

Safe Start Recommendations and Requirements: Certified Community Residential Services and Support

May XX, 2021 Updates to the Safe Start for LTC Recommendation and Requirements Document.

1. The information contained in this Safe Start for Long Term Care (LTC) document is independent of the Healthy Washington Roadmap to Recovery, but may refer to the Healthy WA Roadmap where applicable.
2. Facilities and homes are required to follow these Safe Start for LTC Recommendations and Requirements.
3. The impact of COVID-19 vaccines on community transmission rates may allow for future changes to the recommendations and requirements in the Safe Start for LTC.

Introduction

Safe Start for Long-Term Care (LTC) programs Recommendations and Requirements

The Department of Social and Health Services (DSHS) and the Department of Health (DOH) are presenting the updated safe start plan for licensed and certified long-term care facilities and agencies. Given the critical importance of limiting COVID-19 exposure in long-term care residential care settings and Certified Community Residential Services and Supports (Contracted Service Providers, Certified State-Operated Living Alternatives or SOLA Programs, Group Homes or Group Training Homes) decisions on relaxing restrictions are made:

- With careful review of various unique aspects of the different settings and communities in which they reside;
- In alignment with the Governor's Proclamations; and
- In collaboration with state and local health officials.

This approach will help keep residents and clients healthy and safe.

Because the pandemic is affecting communities in different ways, DSHS, DOH and the Governor's Office should regularly monitor the factors for the Safe Start for LTC and adjust the Washington plans accordingly.

Residential Care Setting and CCRSS Provider Safe Start Requirements

1. *Follow the Centers of Disease Control and Prevention (CDC), Department of Health (DOH), and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.*
2. *Cooperate with the local health officer or his/her designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents and clients.*
3. *Follow this DSHS and DOH Safe Start for LTC plan. This document is guidance for LTC and is not included in the [Healthy Washington Roadmap to Recovery](#).*
4. *Individual facility types have state statute or rules that requires a facility to impose actions to protect the clients by activating their infection control plan.*
5. *The LHJ or DOH have the authority to return a home or facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak. Examples that may require a facility/agency to return to more restrictive operations include but are not necessarily limited to new outbreaks of COVID-19 in their facility as determined by the LHJ or DOH. The LHJ and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures and, pursuant to WAC 246-101-305, LTCs are obligated to cooperate with these investigations. Please refer to the DOH [definition of an outbreak in a LTC facility: Interim COVID-19 Outbreak Definition for Healthcare Settings](#)*

All Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must be prepared for an outbreak and must make assurances they have:

1. Access to adequate testing: The Contracted Service provider, certified SOLA program, Group Home or Group Training Home must maintain access to COVID-19 testing for all clients and staff.
 - a. Aiming for fast turnaround times, ideally less than 48 hours,
 - b. Testing all clients with signs and symptoms of COVID-19 or has exposures,
 - c. Working with local and state public health to coordinate repeat and outbreak testing, and
 - d. Capacity to conduct ongoing, serial testing of clients and staff according to federal, state and local guidance;
 - e. Testing includes point of care antigen testing and PCR lab testing.

2. A response plan outlining cohorting and other infection control measures;
3. A plan to actively screen all staff following the symptom screening strategies that can be found here: [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#) and to screen all visitors using the [DOH Supplemental Guidance for Long-term Care Facility Visitors](#).
4. Dedicated space for cohorting and managing care for clients with COVID-19 or if unable to cohort clients, have a plan which may include transferring a person to another care setting;
5. A plan in place to care for clients with COVID-19, including identification and isolation of clients. The Contracted Service provider, certified SOLA program, Group Home or Group Training Home plan describing the identification, care and isolation of residents or clients may be requested by DSHS, DOH or the LHJs to conduct an outbreak investigation. Technical assistance for development of these plans can be received from LHJs.
6. Protected and promoted resident and client rights while following standards of infection control practices including when a resident or a client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility or client home.

