

This document provides guidance to Long Term Care Facilities (LTCFs) that are skilled nursing facilities (SNF) or assisted living residences (ALR). **Except for current mandates in effect under a Mayor’s Order or other existing local or federal regulation, any definitive action statements made in this guidance (e.g., “must”) are considered essential best practice recommendations to mitigate the spread of COVID-19.** Given the critical importance of preventing COVID-19 from entering or spreading within LTCFs, decisions on relaxing restrictions should be made with careful review of the number of facility-level and community cases, and in consultation with DC Health. **Residents and healthcare personnel should continue to follow all current infection prevention and control recommendations to protect themselves and others from COVID-19, regardless of their vaccination status.**

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
Definitions	<p>Confirmed outbreak as defined in Health Notice: “COVID-19 Outbreak Investigation and Reporting Requirements”) OR a suspected outbreak as determined by DC Health after investigation, risk assessments and contact tracing.</p> <p>AND</p> <p>Results from first round of facility-wide or concentric circle testing¹ (i.e., outbreak testing) are still pending</p> <p>PLEASE NOTE: DC Health must help make this determination. The threshold for required reporting is ≥1 probable or confirmed COVID-19 case in a resident or HCP OR ≥3 cases of acute illness compatible with COVID-19 in residents with onset within a 72h period, as stated in the Health Notice: “COVID-19 Outbreak Investigation and Reporting Requirements”)</p>	<p>Confirmed outbreak Health Notice: “COVID-19 Outbreak Investigation and Reporting Requirements”) OR a suspected outbreak as determined by DC Health after investigation, risk assessments and contact tracing.</p> <p>AND</p> <p>Results from the first round of outbreak testing reveal no additional COVID-19 cases in other areas (e.g., units) of the facility.</p> <p>AND</p> <p>Results from subsequent rounds of outbreak testing reveal no additional COVID-19 cases in other areas (e.g., units) of the facility.</p> <p>PLEASE NOTE: DC Health must help make this determination.</p>	<p>No new COVID-19 cases in residents or staff for 14 days or as determined by DC Health.</p> <p>PLEASE NOTE: In accordance with CMS Guidance QSO-20-38-NH REVISED, facility-wide testing will be required if the facility:</p> <ul style="list-style-type: none"> Is unable to provide necessary information required for investigation/contact tracing to DC Health within 24 hours of it being requested or becoming aware of the positive result (whichever is first) OR Does not have the expertise, resources, or ability to identify or manage all close contacts.
Personal Protective Equipment (PPE) & Source Control	<p>Regardless of community transmission level², ALL residents should wear a well-fitting mask:</p> <ul style="list-style-type: none"> When outside their room indoors When anyone enters their room (for direct care or other services, such as cleaning) When within 6 feet of a roommate and not separated by a barrier such as a curtain For 10 days after a confirmed COVID-19 exposure. For 10 days after admission/readmission (unless recovered from a COVID-19 infection within the previous 30 days) Until symptoms from a COVID-19 infection are resolved (even after completion of the symptom-based or time-based clearance method)³ <p>Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities at coronavirus.dc.gov/healthguidance.</p> <ul style="list-style-type: none"> Quarantine-level PPE (gown, gloves, respirators, and eye protection) should be used if transmission appears to be wide-spread within a large portion of the facility (consult with DC Health if full facility quarantine is being considered). 	<p>While the level of community transmission² is HIGH⁴, ALL residents should wear a well-fitting mask:</p> <ul style="list-style-type: none"> When outside their room indoors When anyone enters their room (for direct care or other services, such as cleaning) When within 6 feet of a roommate and not separated by a barrier such as a curtain <p>Regardless of community transmission level, ALL residents should wear a well-fitting mask as described above:</p> <ul style="list-style-type: none"> For 10 days after a confirmed COVID-19 exposure. For 10 days after admission/readmission (unless recovered from a COVID-19 infection within the previous 30 days) Until symptoms from a COVID-19 infection are resolved (even after completion of the symptom-based or time-based clearance method)³ <p>Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities at coronavirus.dc.gov/healthguidance.</p>	

¹ **Concentric circle testing** is a focused method that relies on risk assessments and contact tracing to determine the scope of an outbreak affecting a specific group or area (e.g., unit, floor, or department). Contacts with any documented exposure are tested first. If there is evidence of transmission in these contacts or any other newly identified exposures within the facility, testing is expanded to include new contacts. Evidence on transmission encompasses test results and risk assessment findings.

