

Safe Start for Long Term Care Recommendations and Requirements: Adult Family Homes, Assisted Living Facilities & Enhanced Services Facilities

Introduction

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

In response to requests for recommendations, the Department of Social and Health Services (DSHS) and the Department of Health (DOH) are presenting the following phased 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 supported living agencies, decisions on relaxing restrictions should be made:

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

This phased 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 Supported Living 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.*
3. *Follow this DSHS and DOH phased Safe Start for LTC plan which is based on the Governor's Safe Start phased plan.*

4. Follow the “Washington Phased Approach for Modifying Physical Distancing” and Governor Proclamations: [Safe Start Plan](#).
5. The LHI or DOH have the authority to return a facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak by imposing non-essential visitor restrictions and services defined by the Governor’s Safe Start Plan.
6. The facility or agency cannot move into the next Safe Start for LTC phase until the Secretary of the Department of Health approves the next Safe Start county phase for the respective county. For example, facilities located in counties in Safe Start Phase 1, cannot move beyond phase 1 of the Safe Start for LTC plan until the county enters Safe Start Phase 2 or greater. The facility or agency must then meet the Safe Start for LTC phase criteria included in this document before moving forward.

Examples that may require a facility to return to a more restrictive phase of Safe Start for LTC include new outbreaks of COVID-19 in their facility or the county returning to a more restrictive phase of the Safe Start for LTC, as determined by the LHI or DOH. The LHI and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures. [The definition of an outbreak in a LTC facility](#) is the presence of one positive case of COVID-19.

Individual facility types have state statute or rules that requires a facility to impose actions to protect the residents by activating their infection control plan.

All facilities and agencies must be prepared for an outbreak and make assurances they have;

1. Access to adequate testing: The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory;
2. Capacity to conduct ongoing testing of residents and staff;
3. A response plan to inform cohorting and other infection control measures;
4. A plan to actively screen all staff and visitors per DOH guidance.
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf>
5. Dedicated space for cohorting and managing care for residents with COVID-19 or if unable to cohort residents, have a plan which may include transferring a person to another care setting;
6. A plan in place to care for residents with COVID-19, including identification and isolation of residents. The facility or agency plans 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.

7. 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.

Section I – Safe Start of Facilities

Phase 1

[COVID 19 Risk Assessment Dashboard](#)

Phase 1 is designed aggressive infection control during periods of heightened virus spread in the community and potential for healthcare system limitations, which may include factors such as staffing, hospital capacity, Personal Protective Equipment (PPE), and testing. Heightened virus spread (High COVID-19 activity) is defined as >75 cases/100,000 for two weeks. Check this dashboard to see what the metric is for your county. If your county is currently meeting the definition of heightened virus spread the facility will remain phase 1.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
Visitation	<i>See Section II</i>	<i>See Section II</i>
Essential/Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> • Entry is restricted to essential healthcare personnel only. • All healthcare personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task; and at a minimum wearing a face mask for the duration of their visit. 	<ul style="list-style-type: none"> • Entry is restricted to essential healthcare personnel only. • All healthcare personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task; and at a minimum wearing a face mask for the duration of their visit.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> Essential healthcare personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. 	<ul style="list-style-type: none"> Essential healthcare personnel such as Nurse Delegates will follow DOH guidance for nurse delegation.
<p>Medically and Non-Medically Necessary Trips</p>	<p>Telemedicine should be utilized whenever possible.</p> <p>Non-medically necessary trips outside the building should be avoided.</p> <p>For medically and non-medically necessary trips away from of the facility:</p> <ul style="list-style-type: none"> The resident must wear a cloth face covering or facemask unless medically contraindicated; and The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment. Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required. Transportation equipment shall be sanitized between transports. <p>Although residents are asked to limit non-essential trips as much as they are able, resident rights laws do allow a resident to participate in community activities.</p> <ul style="list-style-type: none"> Please see Dear Administrator letter ALF 020-028 and ESF 020-021 for 	<p>Telemedicine should be utilized whenever possible.</p> <p>Non-medically necessary trips outside the building should be avoided.</p> <p>For medically and non-medically necessary trips away from of the facility:</p> <ul style="list-style-type: none"> The resident must wear a cloth face covering or facemask unless medically contraindicated; and The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment. Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required. Transportation equipment shall be sanitized between transports. <p>Although residents are asked to limit non-essential trips as much as they are able, resident rights laws do allow a resident to participate in community activities.</p> <ul style="list-style-type: none"> Please see Dear Administrator letter AFH 020-027 for details regarding

