

This document provides reopening guidance to Long Term Care Facilities (LTCFs) that are skilled nursing facilities (SNF) or assisted living residences (ALR). 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 collaboration with DC Health. Because information is still being gathered on how much the vaccine will affect reduction in disease occurrence, severity, and transmission, and how long it may be protective, **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	Phase One	Phase Two
Communal Dining	<p>Limited communal dining can occur when the following criteria are met:</p> <ul style="list-style-type: none"> Weekly testing of staff for at least two (2) consecutive weeks (excluding those isolated due to positive COVID-19 status at time of specimen collection or those who are less than 12 weeks from discontinuation of isolation due to positive COVID-19 status) Weekly testing of all residents (excluding those isolated due to positive COVID-19 status at time of specimen collection or those who are less than 12 weeks from discontinuation of isolation due to positive COVID-19 status) <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 being positive for the virus that causes COVID-19 Currently quarantined due to possible exposure to or having symptoms of COVID-19 <p>Residents who meet the following criteria may eat in the same room with social distancing (no more than 6 people at a table, spaced by at least 6 feet between seated residents):</p> <ul style="list-style-type: none"> Never tested positive for the virus that causes COVID-19 Were previously positive for the virus that causes COVID-19 AND have completed the symptom-based or time-based clearance method <p>PLEASE NOTE: Communal dining will increase the risk of COVID-19 spreading in your facility. Please be cautious by ensuring all appropriate testing and screening practices are in place before implementing any level of communal dining (see DC Health. Please also do everything possible to facilitate social distancing (such as removing chairs, spacing tables to ensure residents are at least 6 feet apart, staggering mealtimes, ensuring ample hand hygiene access, ensuring robust cleaning and disinfection of the dining area, etc.)</p>	<p>Limited communal dining can occur when the following criteria are met:</p> <ul style="list-style-type: none"> Weekly testing of staff for at least two (2) consecutive weeks (excluding those isolated due to positive COVID-19 status at time of specimen collection or those who are less than 12 weeks from discontinuation of isolation due to positive COVID-19 status) Weekly testing of all residents (excluding those isolated due to positive COVID-19 status at time of specimen collection or those who are less than 12 weeks from discontinuation of isolation due to positive COVID-19 status) <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 being positive for the virus that causes COVID-19 Currently quarantined due to possible exposure to or having symptoms of COVID-19 <p>Residents who meet the following criteria may eat in the same room with social distancing (no more than 6 people at table, spaced by at least 6 feet between seated residents):</p> <ul style="list-style-type: none"> Never tested positive for the virus that causes COVID-19 Were previously positive for the virus that causes COVID-19 AND have completed the symptom-based or time-based clearance method <p>PLEASE NOTE: Communal dining will increase the risk of COVID-19 spreading in your facility. Please be cautious by ensuring all appropriate testing and screening practices are in place before implementing any level of communal dining. Please also do everything possible to facilitate social distancing (such as removing chairs, spacing tables to ensure residents are at least 6 feet apart, staggering mealtimes, ensuring ample hand hygiene access, ensuring robust cleaning and disinfection of the dining area, etc.)</p>

