

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

Introduction

Safe Start for Long-Term Care (LTC) programs 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 Community Residential Services and Supports (Supported Living, Group Training Homes, Group Homes, State Operated Living Alternatives or SOLA) decisions on relaxing restrictions should be 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 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 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 phased Safe Start for LTC plan based on the Governor's phased plan.*

4. *Providers/agencies/programs must also follow the “Washington Phased Approach for Modifying Physical Distancing” and Governor Proclamations: [Safe Start Plan](#).*
5. *The LHJ or DOH have the authority to return a facility, agency or program to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak by imposing non-essential visitor restrictions and services.*
6. *The facility, agency or program 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, facility, agency or program 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, agency or program must then meet the Safe Start for LTC phase criteria included in this document before moving forward.*

Examples that may require a facility, agency or program to return to a more restrictive phase of the Safe Start Plan include new outbreaks of COVID-19 in their facility or agency or program or the county returning to a more restrictive phase of the Safe Start Plan, 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. The definition of an outbreak in a LTC facility is the presence of one positive case of COVID-19.

Providers have statute or rule that require a provider to impose actions to protect the clients by activating their infection control plan if applicable.

All facilities, agencies and programs must be prepared for an outbreak and must make assurances they have:

1. Access to adequate testing: The facility, agency or program must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory;
2. Capacity to conduct ongoing testing of clients 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 clients with COVID-19 or if unable to cohort clients, have a plan which may include transferring a person to another care setting;
6. A plan in place to care for clients with COVID-19, including identification and isolation of clients. The facility, agency or program 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 Agencies and Programs

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	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training 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 in SOLA’s to essential healthcare personnel only. • Essential health care personnel such as Nurse Delegators will follow DOH guidance for nurse delegation. • Provider or program will make sure essential health care personnel will 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. 	<ul style="list-style-type: none"> • Entry is restricted in Group Homes to essential healthcare personnel only. • Essential health care personnel such as Nurse Delegators will follow DOH guidance for nurse delegation. • Provider or facility will make sure essential health care personnel will 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.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
<p>Medically and Non-Medically Necessary Trips</p>	<p>Telemedicine should be utilized whenever possible.</p> <p>Non-medically necessary trips outside the client’s home should be avoided.</p> <p>For medically and non-medically necessary trips away from the client’s home:</p> <ul style="list-style-type: none"> • The client must wear a cloth face covering or facemask unless medically contraindicated. • The provider or program, must share the client’s COVID-19 status with the transportation service and entity with whom the client has the appointment. • Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required. • Transportation equipment shall be sanitized between transports. • Although clients are asked to limit non-essential trips as much as they are able, clients’ rights laws do allow a client to participate in community activities. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients 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. 	<p>Telemedicine should be utilized whenever possible.</p> <p>Non-medically necessary trips outside the home should be avoided.</p> <p>For medically and non-medically necessary trips away from the home:</p> <ul style="list-style-type: none"> • The client must wear a cloth face covering or facemask unless medically contraindicated. • The provider or facility must share the client’s COVID-19 status with the transportation service and entity with whom the client has the appointment. • Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required. • Transportation equipment shall be sanitized between transports. • Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients 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.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • Consult with LHJ on need for 14-day quarantine period after client returns from medical and non- medical visits that are determined to be at medium or high risk. 	<ul style="list-style-type: none"> • Consult with LHJ on need for 14-day quarantine period after client returns from medical and non- medical visits that are determined to be at medium or high risk.
Communal Dining	<ul style="list-style-type: none"> • Prohibit COVID-19 positive or • COVID-19 positive clients from eating meals with housemates. • Communal dining is not recommended. • For clients who require staff assistance with feeding, appropriate hand hygiene must occur between clients and clients must be seated at least 6 feet apart. • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. 	<ul style="list-style-type: none"> • Prohibit COVID-19 positive or suspected COVID-19 positive clients from eating meals with housemates. • Communal dining is not recommended. • For clients who require staff assistance with feeding, appropriate hand hygiene must occur between clients and residents must be seated at least 6 feet apart. • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals.
Screening	<ul style="list-style-type: none"> • Actively screen clients daily by checking temperatures and signs and symptoms of COVID-19. • Actively screen all staff and visitors (SOLA) 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"> • Actively screen clients daily by checking temperatures and signs and symptoms of COVID-19. • Actively screen all staff and visitors (Group Homes) entering a client’s home by checking temperatures and asking them for signs of symptoms. • Do not screen EMTs and law enforcement responding to an emergent call. • Maintain a screening log for 30 days.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • All staff, regardless of their position must wear a cloth face covering or face mask while in the client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, 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 when a client returns home 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 client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with the clients, 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 when a client returns home from a hospital setting.
Cohorting & Dedicated Staff	<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.
Group Activities	<ul style="list-style-type: none"> • Encourage clients with housemates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. 	<ul style="list-style-type: none"> • Encourage clients with housemates or roommates to practice social distancing and wearing face masks when they engage in