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<p>details regarding residents leaving the facility for non-medically necessary trips.</p> <ul style="list-style-type: none"> • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days. 	<p>residents leaving the facility for non-medically necessary trips.</p> <ul style="list-style-type: none"> • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days
Communal Dining	<ul style="list-style-type: none"> • Communal dining is not recommended. • For residents who require staff assistance with feeding, appropriate hand hygiene must occur between residents and residents must be seated at least 6 feet apart. • Disinfect all dining tables and surfaces before and after meals. • Separate residents with choking and coughing conditions and provide appropriate staff supervision. 	<ul style="list-style-type: none"> • Communal dining is not recommended. • For residents who require staff assistance with feeding, appropriate hand hygiene must occur between residents and residents must be seated at least 6 feet apart. • Disinfect all dining tables and surfaces before and after meals. • Separate residents with choking and coughing conditions and provide appropriate staff supervision.
Screening	<ul style="list-style-type: none"> • Actively screen residents daily. 	<ul style="list-style-type: none"> • Actively screen residents daily.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> Actively screen all staff and all essential health care personnel entering the building. Do not screen EMTs or law enforcement responding to an emergent call. 	<ul style="list-style-type: none"> Actively screen all staff and all essential health care personnel entering the home. Do not screen EMTs or law enforcement responding to an emergent call.
<p>Universal Source Control & Personal Protective Equipment (PPE)</p>	<ul style="list-style-type: none"> All facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. All facility staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). Follow the LHJ guidelines for new admissions or readmissions from a hospital setting. 	<ul style="list-style-type: none"> All staff, regardless of their position, must wear a cloth face covering or face mask while in the home. All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). Follow the LHJ guidelines for new admissions or readmissions from a hospital setting.
<p>Cohorting & Dedicated Staff</p>	<ul style="list-style-type: none"> Follow LHJ guidance for any isolation and cohorting of residents. Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. 	<ul style="list-style-type: none"> Follow LHJ guidance for any isolation and cohorting of residents. Depending on the number of rooms and size of the home, the provider may have to transfer residents who are symptomatic or testing positive for COVID-19.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> ● Plans must be in place to: <ul style="list-style-type: none"> ○ Monitor residents who test positive and have roommates in the facility; ○ Manage new admissions and readmissions with an unknown COVID-19 status; ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis); ○ Monitor staff who work with multiple clients and agencies. 	<ul style="list-style-type: none"> ● Plans must be in place to: <ul style="list-style-type: none"> ○ Monitor residents who test positive and have roommates in the home; ○ Manage new admissions and readmissions with an unknown COVID-19 status; ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis); ○ Monitor staff who work with multiple clients and agencies.
Group Activities	<ul style="list-style-type: none"> ● Restrict group activities. ● Engagement through technology is preferred to minimize opportunity for exposure. ● Facilities should have procedures in place to engage remotely or virtually, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). 	<ul style="list-style-type: none"> ● Restrict group activities. ● Engagement through technology is preferred to minimize opportunity for exposure. ● Homes should have procedures in place to engage remotely or virtually, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<ul style="list-style-type: none"> ● Testing will occur based on CDC, DOH, and LHJ guidance. ● The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory. 	<ul style="list-style-type: none"> ● Testing will occur based on CDC, DOH, and LHJ guidance. ● The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 2

Entry Criteria:

If the county in which a facility is located has entered Phase 2, the facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following:

- The facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that moderate transmission is occurring in the community. Moderate transmission is defined as 25-75 cases/100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility/home is capable of cohorting residents with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Visitation	<i>See Section II</i>	<i>See Section II</i>
Essential/Non-Essential Personnel	<ul style="list-style-type: none"> • All essential personnel are allowed to continue to enter the building. 	<ul style="list-style-type: none"> • All essential personnel are allowed to continue to enter the building.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<ul style="list-style-type: none"> • Allow entry of a limited number of non-essential personnel as defined by the Governor’s Safe Start Plan as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and facemasks. • The number of non-essential personnel per day is based on the facility or agency ability to manage infection control practices • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Essential health care personnel such as Nurse Delegates, will follow DOH guidance for nurse delegation. 	<ul style="list-style-type: none"> • Allow entry of a limited number of non-essential personnel as defined by the Governor’s Safe Start Plan as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and facemasks. • The number of non-essential personnel per day is based on the facility or agency ability to manage infection control practices • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Essential health care personnel such as Nurse Delegates, will follow DOH guidance for nurse delegation.
<p>Medically and Non-Medically Necessary Trips</p>	<ul style="list-style-type: none"> • Telemedicine should be utilized whenever possible. <p>Although residents are asked to limit non-essential trips as much as they are able, resident rights laws do allow a resident to participate in community activities.</p> <ul style="list-style-type: none"> • Please see Dear Administrator letter ALF 020-028 and ESF 020-021 for 	<ul style="list-style-type: none"> • Telemedicine should be utilized whenever possible. <p>Although residents are asked to limit non-essential trips as much as they are able, resident rights laws do allow a resident to participate in community activities.</p> <ul style="list-style-type: none"> • Please see Dear Administrator letter AFH 020-027 for details regarding