² The CDC COVID-19 Data Tracker can be found at covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&data-type=Risk

³ Symptoms of altered taste and smell may continue for weeks to months after recovery from COVID-19.

⁴ Residents may still choose to wear masks when community transmission is not HIGH based on personal preference, perceived level of risk, or as recommended by their HCP.

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Non-Essential Medical Providers	<p>Allow entry of LIMITED numbers of non-essential healthcare personnel/contractors as determined necessary by the facility.</p> <ul style="list-style-type: none"> Consider telemedicine options as much as possible while outbreak investigation is underway. All non-essential personnel must undergo testing if required as part of an ongoing outbreak investigation (see <i>Testing Staff</i> section on page 7). All non-essential personnel must follow the same PPE requirements as for staff. All non-essential personnel must be informed that an outbreak investigation is in progress. <p>For full guidance on Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance.</p> <p>PLEASE NOTE: Non-essential medical personnel are determined by each individual facility. This determination should be made based on the medical needs of individual residents at that facility at that point in time. Personnel educating and assisting in resident transitions to the community must be permitted entry.</p>	<p>Allow entry of LIMITED numbers of non-essential healthcare personnel/contractors as determined necessary by the facility.</p> <ul style="list-style-type: none"> Consider telemedicine options as much as possible on the unit/area impacted by the outbreak. All non-essential personnel must undergo testing if required as part of an ongoing outbreak investigation (see <i>Testing Staff</i> section on page 7). All non-essential personnel must follow the same PPE requirements as for staff. <p>For full guidance on Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance.</p> <p>PLEASE NOTE: Non-essential medical personnel are determined by each individual facility. This determination should be made based on the medical needs of individual residents at that facility at that point in time. Personnel educating and assisting in resident transitions to the community must be permitted entry.</p>	<p>Allow entry of non-essential healthcare personnel/contractors.</p> <ul style="list-style-type: none"> All non-essential personnel must follow the same personal protective equipment requirements as for staff. <p>For full guidance on Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance.</p> <p>PLEASE NOTE: Non-essential medical personnel are determined by each individual facility. This determination should be made based on the medical needs of individual residents at that facility at that point in time. Personnel educating and assisting in resident transitions to the community must be permitted entry.</p>
	Leaving for Medical Reasons	<p>Avoid non-essential medical visits.</p> <p>For essential medical visits outside the facility, ensure that:</p> <ul style="list-style-type: none"> Residents who must leave the facility are encouraged to wear masks, especially during periods of higher community transmission². The receiving medical facility is notified about the facility outbreak prior to the resident's arrival Transporters and the receiving facility are notified of the resident's status and precautions required. Travel for medical care for COVID-19 positive residents is provided by medical transport. 	<p>LIMIT non-essential medical visits.</p> <ul style="list-style-type: none"> Residents who are not on a unit/area experiencing an outbreak may leave the facility for routine/elective medical appointments with the following considerations: <ul style="list-style-type: none"> Residents who leave the facility for medical appointments AND engage in any other activity prior to returning to the facility must follow guidelines outlined in the <i>Resident Outings/Field Trips</i> section on page 5. Residents leaving the facility who require inpatient admission to another medical facility must follow the <i>As Needed (prn) & New/Readmission Testing</i> section on page 6 upon return. Residents with laboratory-confirmed COVID-19 who have not been cleared from isolation should only leave the facility for essential medical needs (i.e., dialysis), with prior notification of the receiving facility. The receiving facility must be notified of the resident's status and precautions required. Travel for medical care for COVID-19 positive residents should be provided by medical transport.