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<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.). 	<p>group activities at home unless medically contraindicated.</p> <ul style="list-style-type: none"> 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.).
Testing	<ul style="list-style-type: none"> Testing will occur based on CDC, DOH, and LHJ guidance. The program or provider 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 or provider must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 2

Entry Criteria:

*If the Supported Living (SL) agency/provider, Group Home, Group Training Home or SOLA is located in a county that has entered Phase 2, the SL agency, Group Home, Group Training Home or SOLA program, 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 client or staff case was identified within the Supported Living Agency **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, or Group Training Home or SOLA program is capable of cohorting clients 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.

The SL agency, Group Home, Group Training Home or SOLA program 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	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
Visitation	<i>See Section II</i>	<i>See Section II</i>
Essential/Non-Essential Health Care 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. • The provider or program will make sure essential health care personnel wear appropriate PPE as needed. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. 	<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. • The facility or provider will make sure essential health care personnel wear appropriate PPE as needed. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
<p>Medically and Non-Medically Necessary Trips</p>	<ul style="list-style-type: none"> • Although clients are asked to limit non-essential trips as much as they are able, clients' rights laws do allow a client to participate in community activities. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients 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 client returns from medical and non- medical visits that are determined to be at medium or high risk. 	<ul style="list-style-type: none"> • Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients 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 client returns from medical and non- medical visits that are determined to be at medium or high risk.
<p>Communal Dining</p>	<ul style="list-style-type: none"> • Prohibit COVID-19 positive or suspected COVID-19 positive clients from eating meals with housemates. • Communal dining is not recommended but must be limited (for COVID-19 negative or asymptomatic clients only). • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. 	<ul style="list-style-type: none"> • Prohibit COVID-19 positive or suspected COVID-19 clients to eat meals with housemates. • Communal dining is not recommended but must be limited (for COVID-19 negative or asymptomatic clients only). • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> Limit the number of clients at the table and configure chairs at least 6 ft. away from each other. 	<ul style="list-style-type: none"> Limit the number of clients at the table and configure chairs at least 6 ft. away from each other.
Screening	<ul style="list-style-type: none"> Actively screen clients daily by checking temperatures and signs and symptoms of COVID-19. Actively screen all staff and visitors entering a client's home by checking temperature and asking them for signs and symptoms. Do not screen EMTs and local law enforcement who are responding to an emergent call. Maintain a log of all screening information for 30 days. 	<ul style="list-style-type: none"> Actively screen clients daily by checking temperatures and signs and symptoms of COVID-19. Actively screen all staff and visitors entering a client's home by checking temperature and asking them for signs and symptoms Do not screen EMTs and local law enforcement who are responding to an emergent call. Maintain a log of all screening information for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> All staff, regardless of their position, must wear a cloth face covering or face mask while in the client's home. All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, 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). 	<ul style="list-style-type: none"> All staff, regardless of their position, must wear a cloth face covering or face mask while in the client's home. All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, 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).

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • Follow the LHJ guidelines for when a client returns home from a hospital setting. 	<ul style="list-style-type: none"> • Follow the LHJ guidelines for when a client returns home from a hospital setting.
Cohorting & Dedicated Staff	<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 them 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 them for signs and symptoms. ○ A client who tests positive and has housemates or roommates in the home.
Group Activities	<ul style="list-style-type: none"> • Encourage clients with housemates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist clients in finding individual activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). 	<ul style="list-style-type: none"> • Encourage clients with housemates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist clients in finding individual 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. 	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> The provider or program must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory. 	<ul style="list-style-type: none"> The facility or provider must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 3

Entry Criteria:

*If the Supported Living (SL) agency/provider, Group Home, Group Training Home or SOLA is located in a county that has entered Phase 3 the SL agency, Group Home, or Group Training Home or SOLA program 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/client or staff case was identified within the Supported Living Agency **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program is capable of cohorting residents/clients 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.