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p>details regarding residents leaving the facility for non-medically necessary trips.</p> <ul style="list-style-type: none"> • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days. 	<p>residents leaving the facility for non-medically necessary trips.</p> <ul style="list-style-type: none"> • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days.
Communal Dining	<ul style="list-style-type: none"> • Residents may eat in the same room with appropriate social distancing. • Limit the number of people at tables and space tables at least 6 feet apart. • All staff must wears masks. • Residents must wear masks when not eating/drinking. • Disinfect all dining tables and eating surfaces before and after meals. • If staff assistance is required, appropriate hand hygiene must occur between residents and before and after meals. 	<ul style="list-style-type: none"> • Residents may eat in the same room with appropriate social distancing. • Limit the number of people at tables and space tables at least 6 feet apart. • If staff assistance is required, appropriate hand hygiene must occur between residents and before and after meals. • All staff must wears masks. • Residents must wear masks when not eating/drinking. • Disinfect all dining tables and eating surfaces before and after meals.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Screening	<ul style="list-style-type: none"> • Actively screen residents daily. • Actively screen all staff and all essential health care personnel entering the building daily. • Do not screen EMTs or law enforcement responding to an emergent call. • Maintain a screening log for 30 days. 	<ul style="list-style-type: none"> • Actively screen residents daily. • Actively screen all staff and all essential health care personnel entering the building daily. • Do not screen EMTs or law enforcement responding to an emergent call. • Maintain a screening log for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • All facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. • All facility staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH and LHJ guidelines for new admissions or readmissions from a hospital setting. 	<ul style="list-style-type: none"> • All staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH and LHJ guidelines for new admissions or readmissions from a hospital setting.
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Identify the space and staff in the facility for cohorting and managing 	<ul style="list-style-type: none"> • Identify the space and staff in the facility for cohorting and managing

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p>care for residents who are symptomatic or testing positive with COVID-19.</p> <ul style="list-style-type: none"> • Dedicate space in the facility and dedicate staff for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Plans must be in place to: <ul style="list-style-type: none"> ○ Manage new admissions and readmissions with an unknown COVID-19 status; ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis); ○ Monitor staff who work with multiple residents and agencies. 	<p>care for residents who are symptomatic or testing positive with COVID-19.</p> <ul style="list-style-type: none"> • Follow LHJ guidance for any resident isolation and cohorting of roommates depending on number of rooms and size of home. Provider may need to transfer residents. • Plans must be in place to: <ul style="list-style-type: none"> ○ Manage new admissions and readmissions with an unknown COVID-19 status; ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., behavioral health). ○ Monitor staff who work with multiple residents and agencies.
Group Activities	<ul style="list-style-type: none"> • Modify activity restrictions; schedule to avoid high volume or congregate gathering and no more than 10 people including staff. • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. 	<ul style="list-style-type: none"> • Modify activity restrictions; schedule to avoid high volume visitation in the home visitation areas e.g. kitchen, family room, dining room areas of the home and no more than two people and one staff. • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling,

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<ul style="list-style-type: none"> • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring • Assist residents in engagement through technology to minimize opportunity for exposure. • Assist residents in finding personalized activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). 	<p>number of visitors, locations, and minimize resident risk.</p> <ul style="list-style-type: none"> • Resident outdoor activities on home property requires universal masking, social distancing, and facility monitoring. • Encourage residents and any roommates to practice social distancing and wear face masks when they engage in group activities at home. • Assist residents in engagement through technology to minimize opportunity for exposure. • Assist residents in finding personalized activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory. 	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 3

Entry Criteria:

If the county in which a facility is located has entered Phase 3, the facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following:

- The facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined minimal transmission is occurring. Minimal transmission is defined as 10-25 cases/ 100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The facility/home is capable of cohorting residents with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Visitation	<ul style="list-style-type: none"> • <i>See Section II</i> 	<ul style="list-style-type: none"> • <i>See Section II</i>
Essential/Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. 	<ul style="list-style-type: none"> • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<ul style="list-style-type: none"> • Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan facilities are permitted to allow essential and non-essential healthcare personnel. • Facilities will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. <p><u>Examples:</u></p> <p><u>The facility may permit a beautician/barber to come onsite and provide services as long as the home follows social distancing, universal masking, entrance screening, disinfecting before and after each resident, and hand hygiene. The beautician/barber would need to follow the Governor’s Safe Start guidance for businesses.</u></p> <p><u>A resident’s personal attorney may come in and meet with the resident for personal business transactions as long as the home follows social distancing, universal masking, entrance screening, and hand hygiene before and after each resident interaction.</u></p>	<ul style="list-style-type: none"> • Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan facilities are permitted to allow essential and non-essential healthcare personnel. • Facilities will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. <p><u>Examples:</u></p> <p><u>The home may permit a beautician/barber to come onsite and provide services as long as the home follows social distancing, universal masking, entrance screening, disinfecting before and after each resident, and hand hygiene. The beautician/barber would need to follow the Governor’s Safe Start guidance for businesses.</u></p> <p><u>A resident’s personal guardian may come in and meet with the resident as long as the home follows social distancing, universal masking, entrance screening, and hand hygiene before and after each resident interaction.</u></p>

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
<p>Medically and Non-Medically Necessary Trips</p>	<ul style="list-style-type: none"> • Permitted within the boundaries of Governor’s Safe Start Plan and LHJ direction. • All parties must practice maintaining 6 ft. social distancing, use proper hand hygiene and wear face coverings when out of the facility and upon return, cooperate with facility entry screening policies. • Continue to follow Residential Care Services Dear Administrator letter, ALF 020-028 or ESF 020-021 for details regarding residents leaving the facility for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days. <p><i>Examples:</i></p>	<ul style="list-style-type: none"> • Permitted within the boundaries of Governor’s Safe Start Plan and LHJ direction. • All parties must practice maintaining 6 ft. social distancing, use proper hand hygiene and wear face coverings when out of the facility and upon return, cooperate with facility entry screening policies. • Continue to follow Residential Care Services Dear Provider letter AFH 020-027 details regarding residents leaving the home for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days. <p><i>Examples:</i></p>

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p><u>Residents may come and go from their homes to go out to eat or shop, as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use hand hygiene.</u></p> <p><u>Adult children may take residents out for day trips as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use of hand hygiene.</u></p>	<p><u>Residents may come and go from their homes to go walk down to a local store, as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use hand hygiene.</u></p> <p><u>Families may take residents home for the weekend as long as they and the resident practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use of hand hygiene.</u></p>
Communal Dining	<ul style="list-style-type: none"> • Permitted if 6 ft. social distancing can be maintained, staff/residents/visitors have access to hand hygiene and they wear face covering when not eating/drinking, as tolerated, and while traveling to and from the dining area. • Providers are to separate residents in COVID-19 positive units from dining with residents in COVID-19 negative units, as well as resident suspected to be COVID-19 positive. <p><u>Examples:</u></p>	<ul style="list-style-type: none"> • Permitted if 6 ft. social distancing can be maintained in the confines of the home square footage, staff/resident/visitors have access to hand hygiene, and wear face coverings when not eating/drinking, as tolerated, and while traveling to and from the dining area. • Providers are to separate residents with COVID-19 positive diagnoses from residents with no COVID symptoms while they dine. <p><u>Examples:</u></p> <p><u>The home serves residents in separate seating in the kitchen to maintain 6 ft. social</u></p>