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Non-medical personal care services⁵</p>	<p>Limited non-medical personal care services⁵ that are provided within the facility are permitted for residents.</p> <ul style="list-style-type: none"> • Appointments should be postponed, if possible, while outbreak investigation is underway. • All non-medical personnel must be informed that an outbreak investigation is in progress. <p>For non-medical care services that occur outside the facility, see the <i>Resident Outings/Field Trips</i> section on page 6).</p> <p>Permitted personal care services:</p> <ul style="list-style-type: none"> • Barbers • Hairdressers • Non-medical nail care (manicures, pedicures, acrylics, etc.) 	<p>Limited non-medical personal care services⁵ that are provided within the facility are permitted for residents.</p> <ul style="list-style-type: none"> • Appointments should be postponed, if possible, on units/areas experiencing an outbreak. • All non-medical personnel must be informed if they are going to be providing services on units/areas experiencing an outbreak. <p>For non-medical care services that occur outside the facility, see the <i>Resident Outings/Field Trips</i> section on page 6).</p> <p>Permitted personal care services:</p> <ul style="list-style-type: none"> • Barbers • Hairdressers • Non-medical nail care (manicures, pedicures, acrylics, etc.) 	<p>Non-medical personal care services⁵ that are provided within the facility are permitted.</p> <p>For non-medical care services that occur outside the facility, see the <i>Resident Outings/Field Trips</i> section on page 6).</p> <p>Residents who meet the following criteria should not undergo personal care services:</p> <ul style="list-style-type: none"> • Currently isolated due to COVID-19 • Currently isolated due to experiencing symptoms of possible COVID-19
	<p>Residents who meet the following additional criteria should not receive personal care services:</p> <ul style="list-style-type: none"> • Currently isolated due to COVID-19 • Currently experiencing symptoms of possible COVID-19 <p>Ensure additional precautions are maintained:</p> <ul style="list-style-type: none"> • Residents should wear masks as outlined on page 1. • Non-medical personnel must wear masks when providing personal care services in any area it is required for staff. • Provision of infection control education and competency to personnel <ul style="list-style-type: none"> ○ Hand hygiene. ○ Personal protective equipment. ○ Cleaning and disinfection (e.g., contact time). ○ Ensure cleaning and disinfection is performed between residents using products on EPA List N. 		

⁵ **Personal Care Services** does **NOT** include those **essential** activities of daily living or ADL's (e.g., bathing, toileting, oral care, eating/feeding, getting dressed).

