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.

### Definitions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outbreak Initiation Phase</th>
<th>Controlled Outbreak Phase</th>
<th>No Outbreak Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Confident outbreak</strong> 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. <strong>AND</strong> Results from first round of facility-wide or concentric circle testing (i.e., outbreak testing) are still pending. <strong>PLEASE NOTE:</strong> DC Health must help make this determination. The threshold for reporting a possible outbreak is a probable or confirmed COVID-19 case in a resident or HCP OR ≥3 cases of acute illness compatible with COVID-19 in residents or staff within a 72h period, as stated in the Health Notice: COVID-19 Outbreak Investigation and Reporting Requirements.</td>
<td><strong>Confident outbreak</strong> 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. <strong>AND</strong> Results from the first round of outbreak testing reveal no additional COVID-19 cases in other areas (e.g., units) of the facility. <strong>AND</strong> Results from subsequent rounds of outbreak testing reveal no additional COVID-19 cases in other areas (e.g., units) of the facility. <strong>PLEASE NOTE:</strong> DC Health must help make this determination.</td>
<td><strong>No new COVID-19 cases in residents or staff for 14 days or as determined by DC Health.</strong> <strong>PLEASE NOTE:</strong> In accordance with CMS Guidance QSO-20-38-NH REVISED, facility-wide testing will be required if the facility: • 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) <strong>OR</strong> • Does not have the expertise, resources, or ability to identify or manage all close contacts.</td>
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</table>


- **Quarantine-level PPE** (gown, gloves, respirators, and eye protection) should be used for residents who have a known exposure to a positive individual OR 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).

- **Resident who are unvaccinated, not up to date** on their COVID-19 vaccine OR immunocompromised OR residents who have had an organ transplant or stem cell transplant, and people on dialysis.

- **Quarantine-level PPE** (gown, gloves, respirators, and eye protection) should be used for residents who have a known exposure to a positive individual.

- **Residents who are unvaccinated, not up to date** on their COVID-19 vaccine OR immunocompromised OR residents who have had an organ transplant or stem cell transplant, and people on dialysis.

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. 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.

3. **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.
### Communal Dining

<table>
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</table>
| Community dining is restricted. | Limited communal dining is permitted for areas/unit not affected. Residents who meet the following criteria may eat in the same room:  
- Resident must not be from a unit/area experiencing an outbreak.  
- Resident has not tested positive for the virus that causes COVID-19. OR  
- Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method. | Communal dining is permitted. Residents who meet the following criteria may eat in the same room:  
- Resident has not tested positive for the virus that causes COVID-19. OR  
- Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method. | Communal dining is permitted. |

Residents who are up to date on their COVID-19 vaccine can participate in communal dining without social distancing provided no residents who are unvaccinated, not up to date on their COVID-19 vaccine OR immunocompromised are present and masks are worn when not actively eating or drinking, but social distancing remains the safest option.

If any resident is present who is unvaccinated or not up to date on their COVID-19 vaccine OR is immunocompromised and wears masks when not actively eating or drinking, all residents must maintain social distancing.

**Group size and dining space must allow for social distancing when required.**

Residents who meet the following criteria must continue to be served in their rooms:  
- Currently isolated due to COVID-19  
- Currently experiencing symptoms of possible COVID-19  
- Currently quarantined due to exposure to COVID-19

**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. Implement robust infection control measures (e.g., ensure ample access to hand hygiene supplies, ensure appropriate cleaning and disinfection of the dining area, etc.) and take measures that facilitate social distancing (e.g., remove chairs, space tables, stagger mealtimes, etc.).
### Activity

| Non-Essential Medical Providers | Leaving for Medical Reasons |

#### Outbreak Initiation Phase

- Allow entry of LIMITED numbers of non-essential healthcare personnel/contractors as determined necessary by the facility.
  - Consider telemedicine options as much as possible while outbreak investigation is underway.
  - All non-essential personnel must undergo screening and testing (see Testing Staff section on page 9).
  - All non-essential personnel must follow the same personal protective equipment requirements as for staff.
  - All non-essential personnel must be informed that an outbreak investigation is in progress.

For full guidance on Screening in a Healthcare Setting, Screening Tool Guidance, and Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance.

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.

#### Controlled Outbreak Phase

- Allow entry of LIMITED numbers of non-essential healthcare personnel/contractors as determined necessary by the facility.
  - Consider telemedicine options as much as possible on the unit/area impacted by the outbreak.
  - All non-essential personnel must undergo screening and testing (see Testing Staff section on page 9).
  - All non-essential personnel must follow the same personal protective equipment requirements as for staff.

For full guidance on Screening in a Healthcare Setting, Screening Tool Guidance, and Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance.

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.

#### No Outbreak Phase

- Allow entry of non-essential healthcare personnel/contractors.
  - Consider telemedicine options as much as possible
  - All non-essential personnel must undergo screening and testing (see Testing Staff section on page 9).
  - All non-essential personnel must follow the same personal protective equipment requirements as for staff.