Core Principles of Safe Start and COVID-19

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for long-term-care, and should be adhered to at all times. Additionally, visitation should be person-centered, consider the clients' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains). Also, providers should enable visits to be conducted with an adequate degree of privacy whenever possible. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes may restrict or limit visitation due to facility/home COVID-19 status, a resident's COVID-19 status, visitor symptoms, visitor lack of adherence to proper infection control practices, or other relevant factors related to the COVID-19 public health emergency. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the guidance outlined below:

Personal Protective Equipment (PPE)

Contracted Service Providers, certified SOLA programs, Group Homes or Group Training Homes will ensure visitors and those providing compassionate care wear proper source control (e.g., well-fitting cloth mask or facemask) at all times when moving about the home/facility. Visitors and those providing compassionate care will continue to wear source control during the indoor visit in the resident room or designated visiting area or during outdoor visits if either the resident or visitor is not fully vaccinated or the vaccination status of either party is unknown. Visitors will wear all PPE recommended when indicated by standard or transmission based precautions. Contracted Service Providers, certified SOLA programs, Group Home and Group Training Homes have the flexibility to safely manage visitation and may deny a visitor access if they are unwilling to wear appropriate PPE. If the visitor is denied access, they will be given the [Developmental Disability Ombuds](#) contact information, as well as the [Regional Long-Term Care Ombuds](#) information if appropriate to the situation. They will

also be provided the Local Health Jurisdiction contact information. They must also be given information regarding the steps they can take to resume the visits, such as agreeing to comply with infection control practices and Washington Safe Start Guidelines. For additional guidance, see [Contingency Strategies for PPE use during COVID-19 Pandemic](#)

All staff in the facility/home need to wear source control at all times, regardless of vaccination status, and all PPE recommended when indicated by standard or transmission based precautions.

Key Visitation Principles

Visitation can be conducted through different means, based on a household/home's structure, community virus activity, and clients' needs, such as in clients' rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission.

Infection Prevention

Infection prevention should entail the following basic concepts, at a minimum:

- Active screening of all who enter the home for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose), and use of eye protection if appropriate
- Social distancing at least six feet between persons
- Cleaning and disinfecting high frequency touched surfaces in the home, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of clients (e.g., separate areas dedicated COVID-19 care) if possible

Outdoor Visitation Principles

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred and can also be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, outdoor visits are encouraged whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual client's health status (e.g., medical condition(s), COVID-19 status), or a household's outbreak status, outdoor visitation should be facilitated routinely. Contracted Service Providers, certified SOLA programs, Group Homes or Group Training Homes should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or use of tents, if available. When conducting outdoor visitation, providers, programs and group/group training homes should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one client at the same time. [Outdoor Visitation Guidance for Long-term Care Settings](#)

Indoor Visitation Principles

Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should accommodate and support indoor visitation based on the following guidelines:

- Visitors should be able to adhere to the core principles;
- Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should consider how the number of visitors per client/resident at one time and the total number of visitors in the home/facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. If necessary, homes/facilities should consider working with clients/residents in scheduling visits for a specified length of time to help ensure all client/residents are able to receive visitors.

NOTE: Visits for clients/residents who share a room should not be conducted in the client/resident's room, if possible. For situations where there is a roommate (shared bedroom) and the health status of the client/resident prevents leaving the room, Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should attempt to enable in- room visitation while adhering to the core principles of COVID-19 infection prevention

Access to Ombuds and Resident Right Advocates

Washington State laws and rules provide representatives of the Office of the State Long-Term Care Ombudsman and the Developmental Disabilities Ombuds with immediate access to any client. During this public health emergency, in-person access may be limited due to infection control concerns and/or transmission of COVID-19; however, in-person access may not be limited without reasonable cause. We note that representatives of the Ombuds should adhere to the core

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principles of COVID-19 infection prevention. If in-person access is not advisable, such as the Ombuds or the resident having signs or symptoms of COVID-19, Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must, at a minimum, facilitate alternative client communication with the ombuds, such as by phone or through use of other technology.