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
On-Site Group Activities	<p>Limited on-site group activities can occur within the facility or the facility's boundary.</p> <ul style="list-style-type: none"> Group activities should be postponed, if possible, while investigation is underway. 	<p>Limited on-site group activities can occur within the facility or the facility's boundary.</p>	<p>On-site group activities can occur within the facility or the facility's boundary.</p>
	<p>Residents who meet the following criteria may be physically present during group activities:</p> <ul style="list-style-type: none"> Resident must <u>not</u> be from a unit/area experiencing an outbreak. Resident has not tested positive for the virus that causes COVID-19. <p>OR</p> <ul style="list-style-type: none"> Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method. <p>Residents who meet the following criteria should not be physically present* for group activities:</p> <ul style="list-style-type: none"> Currently isolated due to COVID-19 Currently experiencing symptoms of possible COVID-19 Less than 10 days post close contact exposure to someone with COVID-19 AND unable or unwilling to wear a mask as described on page 1. <p>*Consider tele-participation</p> <p>PLEASE NOTE: While not required, physical distancing between residents remains the safest option, especially for residents who are not up to date⁶ on their COVID-19 vaccine or who are immunocompromised⁷.</p>		
Communal Dining	<p>Unless instructed differently by DC Health as part of outbreak specific recommendations, limited communal dining is permitted for areas/unit not affected.</p> <p>Residents who meet the following criteria may eat in the same room:</p> <ul style="list-style-type: none"> Resident must <u>not</u> be from a unit/area experiencing an outbreak. Resident has not tested positive for the virus that causes COVID-19. <p>OR</p> <ul style="list-style-type: none"> Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method. <p>Residents who meet the following criteria must continue to be served in their rooms:</p> <ul style="list-style-type: none"> Currently isolated due to COVID-19 Currently experiencing symptoms of possible COVID-19 Less than 10 days post close contact exposure to someone with COVID-19 Less than 10 days post admission/readmission <p>PLEASE NOTE: While not required, physical distancing between residents remains the safest option, especially for residents who are not up to date on their COVID-19 vaccine or who are immunocompromised.</p>	<p>Limited communal dining is permitted for areas/unit not affected.</p> <p>Residents who meet the following criteria may eat in the same room:</p> <ul style="list-style-type: none"> Resident must <u>not</u> be from a unit/area experiencing an outbreak. Resident has not tested positive for the virus that causes COVID-19. <p>OR</p> <ul style="list-style-type: none"> Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method. <p>Residents who meet the following criteria must continue to be served in their rooms:</p> <ul style="list-style-type: none"> Currently isolated due to COVID-19 Currently experiencing symptoms of possible COVID-19 Less than 10 days post close contact exposure to someone with COVID-19 Less than 10 days post admission/readmission <p>PLEASE NOTE: While not required, physical distancing between residents remains the safest option, especially for residents who are not up to date on their COVID-19 vaccine or who are immunocompromised.</p>	<p>Communal dining is permitted.</p> <p>Residents who meet the following criteria may eat in the same room:</p> <ul style="list-style-type: none"> Resident has not tested positive for the virus that causes COVID-19. <p>OR</p> <ul style="list-style-type: none"> Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method. <p>Residents who meet the following criteria must continue to be served in their rooms:</p> <ul style="list-style-type: none"> Currently isolated due to COVID-19 Currently experiencing symptoms of possible COVID-19 Less than 10 days post close contact exposure to someone with COVID-19 Less than 10 days post admission/readmission <p>PLEASE NOTE: While not required, physical distancing between residents remains the safest option, especially for residents who are not up to date on their COVID-19 vaccine or who are immunocompromised.</p>

⁶ A person is considered **up to date** with their COVID-19 vaccine after they have received all recommended doses of the vaccine, including all recommended booster doses. For current information, see *Stay Up to Date with Your COVID-19 Vaccines* at cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

⁷ **Immunocompromised** means having a weakened immune system due to a medical condition or from taking medications that suppress the immune system. This includes, but is not limited to: people on chemotherapy, people with blood cancers like leukemia, people who have had an organ transplant or stem cell transplant, and people on dialysis