Activity	Phase One	Phase Two
Visitors	<p>Visitation inside a facility is generally prohibited, except for compassionate care situations.</p> <ul style="list-style-type: none"> In those limited situations, visitors must be screened (temperature check and symptom questionnaire), comply with social distancing, perform frequent hand hygiene (e.g., use alcohol-based hand rub upon entry) and adhere to infection control policies. All visitors must wear a cloth face covering or facemask during their visit. Ask visitors to notify the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. <p>PLEASE NOTE: These recommendations align with the May 18, 2020 Nursing Home Reopening Recommendations for State and Local Officials from CMS: cms.gov/medicareprovider-enrollment-and-certification/survey-certification/geninfo/policy-and-memos-states-and/nursing-home-reopening-recommendations-state-and-local-officials</p>	<p>Outdoor visitation can occur when the following criteria are met:</p> <ul style="list-style-type: none"> Weekly testing of staff (at least 2 consecutive weeks) Weekly testing of all residents (excluding those isolated due to positive COVID-19 status at time of specimen collection) <p>Outdoor visitation can be considered if the following measures are in place:</p> <ul style="list-style-type: none"> Decline in the number of facility-associated COVID-19 cases <ul style="list-style-type: none"> DC Health can assist with making this determination Policies in place to address <ul style="list-style-type: none"> the appropriate number of visitors per resident and per designated space scheduling of visitors in advance to avoid excessive congregation in the designated space education of appropriate hand hygiene practices for visitors use of alcohol-based-hand-rub before and after the visit and as needed temperature checks and screenings right to revoke, cancel or deny a scheduled visitation Ask visitors to notify the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility Masking/cloth face covering for visitors and residents Social distancing (at least 6 feet between residents and visitors). This includes no physical contact between residents and visitors. Staff present at all times Conduct in an open area with good air flow Ensure ample opportunities for hand hygiene Ensure robust cleaning and disinfection of outdoor visitation area <p>Residents who meet the following criteria should not participate in outdoor visitation:</p> <ul style="list-style-type: none"> Currently isolated due to COVID-19 Currently quarantined because of exposure to or exhibiting symptoms consistent with COVID-19 <p>PLEASE NOTE: These recommendations align with the May 18, 2020 Nursing Home Reopening Recommendations for State and Local Officials from CMS: cms.gov/medicareprovider-enrollment-and-certification/survey-certification/geninfo/policy-and-memos-states-and/nursing-home-reopening-recommendations-state-and-local-officials</p> <p>Indoor Visitation Requirements can be found at coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/LTC_Indoor_Visitation_2020-10-27.pdf</p>

Activity	Phase One	Phase Two
Non-Essential Medical Providers	<p>Exclude all non-essential personnel from access to the facility or residence.</p> <ul style="list-style-type: none"> Consider telemedicine options as much as possible. All personnel must undergo screening and weekly testing. <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.</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 All personnel must undergo screening and weekly testing. <ul style="list-style-type: none"> Please see “Screening Healthcare Personnel” section below. Ensure additional precautions are maintained including <ul style="list-style-type: none"> social distancing, hand hygiene, and cloth face covering or facemask <p>PLEASE NOTE: Non-essential medical personnel is 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.</p>
Leaving for Medical Reasons	<p>Avoid non-essential medical visits.</p> <p>For essential medical visits outside the facility, ensure residents who must leave the facility wear their cloth face coverings (or a facemask) whenever leaving the facility.</p>	<p>Keep residents at the facility unless there is a medical reason for having them leave.</p> <ul style="list-style-type: none"> 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. Non-essential appointments/procedures should be delayed if possible. Travel for COVID-19 positive residents should be provided by medical transport, with prior notification. Ensure residents who must leave the facility wear their cloth face coverings (or a facemask) whenever leaving the facility.