Federal and State Disability Laws

Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). For example, if a client requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the provider, program and home must allow the individual entry into the client's home to interpret or facilitate, with some exceptions. This would not preclude the Contracted Service Provider, certified SOLA program, Group Homes or Group Training Homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Medically Necessary Providers, Service and Health Care Workers Principles

Health care workers who are not employees of the Certified Service Providers, certified SOLA programs, Group Homes or Group Training Homes but provide direct care to the clients, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the client's home as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after an active screening process. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind providers, programs and homes that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining Principles

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. The facility/home must utilize the following criteria to determine the best approach to communal activities and dining:

Who must not participate in communal activities?

- Vaccinated and unvaccinated **residents with SARS-CoV-2 infection, or in isolation because of suspected COVID-19**, until they have met [criteria to discontinue Transmission-Based Precautions](#).
- Vaccinated and unvaccinated **residents in [quarantine](#)** until they have met criteria for release from quarantine.

What infection prevention and control practices are recommended when planning for and allowing communal activities?

The following infection prevention and control practices are recommended when planning for and participating in communal activities:

As possible determine the vaccination status of residents and direct support professionals (DSP) prior to organizing and participating in activities. When determining vaccination status, the privacy of the resident/client/DSP should be maintained (e.g., not asked in front of another resident/DSP). If vaccination status cannot be determined, the safest practice is for all participants (residents/clients and DSPs) to follow all recommended infection prevention and control practices, including encouraging residents to maintain physical distancing and wear source control and requiring DSPs to wear source control.

- *Group activities:*
 - If all residents/clients participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity.
 - If unvaccinated residents/clients are present, then all participants in the group activity should be encouraged to wear source control and to physically distance from others.
- *Communal dining:*
 - Fully vaccinated residents/clients can participate in communal dining without use of source control or physical distancing.
 - If unvaccinated residents/clients are dining in a communal area (e.g., dining room) all residents should be encouraged use source control when not eating and unvaccinated residents should be encouraged to continue to remain at least 6 feet from others.

Offsite Visits

Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must use the Risk Assessment Template to assess each resident for any COVID-19 exposure prior to and after returning from offsite visits to determine if the client is low or high risk. Automatic quarantine should not be the standard practice upon returning from a trip into the community. Decisions about precautions taken with a resident as a result of the assessment must be documented in the client's care plan.

Holiday Guidance

Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should follow CDC guidelines for holidays. Where State or LHJ guidance provides stricter measures, Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must follow the stricter guidance. This guidance does not replace state proclamation requirements, DOH, and CDC link: [CDC recommendations for Holiday Celebrations and Small Gatherings](#). Contracted Service Providers, SOLA programs, Group Homes, Group Training Homes must follow all guidelines for visitation within this document with strict adherence to infection control principles to prevent the spread and transmission of COVID-19.

Section I – Safe Start of Contracted Service Providers, Certified SOLA Programs, Group Homes and Group Training Homes

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<ul style="list-style-type: none">• Certified SOLA (Program),• Group Homes,• Group Training Homes.• Contracted Service Provider for any client receiving 24/7 services	<ul style="list-style-type: none">• Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
Visitation	<i>See Section II</i>	<i>See Section II</i>
Essential/Non-Essential Personnel	<ul style="list-style-type: none">• All essential healthcare personnel, including healthcare personnel outlined in Dear CCRSS	<ul style="list-style-type: none">• All essential healthcare personnel, including healthcare personnel outlined in Dear CCRSS

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services <p><u>Provider – ALTSA: CCRSS #2020-005</u> are allowed into the facility/home at all times.</p> <ul style="list-style-type: none"> • All non-healthcare personnel are allowed in the building if the facility/home is not in outbreak status. If the facility/home has cohorted COVID positive residents to one unit and the rest of the building is open, the non-healthcare personnel may visit areas not in outbreak status. Because non-healthcare personnel have the potential for contact with unvaccinated staff or residents, they must wear source control and physically distance at all times while in the building regardless of their own vaccination status. • Provider, facility, or home will make sure all personnel participate in active screening upon entry and additional precautions are taken, including hand hygiene, wear appropriate PPE as needed or as determined by the task; and at a minimum wearing a face mask for the duration of their visit. • The Beautician/Barber/Nail Technician must have a designated space. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service <p><u>Provider – ALTSA: CCRSS #2020-005</u> are allowed into the facility/home at all times.</p> <ul style="list-style-type: none"> • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. • The service provider will educate client(s) or their representative about the importance of personnel participating in active screening upon entry into their home and the importance of personnel taking additional precautions, including hand hygiene, wearing appropriate PPE as needed; and at a minimum wearing source control for the duration of their visit. The direct support staff will advocate for the client(s) by assuring personnel are following these guidelines during times the service provider staff is in the home, and the direct support staff will educate the client(s) or their representative on ways to advocate for themselves when the service provider staff are not in the home. • The service provider will discuss with the client(s) or the client representative the risks and benefits of allowing non-healthcare personnel into the home
Medically and Non-Medically Necessary Trips	Telemedicine is encouraged when available.	Telemedicine is encouraged when available.