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Resident Outings/Field Trips	<p>Resident field trips are not permitted.</p> <p>Resident outings should be strongly discouraged.</p>	<p>Resident field trips are permitted for those who ARE NOT on a unit/area experiencing an outbreak.</p> <p>Resident outings should be strongly discouraged for those who ARE on a unit experiencing an outbreak.</p>	<p>Resident outings and field trips are permitted.</p>
	<ul style="list-style-type: none"> • Residents who leave the facility for non-medical community activities should follow the following guidelines: <ul style="list-style-type: none"> ○ Residents and those accompanying them should: <ul style="list-style-type: none"> ▪ Wear masks during the entire outing (if possible) and maintain physical distancing while in the community. <ul style="list-style-type: none"> ➢ Physical touch for an extended period of time with people who are unvaccinated or not up to date with their COVID-19 vaccine or people with unknown vaccination status should be avoided. ➢ Immunocompromised residents should wear a mask and always maintain physical distancing, regardless of vaccination status. ▪ Clean hands frequently, using alcohol-based hand sanitizer when soap and water is not available. ○ Residents and family members should be educated about potential risks of public settings and to avoid crowded, poorly ventilated areas. ○ Residents and family members must be informed <u>if an outbreak investigation is in progress</u>, and about associated risks and PPE requirements. ○ Upon return: <ul style="list-style-type: none"> ▪ All residents must be screened for symptoms of COVID-19. ▪ When the community transmission level is HIGH, facilities should strongly consider performing a risk assessment to identify possible community exposure to someone with COVID-19, especially for residents who are not up to date on their COVID-19 vaccines or immunocompromised. <p>NOTE: Testing is still required for residents who have left the facility for more than 24 hours, regardless of vaccination status, as outlined in the <i>As Needed (PRN) & New/Readmission Testing</i> section on page 6.</p>		
Inter-Facility Activities (Same Campus)	<ul style="list-style-type: none"> • Interfacility activities between separately licensed health care facilities (e.g., ALR, SNF) or from separate settings (e.g., Independent Living) located in the same building or campus are NOT permitted. 	<p>Limited interfacility activities between separately licensed healthcare facilities (e.g., ALR, SNF) or from separate settings (e.g., Independent Living) located in the same building or campus are permitted with the following guidelines:</p> <ul style="list-style-type: none"> • <u>Participating facilities must NOT be in an uncontrolled outbreak. (DC Health must help make this determination unless the facility falls under purview of this guidance).</u> • Activity participants that are not residents or staff of a facility involved in the inter-facility activity, must be treated as visitors, follow visitation guidance, AND indicate participation in activity in the visitor log. • See Guidance for Visitation in Skilled Nursing Facilities and Assisted Living Residences at coronavirus.dc.gov/healthguidance. <p>Areas containing residents on empiric transmission-based precautions (formerly quarantine) or isolation (e.g., units, floors) must have clear and appropriate signage and other markers (e.g., closed doors, floor markings) to ensure participants do not inadvertently enter the area.</p>	<p>Interfacility activities between separately licensed health care facilities (e.g., ALR, SNF) or from separate settings (e.g., Independent Living) located in the same building or campus are permitted with the following guidelines:</p> <ul style="list-style-type: none"> • Participating facilities must NOT be in an uncontrolled outbreak. (DC Health must help make this determination unless the facility falls under purview of this guidance). • Activity participants that are not residents or staff of a facility involved in the inter-facility activity, must be treated as visitors, follow visitation guidance, AND indicate participation in activity in the visitor log. • See Guidance for Visitation in Skilled Nursing Facilities and Assisted Living Residences at coronavirus.dc.gov/healthguidance. <p>Areas containing residents on empiric transmission-based precautions (formerly quarantine) or isolation (e.g., units, floors) must have clear and appropriate signage and other markers (e.g., closed doors, floor markings) to ensure participants do not inadvertently enter the area.</p>

Coronavirus 2019 (COVID-19): Guidance for Skilled Nursing Facilities & Assisted Living Residences