<p>Non-medical personal care services</p>	<p>Limited non-medical personal care services can occur when the following criteria are met:</p> <ul style="list-style-type: none"> • Weekly testing of staff (at least two (2) consecutive weeks) • Weekly testing of all residents (excluding those isolated due to positive COVID-19 status at time of specimen collection) • Strongly consider routine weekly testing of non-medical personal care service personnel <p>Permitted personal care services:</p> <ul style="list-style-type: none"> • Barbers • Hairdressers <p>Personal care service not permitted:</p> <ul style="list-style-type: none"> • Non-medical nail care (manicures, pedicures, acrylics, etc.) <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 quarantined because of exposure to or exhibiting symptoms consistent with COVID-19 <p>Screen all personnel (hairdresser/barber) at the beginning of their shift for fever and symptoms of COVID-19</p> <ul style="list-style-type: none"> • Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the facility. • Ask personnel to notify the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. • Create an inventory of personnel that provide non-medical personal care service in the facility. This inventory can be used for contact tracing, if needed. <p>Ensure additional precautions are maintained:</p> <ul style="list-style-type: none"> • Resident use of cloth face covering or facemask, as much as possible • Personnel (hairdresser/barber) use of facemask and eye protection (goggles or face shield) when providing personal care services • 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 • Services provided to only one resident at a time 	<p>Limited non-medical personal care services can occur when the following criteria are met:</p> <ul style="list-style-type: none"> • Weekly testing of staff (at least two (2) consecutive weeks) • Weekly testing of all residents (excluding those isolated due to positive COVID-19 status at time of specimen collection) • Strongly consider routine weekly testing of non-medical personal care service personnel <p>Permitted personal care services:</p> <ul style="list-style-type: none"> • Barbers • Hairdressers • Non-medical nail care (manicures, pedicures, acrylics, etc.) <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 quarantined because of exposure to or exhibiting symptoms consistent with COVID-19 <p>Screen all personnel at the beginning of their shift for fever and symptoms of COVID-19</p> <ul style="list-style-type: none"> • Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the facility. • Ask personnel to notify the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility. • Create an inventory of personnel that provide non-medical personal care services in the facility. This inventory can be used for contact tracing, if needed. <p>Ensure additional precautions are maintained:</p> <ul style="list-style-type: none"> • Resident use of cloth face covering or facemask, as much as possible • Personnel use of facemask and eye protection (goggles or face shield) when providing personal care services • 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 • Services provided to only one resident at a time
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Activity	Phase One	Phase Two
Field Trips/ Group Activities	Restrict all field trips and group activities.	<p>Continue to restrict field trips.</p> <p>Limited group activities can occur within the facility or the facility's boundary (for example, movies, bingo, other individualized activities) when the following criteria are met:</p> <ul style="list-style-type: none"> • Weekly testing of staff (at least two (2) consecutive weeks) • Weekly testing of all residents (excluding those isolated due to positive COVID-19 status at time of specimen collection) <p>Residents who meet the following criteria may be physically present during group activities with social distancing (limited number of people at tables and spaced by at least 6 feet):</p> <ul style="list-style-type: none"> • Never tested positive for the virus that causes COVID-19 • Were previously positive for the virus that causes COVID-19 AND have completed the symptom-based or time-based clearance method <p>Residents who meet the following criteria should not physically* be present for group activities:</p> <ul style="list-style-type: none"> • Currently isolated due to COVID-19 • Currently quarantined because of exposure to or exhibiting symptoms consistent with COVID-19 <p>*Consider tele-participation</p> <p>PLEASE NOTE: Group activities will increase the risk of COVID-19 spreading in your facility. Please be cautious by ensuring all appropriate testing and screening practices are in place before implementing any type of group activity. Please limit activities to no more than 10 people and do everything possible to facilitate social distancing (such as removing chairs, spacing tables to ensure residents are at least 6 feet apart, staggering activity start and end times, ensuring ample hand hygiene access, ensuring robust cleaning and disinfection of activity space and equipment, etc.).</p>