Consideration	Recommendations and Requirements for: <ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services 	Recommendations and Requirements for: <ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
	<p>For medically and non-medically necessary trips away from the client’s home:</p> <ul style="list-style-type: none"> • The client must be encouraged to wear a cloth face covering or facemask when the trip will involve entering spaces where source control is still required unless medically contraindicated. • For medical appointments, the provider or program or home, must share the client’s COVID-19 status with the transportation service (if the home or service provider staff is not providing the transportation) and entity with whom the client has the appointment. • Transportation staff, at a minimum, must wear source control. Additional PPE may be required. • Transportation equipment shall be sanitized between transports. • Clients can make trips outside of the home/facility and into the community, including non-medically-related trips, to locations that are open to the public. However, clients are encouraged to limit or avoid trips where appropriate precautions are not being followed. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. <ul style="list-style-type: none"> ○ Provide an informational letter to Families and residents outlining potential risks involved in community activities 	<p>For medically and non-medically necessary trips away from the home:</p> <ul style="list-style-type: none"> • The client must be encouraged to wear a cloth face covering or facemask when the trip will involve entering spaces where source control is still required unless medically contraindicated. • For medical appointments, the provider or program or home, must share the client’s COVID-19 status with the transportation service (if the home or service provider staff is not providing the transportation) and entity with whom the client has the appointment. • Transportation staff, at a minimum, must wear source control. Additional PPE may be required. • Transportation equipment shall be sanitized between transports. • Clients can make trips outside of the home/facility and into the community, including non-medically-related trips, to locations that are open to the public. However, clients are encouraged to limit or avoid trips where appropriate precautions are not being followed. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. <ul style="list-style-type: none"> ○ Provide an informational letter to Families and residents outlining potential risks involved in community activities

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services <p>when residents/clients are preparing for an outing. Upon the resident return to the facility/home complete a risk assessment. Both the letter and the assessment can be found here: Risk Assessment Template to Assess COVID-19 Exposure Risk and letter to Resident/Clients and Families.</p> <ul style="list-style-type: none"> ○ If the resident/client or family has already reviewed the risk letter for previous outings, it is not necessary to provide a new letter with each trip into the community unless the information has changed. 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service <p>when residents/clients are preparing for an outing (see next bullet for letter)</p> <ul style="list-style-type: none"> ○ If the direct support staff are in the home when the client returns to the facility/home from an outing, the staff will complete a risk assessment upon the client return. If the staff were not in the home when the client returned, but become aware of a recent outing since their last visit to the home, the staff will complete the risk assessment during their next visit immediately following the resident outing. Both the letter and the assessment can be found here: Risk Assessment Template to Assess COVID-19 Exposure Risk and letter to Resident/Clients and Families. ○ If the resident/client or family has already reviewed the risk letter for previous outings, it is not necessary to provide a new letter with each trip into the community unless the information has changed.
Communal Dining	<ul style="list-style-type: none"> • Fully vaccinated residents/clients can participate in communal dining without use of source control or physical distancing. 	<ul style="list-style-type: none"> • Discourage COVID-19 positive or suspected COVID-19 positive clients from eating meals with housemates.