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
Testing Residents	<p>Facilities must test all residents in the facility, regardless of vaccination status, who have NOT recovered from COVID-19 within the previous 90 days AND should consider testing residents who have recovered within the previous 31-90 days, if:</p> <ul style="list-style-type: none"> The facility has ≥1 case in a resident ≥ 14 days after admission/readmission; OR The facility has ≥3 cases in staff within 14 days with epi-linkage AND no other more likely sources of exposure for at least 1 of the cases. OR It is determined necessary by DC Health after investigation/contact tracing. <p>Exclude residents from testing who:</p> <ul style="list-style-type: none"> Are isolated due to positive COVID-19 status at time of specimen collection. Are <u>asymptomatic</u> AND have tested positive within the previous 30 days and recovered. <p>An antigen test is preferred for:</p> <ul style="list-style-type: none"> Residents who have tested positive for COVID-19 (and recovered) within the previous 31-90 days. Symptomatic residents who develop new symptoms within 30 days of recovery. <p>NOTE: Testing of residents who have recovered within the previous 31-90 days may be required by DC Health as part of outbreak specific recommendations. Those who have tested positive for COVID-19 (and recovered) within the previous 30 days who develop new symptoms of COVID-19 should be tested with an antigen test and evaluated by a HCP.</p>	<p>If initial testing reveals no additional COVID-19 cases and existing cases are contained within a single area/unit, then testing (regardless of vaccination status) of exposed residents or affected units shall continue every 3-7 days. For antigen tests, testing every 3 days should be considered.</p> <p>Exclude residents from testing who:</p> <ul style="list-style-type: none"> Are isolated due to positive COVID-19 status at time of specimen collection. Are asymptomatic AND have tested positive within the previous 30 days and recovered. <p>An antigen test is preferred for:</p> <ul style="list-style-type: none"> Residents who have tested positive for COVID-19 (and recovered) within the previous 31-90 days. Symptomatic residents who develop new symptoms within 30 days of recovery. <p>NOTE: Testing of residents who have recovered within the previous 31-90 days may be required by DC Health as part of outbreak specific recommendations. Those who have tested positive for COVID-19 (and recovered) within the previous 30 days who develop new symptoms of COVID-19 should be tested with an antigen test and evaluated by a HCP.</p>	<p>Testing of all residents is <u>not</u> required if:</p> <ul style="list-style-type: none"> ≤2 staff test positive within a 14-day period with epi linkage. AND 0 residents test positive within a 14-day period. AND There have been two consecutive weeks (i.e., >14 days) of no new positive test results in staff and residents from facility-wide outbreak testing <p>NOTE: Those who have tested positive for COVID-19 (and recovered) within the previous 30 days who develop new symptoms of COVID-19 should be tested with an antigen test and evaluated by a HCP.</p>
As Needed (PRN) & New/Readmission Testing	<p>Test any resident as needed who meets the following criteria:</p> <ul style="list-style-type: none"> Showing symptoms of possible COVID-19 Exposed (regardless of vaccination status) to a person who was confirmed to have COVID-19 AND the resident has <u>not</u> recovered from a COVID-19 infection within the previous 30 days. <ul style="list-style-type: none"> Residents must be tested immediately (but not earlier than 24 hours after exposure) and, if negative, again 48 hours after the first negative and, if negative, again 48 hours after the second negative. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. When the community transmission level is HIGH, New/Readmissions or residents who have left the facility for greater than 24 hours, (regardless of vaccination status) AND have <u>not</u> recovered from a COVID-19 infection within the previous 30 days. <ul style="list-style-type: none"> Resident must be tested immediately upon admission/return and, if negative, again 48 hours after the first negative and, if negative, again 48 hours after the second negative. Testing of these residents during lower levels of community transmission is at the discretion of the facility, UNLESS required by DC Health as part of outbreak specific recommendations. <p>NOTE: New/Readmissions or residents who have left the facility for greater than 24 hours, (regardless of vaccination status) AND have <u>not</u> recovered from a COVID-19 infection within the previous 30 days should wear well-fitting masks for 10 days. Those who have tested positive for COVID-19 (and recovered) within the previous 30 days who develop new symptoms of COVID-19 should be tested with an antigen test and evaluated by a HCP.</p>		

