along with primary contact details and the BIDLS team will follow up with you.

### Out of State Visitors

ALRs cannot implement policies for out of state visitors travelling to Massachusetts to visit ALR residents that are more restrictive than those put in place by Governor Baker's Travel Order. Information on the requirements for out of state visitors can be found [here](#).

Out-of-state visitors are exempt from the requirements to fill out a travel form, self-quarantine or obtain a negative COVID-19 test result if their travel is limited to brief trips for purposes that have been designated as [Critical Life](#)

Activities. This allowance is limited to short, same-day trips across the state border and back for visiting persons residing in ALRs.

### Compassionate Care Visits:

ALRs must accommodate compassionate care visits for residents.

Compassionate care situations include end-of-life care as well as certain other situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who is struggling with a lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- 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).

ALRs must limit compassionate care visitors to the resident's unit, if not shared by an unrelated party, or to another location designated by the residence.

ALRs must require visitors to perform hand hygiene **and be given a face mask if they do not have one**. Decisions about visitation during **a compassionate care** 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 and temperature checks.

### **Requiring Quarantine**

ALRs operate under a landlord/tenant relationship and are not allowed to require residents who leave the ALR for visits with family or other activities to quarantine in their units or rooms upon return. Local Boards of Health, however, may impose a quarantine of residents through the issuance of an order.

### 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](#):

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

### **Dining and Indoor/Outdoor Group Activities:**

#### Dining

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.

#### Indoor Group Activities

ALRs may provide indoor group entertainment and activities in 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 indoor group activities;
- Participating residents must remain at least 6 feet apart and residents must wear a face mask, if they are able to do so;
- Staff must wear face masks;
- The space used for activities must enable residents, staff and any other participants to maintain at least 6 feet of distance; depending on the size of the space, the number of residents who attend may need to be limited to ensure compliance;
- Staff should perform hand hygiene before and after overseeing any activity, and observe or assist residents in performing hand hygiene before and after they engage in any activity;
- Items used in activities should not be shared between or among residents;
- The ALR must implement a schedule for frequent cleaning and disinfection of the spaces used for indoor group activities, including cleaning high-touch surfaces using an appropriate EPA-registered disinfectant;
- The ALR must screen any individual entering the facility to provide resident entertainment or activities 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 enter the facility; and,
- If an ALR is conducting surveillance testing and there is a confirmed COVID-19 positive resident and/or staff member on a wing or unit, ALRs must conduct contact tracing and perform testing of any exposed staff or

residents, including any residents who lives in the same wing or area, in accordance with DPH and CDC guidance.

Examples of indoor group activities that can be facilitated with appropriate safety, care, and infection control measures include, but are not limited to, book clubs, crafts, movies, exercise, and bingo.

Examples of indoor group activities that should be avoided at this time include singing or hosting entertainers who might be singing or playing wind instruments.

#### Outdoor Group Activities

ALRs may also provide outdoor entertainment and activities on the exterior 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.

#### **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-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>.

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Please contact us if you have any questions at, [MassALA@mass-ala.org](mailto:MassALA@mass-ala.org)

*\*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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