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p><u>The facility serves meals in one third of its dining room capacity to maintain 6 ft. social distancing between residents.</u></p> <p><u>The facility adjusts meals times to offer more options.</u></p> <p><u>Residents volunteer to rotate meals for dining so residents can eat at least one meal a day out of their rooms.</u></p> <p><u>The facility offers meals outside on the patio.</u></p> <p><u>The facility conducts proper environmental cleansing between seating and meals.</u></p>	<p><u>distancing between residents e.g. two residents at a kitchen table.</u></p> <p><u>The home adjusts resident meals times to offer more options.</u></p> <p><u>Residents volunteer to rotate meals for dining so residents can eat at least one meal a day out of their rooms at the kitchen or dining room table.</u></p> <p><u>The home offers meals outside on picnic tables while other residents eat inside.</u></p> <p><u>Some residents eat in the living room watching TV while others eat elsewhere.</u></p> <p><u>The home conducts proper environmental cleansing between seating and meals.</u></p>
Screening	<ul style="list-style-type: none"> • Remains the same as other phases. Screening 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or facemask. 	<ul style="list-style-type: none"> • Remains the same as other phases. Screening 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or facemask.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<ul style="list-style-type: none"> The provider will maintain a log of all visitors that is kept for 30 days. 	<ul style="list-style-type: none"> The provider will maintain a log of all visitors that is kept for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. All visitors must wear masks. Staff must wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC, DOH, and LHJs guidance on optimization of PPE. 	<ul style="list-style-type: none"> Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. All visitors must wear masks. Staff must wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC, DOH, and LHJs guidance on optimization of PPE.
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. Plans must be in place to manage: <ul style="list-style-type: none"> New admissions and readmissions with an unknown COVID- 19 status. Residents who routinely attend outside medically-necessary appointments (e.g., dialysis). 	<ul style="list-style-type: none"> Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. Plans must be in place to manage: <ul style="list-style-type: none"> New admissions and readmissions with an unknown COVID- 19 status. Residents who routinely attend outside medically-necessary appointments (e.g., mental health).
Group Activities	<ul style="list-style-type: none"> Modify activity restrictions; schedule to avoid high volume or congregate 	<ul style="list-style-type: none"> Modify activity restrictions; schedule to avoid high volume or congregate

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p>gathering and no more than 10 people including staff.</p> <ul style="list-style-type: none"> • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring <p><u>Examples:</u></p> <p><u>An assisted living facility may permit group activities with residents and families in a common area together as long as the home follows social distancing, universal masking, entrance screening and hand hygiene.</u></p> <p><u>Worship services, book reading, arts and crafts, chair exercises, and music programs are all permitted in this category as long as residents do not share activity items, and there is proper environmental cleansing before and after the activities.</u></p> <p><u>Residents may gather in the TV or library, maintaining 6 ft. social distancing and enjoying an afternoon happy hour with music.</u></p>	<p>gathering and no more than two people and one staff.</p> <ul style="list-style-type: none"> • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring <p><u>Examples:</u></p> <p><u>A home may permit group activities with residents and families in a common area together as long as the home follows social distancing, universal masking, entrance screening and hand hygiene. Some residents may be seated in the kitchen while others are in the living room to maintain social distancing and participate together listening to history channel on the TV.</u></p> <p><u>A variety of resident-centered activities are permitted in this category as long as residents do not share activity items, there is no personal contact, and there is proper environmental cleansing before and after activities. For example, a resident may be painting at the kitchen table while another is drawing in the living room. Focus on</u></p>

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<i><u>Residents may gather in a memory care unit potting flowers while maintaining 6 ft. social distancing. The facilities ensure the residents do not exchange tools.</u></i>	<i><u>resident-centered provision of activities while practicing social distancing, good hygiene, and environmental cleanliness.</u></i>
Testing	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory. 	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 4

Entry Criteria:

*If the county in which a facility is located has entered Phase 4, the facility may relinquish all restrictions and return to a regular course of business provided after meeting **all** of the following criteria:*

- The facility has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that sporadic transmission is occurring in the community. Sporadic transmission is less than 10 cases/100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- The facility/home has adequate staffing levels in place;
- The facility performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>;
- The facility performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;

- The facility/home is capable of cohorting residents with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

Facilities or agencies may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Until the COVID public health threat has ended facilities and providers will:

- Screen 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or facemask;
- Maintain a log of all visitors which must be kept for 30 days;
- Use PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted;
- Universally mask;
- Maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Section II – Visitation

All facilities and agencies 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 facility. This access and accommodation may be by phone, remote video technology, window visits or outside visits, or some combination of access, dependent on the phase of the county or facility/agency. Any equipment shared among residents should be cleaned and disinfected between uses according to manufacturer guidelines.

Once a provider has met the entry criteria outlined for a phase in Section I the provider may then follow the visitation criteria for each corresponding phase below:

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
<p><u>Phase 1</u></p>	<p>Indoor visitation is prohibited, except for:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; and • Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the facility’s temporary visitation policy and are not mandated; but rather at the discretion of the facility. • Compassionate care visitors are actively screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.* • All visitors must wear a cloth face covering or facemask for the duration of their visit. The facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. <p>Facilities should have policies in place for remote visitation, whenever possible, to include:</p>	<p>Indoor visitation is prohibited, except for:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; and • Under limited and controlled conditions, coordinated by the home, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the home’s temporary visitation policy and are not mandated; but rather at the discretion of the home. • Compassionate care visitors are actively screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.* • All visitors must wear a cloth face covering or facemask for the duration of their visit. The home must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. <p>Homes should have policies in place for remote visitation, whenever possible, to include:</p> <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community.