Activity	Phase One	Phase Two
Screening Patients	<p>Continue to screen residents for possible signs and symptoms of COVID-19. Screening should include the following:</p> <ul style="list-style-type: none"> Active temperature check and pulse oximetry Questions about and observations for other signs or symptoms of COVID-19 An up-to-date list of COVID-19 symptoms can be found on the CDC's website: cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html <p><i>Skilled nursing facilities:</i></p> <ul style="list-style-type: none"> Screen all residents at least 3 times per day, and as needed Consider screening all residents every 4 hours if there is an ongoing outbreak in your facility <p><i>Assisted Living Residences:</i></p> <ul style="list-style-type: none"> Screen all residents at least daily, and as needed Consider increasing screening frequency of all residents if there is an ongoing outbreak in your facility 	<p>Continue to screen residents for possible signs and symptoms of COVID-19. Screening should include the following:</p> <ul style="list-style-type: none"> Active temperature check and pulse oximetry Questions about and observations for other signs or symptoms of COVID-19 An up-to-date list of COVID-19 symptoms can be found on the CDC's website: cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html <p><i>Skilled nursing facilities:</i></p> <ul style="list-style-type: none"> Screen all residents at least 3 times per day, and as needed Consider screening all residents every 4 hours if there is an ongoing outbreak in your facility <p><i>Assisted Living Residences:</i></p> <ul style="list-style-type: none"> Screen all residents at least daily, and as needed Consider increasing screening frequency of all residents if there is an ongoing outbreak in your facility
Screening Healthcare Personnel¹	<p>Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19;</p> <ul style="list-style-type: none"> Facilities undergoing COVID-19 outbreaks should consider screening HCP at the start, middle and end of each shift. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. <p>Continuously educate HCP to remain vigilant for symptoms of illness consistent with COVID-19.</p> <ul style="list-style-type: none"> An up-to-date list of COVID-19 symptoms can be found on the CDC's website: cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html 	<p>Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19;</p> <ul style="list-style-type: none"> Facilities undergoing COVID-19 outbreaks should consider screening HCP at the start, middle and end of each shift. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. <p>Continuously educate HCP to remain vigilant for symptoms of illness consistent with COVID-19.</p> <ul style="list-style-type: none"> An up-to-date list of COVID-19 symptoms can be found on the CDC's website: cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

¹ **Healthcare personnel:** all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials
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Activity	Phase One	Phase Two
Testing residents	<p>Test all residents weekly who meet the following criteria</p> <ul style="list-style-type: none"> • Anyone not currently isolated for laboratory-confirmed COVID-19 at time of specimen collection (asymptomatic or symptomatic) • Anyone who is more than 12 weeks from discontinuation of isolation due to positive COVID-19 status • Anyone who does not have a test pending for the virus that causes COVID-19 at time of specimen collection (asymptomatic or symptomatic) <p>AND</p> <ul style="list-style-type: none"> • Resides in a facility with on-going transmission² of the virus that causes COVID-19 <p>Test all residents as needed who meet the following criteria (excluding those who are less than 12 weeks from discontinuation of isolation due to positive COVID-19 status):</p> <ul style="list-style-type: none"> • Showing possible signs or symptoms of COVID-19 • Exposed to another resident, staff or exempt visitor³ who was confirmed to have COVID-19 <p>Weekly testing of all residents is no longer required if a facility has demonstrated the following:</p> <ul style="list-style-type: none"> • Two consecutive facility-wide screening of residents that produces all negative results 	<p>Test all residents weekly who meet the following criteria</p> <ul style="list-style-type: none"> • Anyone not currently isolated for laboratory-confirmed COVID-19 at time of specimen collection (asymptomatic or symptomatic) • Anyone who is more than 12 weeks from discontinuation of isolation due to positive COVID-19 status • Anyone who does not have a test pending for the virus that causes COVID-19 at time of specimen collection (asymptomatic or symptomatic) <p>AND</p> <ul style="list-style-type: none"> • Resides in a facility with on-going transmission of the virus that causes COVID-19 <p>Test all residents as needed who meet the following criteria (excluding those who are less than 12 weeks from discontinuation of isolation due to positive COVID-19 status):</p> <ul style="list-style-type: none"> • Showing possible signs or symptoms of COVID-19 • Exposed to another resident, staff or exempt visitor who was confirmed to have COVID-19 <p>Weekly testing of all residents is no longer required if a facility has demonstrated the following:</p> <ul style="list-style-type: none"> • Two consecutive facility-wide screening of residents that produces all negative results • PLEASE NOTE: Additional testing criteria will be added in phase 3 as additional activities start to occur again (for example, facilities that allow in-house visitors will have to restart weekly testing of residents)
Testing staff	<p>All staff are tested weekly (excluding those isolated due to positive COVID-19 status at time of specimen collection or those who are less than 12 weeks from discontinuation of isolation due to positive COVID-19 status).</p>	<p>All staff are tested weekly (excluding those isolated due to positive COVID-19 status at time of specimen collection or those who are less than 12 weeks from discontinuation of isolation due to positive COVID-19 status).</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 positives 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 <i>Required Personal Protective Equipment (PPE) for Healthcare Facilities</i> and <i>PCR, Antigen, and Antibody Tests</i> at coronavirus.dc.gov/healthguidance. See also: DC Health Notice <i>SARS-CoV-2 Antigen Testing</i> at dchealth.dc.gov/node/1497046.)</p>		