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
Testing staff	<p>Facilities must test all staff, regardless of vaccination status, who have NOT recovered from COVID-19 within the previous 90 days AND should consider testing staff who have recovered within the previous 31-90 days, if:</p> <ul style="list-style-type: none"> The facility has ≥1 case in a resident ≥ 14 days after admission/readmission; OR The facility has ≥3 cases in staff within 14 days with epi-linkage AND no other more likely sources of exposure for at least 1 of the cases. OR It is determined necessary by DC Health after investigation/contact tracing. <p>Exclude staff from testing who are asymptomatic AND have tested positive within the previous 30 days and recovered.</p> <p>An antigen test is preferred for staff who have tested positive for COVID-19 (and recovered) within the previous 31-90 days.</p> <p>NOTE: Testing of staff who have recovered within the previous 31-90 days may be required by DC Health as part of outbreak specific recommendations.</p>	<p>If initial testing reveals no additional COVID-19 cases and existing cases are contained within a single area/unit then testing (regardless of vaccination status) of exposed staff or staff on affected units continues.</p> <p>Exclude staff from testing who are asymptomatic AND have tested positive within the previous 30 days and recovered.</p> <p>An antigen test is preferred for staff who have tested positive for COVID-19 (and recovered) within the previous 31-90 days.</p> <p>NOTE: Testing of staff who have recovered within the previous 31-90 days may be required by DC Health as part of outbreak specific recommendations.</p>	<p>Routine screening testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility pursuant to CMS Guidance QSO-20-38-NH REVISED at cms.gov/files/document/qso-20-38-nh-revised.pdf</p>
<p>PLEASE NOTE: The COVID-19 vaccine will not result in a false positive PCR or antigen test. An individual who tests positive for COVID-19 infection must follow the same guidelines as any other positive individual regardless of vaccination status. Additionally, all positive diagnostic tests, regardless of testing method, must be treated as true positives despite any subsequent negative test results obtained through any other testing method. For more information please see: Required Personal Protective Equipment (PPE) for Healthcare Facilities at coronavirus.dc.gov/healthguidance, Guidance for Healthcare Personnel Monitoring, Restriction, and Return to Work at coronavirus.dc.gov/healthguidance.</p>			
Routine Data Reporting	<p>Submit daily line list of residents and staff who are newly positive for COVID-19 to the Healthcare Facilities Investigation Team daily, including weekends, excluding holidays (in accordance with DCMR Chapter 22B 208.2, 22B 201.1(ff) and 201.1 (gg), D.C. Official Code § 7-139).</p> <p>There is no need to report residents who are transferred into your facility with laboratory-confirmed COVID-19.</p> <p>Submit at least weekly data to National Healthcare Safety Network (NHSN) <i>Skilled nursing facilities:</i></p> <ul style="list-style-type: none"> Reporting requirements for nursing homes became effective on May 8, 2020 when CMS published their interim final rule with comment: govinfo.gov/content/pkg/FR-2020-05-08/pdf/2020-09608.pdf <p><i>Assisted living residences:</i></p> <ul style="list-style-type: none"> While ALRs do not have the same federal requirement to report to NSHN as nursing homes, their participation is encouraged. 	<p>Submit daily line list of residents and staff who are newly positive for COVID-19 to the Healthcare Facilities Investigation Team daily, including weekends, excluding holidays (in accordance with DCMR Chapter 22B 208.2, 22B 201.1(ff) and 201.1 (gg), D.C. Official Code § 7-139).</p> <p>There is no need to report residents who are transferred into your facility with laboratory-confirmed COVID-19.</p> <p>Submit at least weekly data to National Healthcare Safety Network (NHSN) <i>Skilled nursing facilities:</i></p> <ul style="list-style-type: none"> Reporting requirements for nursing homes became effective on May 8, 2020 when CMS published their interim final rule with comment: govinfo.gov/content/pkg/FR-2020-05-08/pdf/2020-09608.pdf <p><i>Assisted living residences:</i></p> <ul style="list-style-type: none"> While ALRs do not have the same federal requirement to report to NSHN as nursing homes, their participation is encouraged. 	<p>Submit daily line list of residents and staff who are newly positive for COVID-19 to the Healthcare Facilities Investigation Team daily, Monday-Friday, excluding holidays (in accordance with DCMR Chapter 22B 208.2, 22B 201.1(ff) and 201.1 (gg), D.C. Official Code § 7-139).</p> <p>There is no need to report residents who are transferred into your facility with laboratory-confirmed COVID-19.</p> <p>Submit at least weekly data to National Healthcare Safety Network (NHSN) <i>Skilled nursing facilities:</i></p> <ul style="list-style-type: none"> Reporting requirements for nursing homes became effective on May 8, 2020 when CMS published their interim final rule with comment: govinfo.gov/content/pkg/FR-2020-05-08/pdf/2020-09608.pdf <p><i>Assisted living residences:</i></p> <p>While ALRs do not have the same federal requirement to report to NSHN as nursing homes, their participation is encouraged.</p>