

Phase Two Guidance
Coronavirus 2019 (COVID-19): Guidance for Supported Living and Community Residence Facilities

This document provides reopening guidance to supported living facilities and community residence facilities (CRF) for people who are elderly and physically disabled (Chapter 34), with intellectual disabilities (Chapter 35) or with a mental health diagnosis (Mental Health CRF). This guidance is not intended for intermediate care facilities, nursing homes or assisted living facilities. For guidance on other facilities settings, please visit coronavirus.dc.gov.

EVERYDAY PREVENTION MEASURES FOR PERSONS LIVING IN CRF OR SUPPORTED LIVING FACILITIES

- **Stay at home if you are feeling unwell** or were recently exposed to someone with COVID-19.
 - You must not go to work and should quarantine yourself from others in the home.
 - Also notify your direct care staff.
- **Practice social distancing as much as possible.** Keep six (6) feet of distance between you and other people **who are not living in your household.**
- **Cloth face coverings or face masks must be worn** when out in public except as indicated in this document or when contraindicated for safety. A cloth face covering is not a substitute for physical distancing.
- **Clean hands** often with soap and water or alcohol-based hand sanitizer.

CONSIDERATIONS FOR COMMUNITY OUTINGS FOR PERSONS LIVING IN CRF OR SUPPORTED LIVING FACILITIES

- **Before engaging in community outings**, people living in CRF should work with their support team and interdisciplinary team to develop a person-centered plan to mitigate risk.
- **When deciding to go out into the community, consider the following:**
 - Outdoor activities are preferred over indoor. However, it is important to understand that **interacting with more people in any setting raises your risk**, it is important to follow social distancing and cloth face-covering recommendations.
 - Being in a group with people who aren't social distancing or wearing cloth face coverings increases your risk.
 - The length of time you spend with people outside of your household can affect your risk of becoming infected. Spending more time with people who may be infected increases your risk.

CONSIDERATIONS FOR PERSONS LIVING IN CRF OR SUPPORTED LIVING FACILITIES WHO ARE FULLY VACCINATED¹

Fully vaccinated¹ people MAY:

- Participate in **casual outdoor activities with members of your residence without the need to wear a mask.**
 - Examples of casual activities are visits to an uncrowded park or playground, going for a walk, run, or bike ride.
- Participate in **small gatherings² outdoors with friends and/or family without the need to wear a mask.**
- Attend a **small gathering² outdoors with fully vaccinated and unvaccinated people (who you don't usually socialize with).**
- Participate in a **small gathering³ of fully vaccinated people in an indoor private setting**

¹ An individual can be considered fully vaccinated **14 days after completion** of a COVID-19 vaccination series (after the second dose of a 2-dose series, or after one dose of a single-dose vaccine).

² Gatherings of 10 or less people.

³ Gatherings of less than 10 people.

without need to wear a mask or social distance.

- **Fully vaccinated people should continue to follow everyday precautions like wearing a well-fitted mask and social distancing from people not from their household if:**
 - In organized public outdoor settings (e.g., neighborhood gatherings, an outdoor worship service, outdoor festival, outdoor wedding)
 - In indoor public settings (restaurants, stores, places of worship, offices, schools), as in these settings, it is difficult to know the vaccination status of other people present, so the risk is higher.
- **People who are immunocompromised** (e.g., taking medications that suppress your immune system, history of organ transplant, autoimmune disorders, cancer), may not be fully protected even if they are fully vaccinated. They may need to continue taking all the same precautions as unvaccinated people, and should discuss with their healthcare provider and follow their advice.