The SL agency, Group Home, Group Training Home or SOLA program 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	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training 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"> • 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. • The agency or program will make sure essential and non-essential health care personnel wear appropriate PPE, as needed. • Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan agencies or programs are permitted to allow essential and non-essential healthcare personnel. • The agency or program will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk. 	<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. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. • The facility or provider will make sure essential and non-essential health care personnel wear appropriate PPE, as needed. • Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan the facilities or providers are permitted to allow essential and non-essential healthcare personnel. • The facility or provider will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
Medically and Non-Medically Necessary Trips	<ul style="list-style-type: none"> Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities. Please see Dear Administrator letter CCRSS 2020-019 for details regarding clients 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. 	<ul style="list-style-type: none"> Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities. Please see Dear Administrator letter CCRSS 2020-019 for details regarding clients 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.
Communal Dining	<ul style="list-style-type: none"> Prohibit COVID-19 positive or suspected COVID-19 positive clients to eat meals with housemates. Permitted if 6 ft. social distancing can be maintained, staff/clients/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. Communal dining is not recommended and must be limited (for COVID-19 negative or asymptomatic clients only). 	<ul style="list-style-type: none"> Prohibit COVID-19 positive or suspected COVID-19 positive clients to eat meals with housemates. Permitted if 6 ft. social distancing can be maintained, staff/clients/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. Communal dining is not recommended and must be limited (for COVID-19 negative or asymptomatic clients only).

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • Limit the number of clients at the table and configure chairs at least 6 ft. away from each other. 	<ul style="list-style-type: none"> • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • Limit the number of clients at the table and configure chairs at least 6 ft. away from each other.
Screening	<ul style="list-style-type: none"> • Actively screen clients daily by checking temperatures and asking potential exposure and asking about signs and symptoms of COVID-19. • Actively screen all staff and visitors entering a client’s home through temperature checks, asking about potential exposure and asking about signs and symptoms of COVID-19. • Do not screen EMTs and local law enforcement who are responding to an emergent call. • Maintain a log of all screening information for 30 days. 	<ul style="list-style-type: none"> • Actively screen clients daily by checking temperatures and asking potential exposure and asking about signs and symptoms of COVID-19. • Actively screen all staff and visitors entering a client’s home through temperature checks, asking about potential exposure and asking about signs and symptoms of COVID-19. • Do not screen EMTs and local law enforcement who are responding to an emergent call. • Maintain a log of all screening information for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • All staff, regardless of their position, must wear a cloth face covering or face mask while in the client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is 	<ul style="list-style-type: none"> • All staff, regardless of their position, must wear a cloth face covering or face mask while in the client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<p>available, and in accordance with CDC, DOH and LHJs guidance on PPE optimization strategies.</p> <ul style="list-style-type: none"> • Follow the LHJ guidelines for when a client returns home from a hospital setting. 	<p>available, and in accordance with CDC, DOH and LHJs guidance on PPE optimization strategies.</p> <ul style="list-style-type: none"> • Follow the LHJ guidelines for when a client returns home from a hospital setting.
Cohorting & Dedicated Staff	<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 screening temperatures and asking them for potential exposure and asking for signs and symptoms of COVID-19. ○ 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 screening temperatures and asking them for potential exposure and asking for signs and symptoms of COVID-19. ○ A client who tests positive and has roommates/housemates in the home.
Group Activities	<ul style="list-style-type: none"> • Encourage clients with housemates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist clients in finding individual activities that are meaningful to them. 	<ul style="list-style-type: none"> • Encourage clients with roommates/housemates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist clients in finding individual activities that are meaningful to them.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
Testing	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The provider and program must maintain access to COVID-19 testing for all clients 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 or provider must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory.

Phase 4

Entry Criteria:

*If the Supported Living (SL) agency/provider, Group Home, Group Training Home or SOLA is located in a county that has entered Phase 4 the SL agency, Group Home, Group Training Home or SOLA program 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 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/client or staff case was identified within the Supported Living Agency **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program is capable of cohorting residents/clients 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.