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to the Ombudsman. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per resident during each visit; • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow the Outdoor Visitation Guidance <p>Window visits are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing.</p>	<ul style="list-style-type: none"> • Access to the Ombudsman. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per resident during each visit; • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow the Outdoor Visitation Guidance <p>Window visits are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing.</p>
<u>Phase 2</u>	<p>Visitation is limited to the following activities:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the facility’s temporary visitation policy and are not mandated; but rather at the discretion of the facility. 	<p>Visitation is limited to the following activities:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the facility’s temporary visitation policy and are not mandated; but rather at the discretion of the facility. ○ Compassionate care visitors are screened upon entry and additional

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> ○ Compassionate care visitors are screened upon entry and additional precautions are taken, including masking, social distancing and hand hygiene. ● Outdoor visits under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing. Facility will review and follow the Outdoor Visitation Guidance ● If a resident is unable to participate in outdoor visits, and is unable to utilize remote visitation through technology, they may have one essential support person** who visits in the facility up to once daily : <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control; ○ Essential support persons are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. ● Window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. 	<p>precautions are taken, including masking, social distancing and hand hygiene.</p> <ul style="list-style-type: none"> ● Outdoor visits under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing. Facility will review and follow the Outdoor Visitation Guidance ● If a resident is unable to participate in outdoor visits, and is unable to utilize remote visitation through technology, they may have one essential support person** who visits in the facility up to once daily: <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control; ○ Essential support persons are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. ● Window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing.

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<p>Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.*</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit. The facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control.</p> <p>Facilities should have policies in place for remote visitation, whenever possible, to include:</p> <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to the Ombudsman. 	<p>Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.*</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit. The facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control.</p> <p>Facilities should have policies in place for remote visitation, whenever possible, to include:</p> <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to the Ombudsman.
<u>Phase 3</u>	<ul style="list-style-type: none"> • All residents have the ability to have limited visitation. • The facility policy will describe visitation schedule, hours and locations, number of visitors and visits. • Infection control practices including hand hygiene, universal source control for the resident and visitor, and overall facility supervision of safe practices related to visitors and social distancing. • Facilities may limit the number of visitors for each resident. • Preference should be given to outdoor visitation opportunities. 	<ul style="list-style-type: none"> • All residents have the ability to have limited visitation. • The home policy will describe visitation schedule, hours and locations, number of visitors and visits. • Infection control practices including hand hygiene, universal source control for the resident and visitor, and overall facility supervision of safe practices related to visitors and social distancing. • Homes may limit the number of visitors for each resident. • Preference should be given to outdoor visitation opportunities

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.* After visits, all areas must be disinfected.	<ul style="list-style-type: none"> Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.* After visits, all areas must be disinfected.
Phase 4	Resume Regular Visitation	Resume Regular Visitation

***Visitor Log Information**

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

**** Essential Support Person Requirements**

Recognizing the critical role family members and other close, outside caregivers have in the care and support of residents, and recognizing how they advocate for the resident, it is strongly recommended LTC facilities develop a process to designate an essential support person (ESP) where appropriate. An ESP could be an individual who was previously actively engaged with the resident or is committed to providing companionship and/or assistance with activities of daily living.

1. Facilities must establish policies and procedures for how to designate and utilize an ESP.
2. The resident must be consulted about their wishes to determine whom to designate as the ESP. Consider persons such as a family member, outside caregiver, friend, or volunteer who provided regular care and support to the resident prior to the pandemic.
3. Ensure scheduling of ESP visits considers numbers of ESP in the building at the same time. The facility may establish time limits as needed to keep residents safe.
4. The ESP must wear all necessary personal protective equipment (PPE) while in the building (minimally eye protection and face mask), and must perform frequent hand hygiene. The facility should ensure hand sanitizing stations and alcohol-based hand rubs are accessible. For additional guidance, see Contingency Standards of Care for COVID-19: Personal Protective Equipment for Congregate Care Settings (<https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf>).
5. The ESP must not be allowed to visit a resident during a resident’s 14-day quarantine, and must not visit when a resident is positive for COVID-19 or symptomatic, unless the visit is for compassionate care.