PREVENT THE INTRODUCTION OF COVID-19 INTO THE CRF OR SUPPORTED LIVING FACILITY

- **Require each person entering the CRF to perform hand hygiene** with alcohol-based hand-rub (ABHR) with at least 60% alcohol or with soap and water for at least 20 seconds.
- **All direct care staff⁴ must be screened before entering the CRF:**
 - **Direct care staff who are feeling unwell must not enter the CRF.**
 - **Symptom check questionnaire:** Those with cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea or otherwise feeling unwell must not be permitted into the residence and must follow up with their healthcare provider. See **Screening Tool Guidance** at coronavirus.dc.gov/healthguidance.
 - **Temperature check:** Those with a subjective or objective ($\geq 100^{\circ}\text{F}$) fever must not be permitted into the residence and must follow up with their healthcare provider.
 - **Please note**, if there are direct care staff that are sick and reside at the residence, they must self-isolate and notify their supervisor to ensure appropriate staffing.
 - CRFs should follow guidance on **Screening in a Healthcare Setting** at coronavirus.dc.gov/healthguidance.
- **Actively encourage sick direct care staff to stay home.** Inform all direct care staff in writing that they must not come to work if sick. Inform them of applicable paid leave provisions. Implement leave policies that are flexible and non-punitive and allow sick direct care staff to stay home.
 - Leave policies are recommended to account for the following:
 - Employees who report COVID-19 symptoms,
 - Employees who are isolating after testing positive for COVID-19,
 - Employees who are a close contact of someone who tested positive for COVID-19⁵,
 - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members.
 - Encourage and support staff to get the COVID-19 vaccine by providing leave options to get the vaccine and if they experience common side effects.
 - Keep abreast of current law, which has amended both the DC Family and Medical Leave Act and the DC Sick and Safe Leave Law and created whole new categories of leave, like Declared Emergency Leave.
 - Learn about and inform your employees about COVID-related leave provided through new federal law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.
- **Direct care staff must continue to socially distance from co-workers and others in the**

⁴ **Direct care staff:** Includes all staff who have direct contact and provide care or services to persons living in CRFs

⁵ For more information, including information about quarantine and testing exemptions, please see *Guidance for Quarantine after COVID-19 Exposure* at coronavirus.dc.gov/healthguidance

home, when not providing care or support that requires close contact.

- **Facilities must perform screening for any visitors or non-medical service providers before they enter the CRF.**
 - **Symptom check questionnaire:** Those with cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea or otherwise feeling unwell must not be permitted into the residence.
 - **Temperature check:** Those with a subjective or objective ($\geq 100.4^{\circ}\text{F}$) fever must not be permitted into the residence.
 - **Exposure check:** Those who have been in close (less than 6 feet), prolonged (15 min or more) contact with someone with confirmed COVID-19 in the past 14 days must not be permitted into the residence.
 - CRFs should follow guidance on **Screening in a Healthcare Setting at coronavirus.dc.gov/healthguidance.**

Visitation in the Facility

- **Visitors are recommended be scheduled to ensure the number of visitors can managed to ensure that appropriate social distancing can be maintained**
- Encourage visitation to occur outdoors, if possible.
- If visitation occurs inside the residence, visits should take place in a well-ventilated area away from others.
- The safest approach is for everyone to wear source control and maintain physical distancing.
- Face masks and physical distancing are not required if:
 - Both the person supported AND the visitors are fully vaccinated.
 - The person supported is vaccinated and unvaccinated visitors are from a single household.
 - If the fully vaccinated person supported is immunocompromised, they should consult with their healthcare provider before visiting without face masks and physical distancing.
- The visitation occurs away from others in the facility.
- Unvaccinated visitors should wear a cloth face covering or a face mask at all times when visiting a person supported who is unvaccinated, regardless of vaccination status.
- **Persons supported with signs and symptoms of, quarantined, or isolated for COVID-19 infection, must not participate in visitation.**
- **Facilities must maintain a daily record of external visitors and staff for at least 30 days to facilitate contact tracing.**

PREVENT THE SPREAD OF COVID-19 WITHIN THE CRF OR THE SUPPORTED LIVING FACILITY

- **Implement source control measures**
 - As community transmission continues in the region, all direct care staff must wear a face mask (medical, surgical or procedure) while in the facility or any alternative setting where patient care services are provided.
 - In addition to universal masking, staff must wear eye protection⁶ (i.e. goggles or face shields) when within 6 feet of persons living in the facility.
 - Direct care staff must follow guidance on **Required Personal Protective Equipment (PPE) for Healthcare Facilities** at coronavirus.dc.gov/healthguidance.
 - Any person living in the facility who is symptomatic for, quarantined, or isolated for COVID-

⁶ Safety glasses are not recommended for use as eye protection for infection control purposes as they provide impact protection, but not the same level of splash or droplet protection as goggles.