² **On-going transmission:** This is when new laboratory-confirmed COVID-19 cases are identified during consecutive mass testing events.

³ **Exempt visitors:** Those who are visiting for compassionate and end-of-life care.

Activity	Phase One	Phase Two
Routine Data Reporting	<p>Submit daily line list of residents and staff who are newly positive for COVID-19 (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) Skilled nursing facilities:</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: https://www.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 ALFs 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 (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) Skilled nursing facilities:</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: https://www.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 ALFs do not have the same federal requirement to report to NSHN as nursing homes, their participation is encouraged.
PPE for staff	<p>Universal masking for all staff at all times while in the facility for staff who provide direct patient care or are in the patient care areas</p> <p>All healthcare facility staff who do not provide direct patient care or enter patient care areas should wear a cloth face covering at all times while in the facility.</p> <p>Universal eye protection (goggles or face shield) at all times while in the facility for staff who provide direct patient care or are in the patient care areas</p> <p>Staff providing care to (or entering the room of) residents quarantined or isolated for COVID-19 should wear the following:</p> <ul style="list-style-type: none"> Eye protection Face mask (or respirator) <ul style="list-style-type: none"> Respirators should be worn during aerosol-generating procedures and by personnel who are medically cleared and fit tested for the specific brand and size Gown Gloves 	<p>Universal masking at all time while in the facility for staff who provide direct patient care or are in the patient care areas</p> <p>All healthcare facility staff who do not provide direct patient care or enter patient care areas should wear a cloth face covering at all times while in the facility.</p> <p>Universal eye protection (goggles or face shield) at all times while in the facility for staff who provide direct patient care or are in the patient care areas</p> <p>Staff providing care to (or entering the room of) residents quarantined or isolated for COVID-19 should wear the following:</p> <ul style="list-style-type: none"> Eye protection Face mask (or respirator) <ul style="list-style-type: none"> Respirators should be worn during aerosol-generating procedures and by personnel who are medically cleared and fit tested for the specific brand and size Gown Gloves
PPE for residents	<p>Cloth face coverings when</p> <ul style="list-style-type: none"> outside their room anyone enters their room (for direct care or other services, such as cleaning) sharing a room with another resident 	<p>Cloth face coverings when</p> <ul style="list-style-type: none"> outside their room anyone enters their room (for direct care or other services, such as cleaning) sharing a room with another resident

Activity	Phase One	Phase Two
Plan to manage new admissions	<p>Dedicate space for cohorting and managing care for the following:</p> <ul style="list-style-type: none"> • Isolating residents with COVID-19 • Quarantining new/readmissions with an unknown COVID19 status • Quarantining residents who develop symptoms <p>Have plans in place to dedicate staff for cohorting and managing care for each of the following:</p> <ul style="list-style-type: none"> • Residents isolated for COVID-19 AND • Residents quarantined for their unknown COVID-19 status (new/readmissions) AND • Residents quarantined for possible symptoms of COVID-19 	<p>Dedicate space for cohorting and managing care for the following:</p> <ul style="list-style-type: none"> • Isolating residents with COVID-19 • Quarantining new/readmissions with an unknown COVID19 status • Quarantining residents who develop symptoms <p>Have plans in place to dedicate staff for cohorting and managing care for each of the following:</p> <ul style="list-style-type: none"> • Residents isolated for COVID-19 AND • Residents quarantined for their unknown COVID-19 status (new/readmissions) AND • Residents quarantined for possible symptoms of COVID-19