Consideration	Recommendations and Requirements for:	Recommendations and Requirements for:
	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services <ul style="list-style-type: none"> • If unvaccinated residents/clients are dining in a communal area (e.g., dining room) all residents/clients should be encouraged use source control when not eating and unvaccinated residents should be encouraged to continue to remain at least 6 feet from others. • If unvaccinated staff assist with dining, all residents/clients and staff in the dining room will wear source control. • Facilities/homes may host separate dining based on vaccination status. If choosing to do so, the facility/ home must ensure that they continue to comply with Resident Rights requirements. • . • For clients who require staff assistance with eating, staff must use appropriate hand hygiene between clients and clients must be seated at least 6 feet apart if they are unvaccinated. • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • Staff must continue to wear source control regardless of vaccination status. 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service <ul style="list-style-type: none"> • Encourage clients to maintain good infection prevention strategies during meals, including social distancing, wearing a mask when not eating/drinking for any clients who are unvaccinated, and appropriate hand hygiene • For clients who require staff assistance with eating, staff must use appropriate hand hygiene between clients and clients must be seated at least 6 feet apart if they are unvaccinated. • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • Staff must continue to wear source control regardless of vaccination status.
Screening	<ul style="list-style-type: none"> • Active screening must continue as outlined below regardless of vaccination status • Actively screen clients daily by checking temperatures and questionnaire about symptoms 	<ul style="list-style-type: none"> • Active screening must continue as outlined below regardless of vaccination status • Actively screen clients daily, or during a provider’s in-person interaction with the client if

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	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services <p>and potential exposure, signs and symptoms of COVID-19.</p> <ul style="list-style-type: none"> • Actively screen all staff and visitors entering a client’s home by checking temperatures and asking them for signs and symptoms. • Do not screen EMTs and law enforcement responding to an emergent call. • Maintain a screening log for 30 days. 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service <p>the client is receiving less than 24 hours a day service, by checking temperatures and following the questionnaire about signs and symptoms of COVID-19 and potential exposure,.</p> <ul style="list-style-type: none"> • The direct support staff will assure all staff and visitors entering a client’s home are actively screen when the support staff are in the home with the client by checking temperatures and asking them for signs of symptoms. The support staff will encourage the client to have visitors and others complete a screening during the times the direct support staff are not in the home. • Do not screen EMTs and law enforcement responding to an emergent call. • Maintain a screening log for 30 days.
<p>Universal Source Control & Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> • All staff, regardless of their position and vaccination status must wear source control at all times. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients regardless of the staff vaccination status, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. Contingency Strategies for PPE use during COVID-19 Pandemic • All visitors must wear source control (e.g., well-fitting cloth mask or face mask) when moving about the facility/home. 	<ul style="list-style-type: none"> • All staff, regardless of their position and vaccination status must wear source control while in the client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with the clients regardless of the staff vaccination status, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. Contingency Strategies for PPE use during COVID-19 Pandemic • The service provider staff should educate the clients about the importance of encouraging visitors to wear source control when moving

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Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Visitors must wear source control when visiting with a resident if the resident or visitor (or both) is unvaccinated or the vaccination status is unknown. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the LHJ guidelines for when a client returns home from a hospital setting. 	<p><u>about the home and when either the client or visitor is unvaccinated or the vaccination status is unknown. When in the home the service provider staff will assure visitors are wearing source control when appropriate (when moving about the home or when either party in the visit is unvaccinated).</u></p> <ul style="list-style-type: none"> • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel, non-essential personnel). • Follow the LHJ guidelines for when a client returns home from a hospital setting.
Group Activities	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis) ○ Staff who work with multiple clients and agencies by active screening, and asking for signs and symptoms ○ A client who tests positive and has housemates in the home. 	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis) ○ Staff who work with multiple clients and agencies by active screening, and asking for signs and symptoms. ○ A client who tests positive and has housemates in the home. • Encourage clients with housemates or roommates who remain unvaccinated to practice social distancing and wear face masks when they engage