The SL agency, Group Home, Group Training Home or SOLA program 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/agencies will:

- Screen 100% of all persons, clients, and staff entering/re-entering the clients' home including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the clients' homes 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 clients 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	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
<u>Phase 1</u>	<p>Clients (Supported Living) are asked to limit people visiting their homes in cooperation with the Stay Home Stay Healthy Premise of decreasing the spread of COVID-19.</p> <p>Indoor visitation is prohibited (SOLA), 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 provider, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the provider or program’s temporary visitation policy and are not mandated; but rather at the discretion of the provider. • Compassionate care visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, 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 provider or program must provide a face mask to the visitor, 	<p>Indoor visitation is prohibited (Group Home), 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 provider, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the provider’s temporary visitation policy and are not mandated; but rather at the discretion of the provider. • Compassionate care visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, 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 provider or facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. • Facilities or providers should have policies in place for remote visitation, whenever possible, to include:

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<p>in the event they do not have one, to ensure universal source control.</p> <ul style="list-style-type: none"> • Providers or programs should have policies in place for remote visitation, whenever possible, to include: • Access to communication with friends, family, and their spiritual community. • Access to Ombuds. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per client during each visit • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Agency will review and follow Outdoor Visitation Guidance <p>Window visits are not restricted or prohibited. Providers or programs will permit window visits depending on grounds safety, client privacy and choice, home capacity, layout of the home, and staffing.</p>	<ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to Ombuds. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per client during each visit: • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Agency will review and follow Outdoor Visitation Guidance <p>Window visits are not restricted or prohibited. Providers or facilities will permit window visits depending on grounds safety, client privacy and choice, home capacity, layout of the home, and staffing.</p>
<u>Phase 2</u>	Clients are asked to limit people visiting their homes in cooperation with the Stay Home Stay Healthy Premise of decreasing the spread of COVID-19.	Visitation is prohibited, except for: <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 provider

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
		<p>or 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 provider or facility’s temporary visitation policy and are not mandated; but rather at the discretion of the provider.</p> <ul style="list-style-type: none"> • Compassionate care visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, 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 provider or facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. • Providers and facilities should have policies in place for remote visitation, whenever possible, to include: <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to Ombuds. <p>Outdoor visits allowed under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene,</p>

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
		<p>and social distancing. Agency will review and follow Outdoor Visitation Guidance</p> <p>Window visits are not restricted or prohibited. Providers and facilities will permit window visits depending on grounds safety, client privacy and choice, home capacity, layout of the home, and staffing.</p>
<u>Phase 3</u>	<ul style="list-style-type: none"> • All clients have the ability to have limited visitation. • Create a policy for universal masking for clients and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk. • Within the limits of the plan, providers and programs have the discretion and flexibility in how to carry out the Governor’s Safe Start Plan and county phasing in their respective homes due to the variance of home size, client capacity, layout of the home and location. • Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.* • The provider or program may permit family members to congregate in a common area as long as the home 	<ul style="list-style-type: none"> • All clients have the ability to have limited visitation. • Create a policy for universal masking for clients and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk. • Within the limits of the plan, the facility or provider have discretion and flexibility in how to carry out the Governor’s Safe Start Plan and county phasing in their respective homes due to the variance of home size, client capacity, layout of the home and location. • Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.* • The provider or facility may permit family members to congregate in a common area as long as the home

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<p>follows social distancing, universal masking, entrance screening and hand hygiene.</p> <ul style="list-style-type: none"> • After visits, all areas must be disinfected. <p>When appropriate, visitation may occur in areas outside of the home.</p>	<p>follows social distancing, universal masking, entrance screening and hand hygiene.</p> <ul style="list-style-type: none"> • After visits, all areas must be disinfected. • When appropriate, visitation may occur in areas outside of the home.
<u>Phase 4</u>	Resume Regular Visitation	Resume Regular Visitation

*** Visitors Log**

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 clients, and recognizing how they advocate for the client, it is strongly recommended Supported Living (SL) agencies, Group Homes (GH), Group Training Homes (GTH) or SOLA Programs 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-client or is committed to providing companionship and/or assistance with activities of daily living.

1. Supported Living agency, Group Home, Group Training Home or SOLA program must establish policies and procedures for how to designate and utilize an ESP.
2. The client 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 client prior to the pandemic.
3. Ensure scheduling of ESP visits considers numbers of ESP in the home at the same time. The SL agency, Group Home, Group Training Home or SOLA program may establish time limits as needed to keep clients safe.
4. The ESP must wear all necessary personal protective equipment (PPE) while in the client’s home (minimally eye protection and face mask), and must perform frequent hand hygiene. The SL agency, Group Home, Group Training Home, or SOLA Program should ensure hand sanitizing stations and alcohol-based hand rubs are accessible.

5. The ESP must not be allowed to visit a client during a client's 14-day quarantine, and must not visit when a client is positive for COVID-19 or symptomatic, unless the visit is for compassionate care.