19 infection, must wear a cloth face covering or face mask if they need to be around others in the home. **Cloth face coverings or face masks must not be placed on anyone unconscious, incapacitated, or otherwise unable to remove the mask without assistance.**

- Avoid aerosol-generating procedures when possible (e.g., switch nebulizer treatments to metered-dose inhalers).
- **Facilities must provide supplies necessary to adhere to recommended infection prevention and control practices.**
 - Direct care staff must not wear gloves for an extended period of time unless they are providing care to a person with laboratory-confirmed COVID-19, with symptoms of COVID-19 or another medical condition that requires the use of standard precautions. Extended use of gloves may spread germs and prevent frequent and appropriate hand hygiene.
 - If gloves are worn, they must be changed when soiled, between individuals and as indicated after care activities (such as toileting).
 - Hand hygiene must be performed before and after putting on and removing gloves.
- **Rapidly identify and properly respond to persons living in the CRF or supported living facilities with suspected or confirmed COVID-19.**
 - Facilities must identify space where isolation (for persons with laboratory-confirmed COVID-19) or quarantine (for persons who might be sick with COVID-19) can occur.
 - Limit direct care staff assigned to care for persons with known or suspected COVID-19. Require that these direct care staff only provide care to the isolated or quarantined person to decrease the risk of the virus spreading to others in the household.
 - Travel for COVID-19 positive or quarantined persons should work with their provider team to ensure safe travel to a medical facility can be arranged; this should not occur on public transportation or via taxis/rideshares.
 - Persons with laboratory-confirmed COVID-19 who have not been cleared from isolation, or under quarantine, should only leave the residence for essential medical needs (i.e., dialysis), with prior notification.
 - Cases of COVID-19 cases must be reported to Department of Behavioral Health or Department of Disability Services (whichever agency oversees your facility).

MAINTAIN ROBUST INFECTION CONTROL PRACTICES

- **Facilities must educate all direct care staff and persons living in CRF or supported living facilities about appropriate hand hygiene practices.**
 - Ensure that ABHR that contains at least sixty percent (60%) alcohol is available throughout the residence. If this is not possible due to safety concerns, ABHR must be available to all direct care staff for frequent use (e.g., providing travel-sized ABHR).
 - Sinks must be properly supplied with soap and paper towels for handwashing.
- **Facilities must provide adequate cleaning and disinfection supplies.**
 - **Facilities must develop a schedule for regular cleaning and disinfection of shared equipment, frequently touched surfaces in person's rooms and common areas.**
 - More information about Risk-Based Environmental Cleaning Frequency Principles can be found here: [cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html](https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html)
 - More information can be found on the Centers for Disease Control and Prevention (CDC) website: [cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)
- **Facilities must provide appropriate personal protective equipment (PPE) to direct care staff.**
 - Direct care staff must put on (don) the following PPE if caring for a individual with confirmed or suspected COVID-19 and for individuals who are under quarantine for COVID-19: gown, respirator, goggles or a face shield, and gloves. Respirators should only be used by those who are medically cleared and fit tested through their employer's respiratory protection

- program.
- Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback to promote appropriate use by staff.
 - More information is available in ***Conserving the Supply of Personal Protective Equipment (PPE) in Healthcare Facilities*** and ***Required Personal Protective Equipment (PPE) for Healthcare Facilities*** at coronavirus.dc.gov/healthguidance.
 - Information for donning and doffing of PPE, including training videos, can be found on CDC's website: cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

CONSIDERATIONS FOR SURVEILLANCE TESTING

- **DC Health does not recommend weekly testing of all persons living in CRF for the elderly and physically disabled⁷ or for persons with intellectual disabilities⁸ unless there is a specific reason to do so (such as an ongoing outbreak within a specific facility).**
 - Testing of asymptomatic persons in CRFs will be determined on a case-by-case basis.
- **Individual CRFs may consider having their staff undergo weekly surveillance testing, but it is currently not required.**
 - This should be determined based on the type of care being provided (such as the level of close contact between the staff and the person receiving care) and the risk level of the person receiving care.
 - Surveillance testing (i.e. non-outbreak testing) of fully vaccinated direct care staff is not recommended.
- **Persons in the residence should contact their medical provider if they display symptoms of a COVID-19 infection or are concerned they were exposed.**
- **Outbreak testing, when needed, will be determined on a case-by-case basis and direct by DC Health.**

The guidelines above will continue to be updated as the situation evolves. Please visit coronavirus.dc.gov regularly for the most current information.

⁷ Chapter 34 Community residence facilities for the elderly and physically disabled.

⁸ Chapter 35 Community residence facilities for individuals with intellectual disabilities.