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	<p>• Certified SOLA (Program),</p> <p>• Group Homes,</p> <p>• Group Training Homes.</p> <p>• Contracted Service Provider for any client receiving 24/7 services</p> <p>activities. When determining vaccination status, the privacy of the resident/client/DSP should be maintained (e.g., not asked in front of another resident/DSP).</p> <ul style="list-style-type: none"> • If vaccination status cannot be determined, the safest practice is for all participants (residents/clients and DSPs) to follow all recommended infection prevention and control practices, including encouraging residents/clients to maintain physical distancing and wear source control and requiring DSPs to wear source control. • Group activities: <ul style="list-style-type: none"> ○ If all residents/clients participating in the activity are fully vaccinated, then they may choose to have close contact and to not wear source control during the activity. ○ If unvaccinated residents/clients are present, then all participants in the group activity should be encouraged to wear source control and to physically distance from others. • Facilities/homes may host separate activities based on vaccination status. If choosing to do so, the facility/ home must ensure that they continue to comply with Resident Rights requirements. 	<p>• Contracted Service Provider for any client(s)/homes receiving less than 24/7 service</p> <p>in group activities at home unless medically contraindicated.</p> <ul style="list-style-type: none"> • All personnel (healthcare and non-healthcare) must continue to use source control regardless of vaccination status when assisting clients with activities. • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist client in finding individual activities through virtual or remote means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).

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	<ul style="list-style-type: none"> • Certified SOLA (Program), • Group Homes, • Group Training Homes. • Contracted Service Provider for any client receiving 24/7 services 	<ul style="list-style-type: none"> • Contracted Service Provider for any client(s)/homes receiving less than 24/7 service
Testing/Contact Tracing	<p>All personnel must continue to use source control regardless of vaccination status.</p> <ul style="list-style-type: none"> • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist clients in finding individual activities through virtual or remote means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). 	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The provider must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory. • If a case of COVID-19 is identified among a staff or client, the provider should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions.
Quarantine for clients new to service	<ul style="list-style-type: none"> • A home should utilize the Interim Guidance for Transferring Residents between Long-Term Care and other Healthcare Settings when making a determination if a newly admitted resident would require a quarantine. This guidance takes into account the vaccination status of a resident, along with other mitigating factors. 	<ul style="list-style-type: none"> • A home should utilize the Interim Guidance for Transferring Residents between Long-Term Care and other Healthcare Settings when making a determination if a newly admitted resident would require a quarantine. This guidance takes into account the vaccination status of a resident, along with other mitigating factors.

Section II – Visitation

All Contracted Service providers, certified SOLA programs, Group Homes and Group Training Homes are required to provide accommodations to allow access for visitation for all residents and clients even if visitation is not allowed in-person due to the COVID status of an individual or the household. This access and accommodation may be by phone, remote video technology, window visits or outside visits, or some combination of access. Any equipment shared among clients and residents should be cleaned and disinfected between uses according to manufacturer guidelines.

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred *even when the client/resident and visitor are fully vaccinated* against COVID-19*. Outdoor visits *generally* pose a lower risk of transmission due to increased space and airflow. Therefore, visits should be held outdoors whenever practicable. However, weather considerations or an individual client/resident's health status may hinder outdoor visits. For outdoor visits, facilities and homes should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, all appropriate infection control and prevention practices should be adhered to.

**Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

Indoor Visitation

All Contracted Service providers, certified SOLA programs, Group Homes and Group Training Homes should allow indoor visitation, except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission. **These indoor visitation standards apply regardless of a county's positivity rate.** Either the visitor or client/resident must be fully vaccinated for indoor visitation to occur. **Compassionate care* visits should be permitted at all times**, including during the times outlined below when regular visitation is curtailed. Indoor visitation should be permitted for all clients/residents except as noted below:

- Unvaccinated clients/residents, unless the visitor is fully vaccinated;
- Clients/residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated, until they have met the criteria to discontinue Transmission-Based Precautions; or
- Clients/residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

In setting up indoor visitation, the Contracted Service providers, certified SOLA programs, Group Homes and Group Training Homes need to consider the following:

- The facility/home must establish policies and procedures outlining how the number of visitors per resident at one time and the total number of visitors in the facility/home at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. The facility/home must also take into consideration work schedules of visitors and include allowances for evening and weekend visits
- The facility/home will post with the visitor log the vaccination requirements for visitation, as well as a notice it is a violation of the Governor's Proclamation for visitors to visit if they are unvaccinated and the resident is unvaccinated.
- The Facility/home must establish policies and procedures around tours of the facility/home for the purpose of screening for prospective new residents. The policies and procedures should include when tours will occur, screening process before entry of visitor(s) into the facility/home, movement about the facility/home during the tour, and adherence to core principles of infection prevention.
- If necessary, facilities/homes should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors.
- During indoor visitation, facilities/homes should limit visitor movement in the facility/home. For example, visitors should not walk around different halls of the facility/home. Rather, they should go directly to the client/resident's room or designated visitation area.
- Visitors must be actively screened upon using the [DOH Supplemental Guidance for Long-term Care Facility Visitors. Those with symptoms or recent exposure will be denied entry. For clients with less than 24 hour staff support, the support staff will screen visitors when staff are present in the home and will educate the clients about the importance of continuing the visitor screening when staff are not in the home.](#)
- Visitors must sign in, including contact information, in a visitor's log. Visitors must acknowledge they have reviewed the notice about unvaccinated visitors and that it is a violation of the Governor's Proclamation to visit an unvaccinated resident if the visitor is also unvaccinated. For clients with less than 24 hour staff support the support staff will have visitors log in during the hours staff are in the home and the support staff will encourage clients to have visitors log in when staff are not present in the home. The log of visitors must be kept for 30 days.**
- Visits for client/residents who share a room should not be conducted in the client/resident's room, if possible. For situations where there is a roommate (shared bedroom) and the health status of the client/resident prevents leaving the room, facilities/homes should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- If both the resident and the visitor are fully vaccinated, while alone in the resident's room or the designated visitation area, residents and their visitor(s) can choose to have close contact (including touch) and to not wear source control.
- If either party has not been fully vaccinated, the safest approach is for clients/residents and their visitors to maintain physical distancing (maintaining at least 6 feet between people). If the client/resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing well-fitting source control.

- When moving about the facility and during encounters with staff or residents/clients other than the person they are visiting, the visitor must wear source control.
- Visitors and clients/residents should practice hand hygiene before and after the visitation.

Indoor Visitation during an Outbreak

An outbreak exists when a new facility/home onset of COVID-19 occurs that meets the outbreak definition found here: [Interim COVID-19 Outbreak Definition for Healthcare Settings](#). This guidance is intended to describe how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 can be contained to a single area (e.g., unit) of the facility/home or the LHJ is able to assist with recommendations, dependent on the setting:

- When a new case of COVID-19 is identified and the facility/home meets the outbreak definition found in the [Interim COVID-19 Outbreak Definition for Healthcare Settings](#), a facility/home should immediately work with the LHJ to begin outbreak testing and suspend all visitation until at least one round of facility-wide testing is completed.
- Visitation can resume based on criteria determined through coordination between the facility/home and the LHJ.
- Compassionate care visits should be allowed **at all times**, for any client/resident (vaccinated or unvaccinated) regardless of outbreak status.
- Window visits and visits using technology are not restricted or prohibited. Facilities/homes will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. Facilities/homes will also assist with the use of technology to support continued social engagement during an outbreak.
- In all cases, visitors should be notified about the potential for COVID-19 exposure in the facility (e.g., appropriate signage regarding current outbreaks), and adhere to the core principles of COVID-19 infection prevention, including effective hand hygiene and use of face-coverings.

***Compassionate Care Visits:**

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident or client, who was living with their family before recently being admitted to a facility/home and is struggling with the change in environment and lack of physical family support.
- A resident or client who is grieving the recent loss of a friend or family member.
- A resident or client 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 or client, 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).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s or client’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

At all times, visits should be conducted using social distancing and visitors will wear PPE appropriate to the situation. Visitors should coordinate visits with the provider, thus allowing the provider the ability to take the compassionate care visit into consideration when applying the facility policies and procedures for visitation during that period of time (i.e. how many people overall are in the building, how long visitors are in the building, how much PPE is required). If during a compassionate care visit, a visitor and facility/home identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, facilities/homes should work with clients/residents, families, caregivers, client/resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

**** Visitors Log**

Visitor’s log information will include date, time in, name of visitor and their contact information, including phone number and email address if available.