For full guidance on Screening in a Healthcare Setting, Screening Tool Guidance, and Required Personal Protective Equipment (PPE) for Healthcare Facilities, visit coronavirus.dc.gov/healthguidance.

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.

#### Limited non-essential medical visits.

- Residents who are not on a unit/area experiencing an outbreak may leave the facility for routine/elective medical appointments with the following considerations:
  - Residents do not need to quarantine upon return, regardless of vaccination status, unless they were exposed to a person with confirmed COVID-19.
  - Residents who have symptoms of possible COVID-19 must isolate.
  - 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 Resident Outings/Field Trips section on page 6.
  - Residents leaving the facility who require inpatient admission to another medical facility must follow the Plan for Isolation, Quarantine, & New/Readmissions section on page 10 AND the As Needed (prn) & New/Readmission Testing section on page 8 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.

#### Avoid non-essential medical visits.

For essential medical visits outside the facility, ensure:

- residents who must leave the facility wear masks while outside the facility.
- the receiving medical facility is notified about the facility outbreak prior to arrival.
- transporters and 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.

### Last updated: July 8, 2022
### Limited non-medical personal care services that are provided within the facility are permitted for residents.
- Strongly consider routine weekly testing of non-medical personal care service personnel who are not up to date on their COVID-19 vaccine.
- 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.

### Residents who meet the following criteria should not undergo personal care services:
- Currently isolated due to COVID-19
- Currently experiencing symptoms of possible COVID-19
- Non-medical nail care (manicures, pedicures, acrylics, etc.)

### Non-medical nail care (manicures, pedicures, acrylics, etc.)
- For full guidance on Screening in a Healthcare Setting and Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance.

### Hairdressers
- For full guidance on Screening in a Healthcare Setting and Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance.

### Barbers
- For full guidance on Screening in a Healthcare Setting and Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance.

### Residents who meet the following criteria should not undergo personal care services:
- Currently isolated due to COVID-19
- Currently experiencing symptoms of possible COVID-19
- Non-medical personal care services.
- Strongly consider routine weekly testing of non-medical personal care service personnel who are not up to date on their COVID-19 vaccine.
- Appointments should be postponed, if possible, on units/areas experiencing an outbreak.
- All non-medical personnel must be informed that an outbreak investigation is in progress.

### Screen all personnel at the beginning of their shift for fever and other symptoms of COVID-19.
- For full guidance on Screening in a Healthcare Setting and Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance.

### Ensure additional precautions are maintained:
- Residents should wear masks.
- Non-medical personnel must wear masks when providing personal care services.
- Provision of infection control education and competency to personnel
  - 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.

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1. **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).
### Limited on-site group activities can occur within the facility or the facility’s boundary.
- Group activities should be postponed, if possible, while investigation is underway.

Residents who meet the following criteria may be physically present during group activities:
- Resident must not be from a unit/area experiencing an outbreak.
- Resident has not tested positive for the virus that causes COVID-19.
- OR Resident was previously positive for the virus that causes COVID-19.
- OR Resident has not tested positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method.

Residents who are up to date with their COVID-19 vaccine (who meet the above criteria) can participate in:
- Indoor on-site group activities while wearing masks, without social distancing, provided that no residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised are present.
- Outdoor on-site group activities without wearing masks or social distancing. Masks are still recommended in this scenario for residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised.

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### Outbreak Initiation Phase

Residents who meet the following criteria should not physically* be present for group activities:
- Currently isolated due to COVID-19
- Currently experiencing symptoms of possible COVID-19
- Currently quarantined due to exposure to COVID-19

*Consider tele-participation

#### PLEASE NOTE: Group activities will increase the risk of COVID-19 spreading in your facility. Implement robust infection control measures (e.g., encourage residents to wear masks, ensure ample access to hand hygiene supplies, ensure robust cleaning and disinfection of activity space and equipment, etc.) and take measures to facilitate social distancing (e.g., remove chairs, space tables, stagger activity start and end times, etc.).

### Controlled Outbreak Phase

Residents who meet the following criteria may be physically present during group activities:
- Resident must not be from a unit/area experiencing an outbreak.
- Resident has not tested positive for the virus that causes COVID-19.
- OR Resident was previously positive for the virus that causes COVID-19.
- OR Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method.

Residents who are up to date with their COVID-19 vaccine (who meet the above criteria) can participate in:
- Indoor on-site group activities while wearing masks, without social distancing, provided that no residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised are present.
- If any resident is present during an indoor activity who is unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised. ALL residents must wear masks.
- Outdoor on-site group activities without wearing masks or social distancing. Masks are still recommended in this scenario for residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised.

Group size and activity space must allow for social distancing when indicated.

Residents who meet the following criteria should not physically* be present for group activities:
- Currently isolated due to COVID-19
- Currently experiencing symptoms of possible COVID-19
- Currently quarantined due to exposure to COVID-19

*Consider tele-participation

#### PLEASE NOTE: Group activities will increase the risk of COVID-19 spreading in your facility. Implement robust infection control measures (e.g., encourage residents to wear masks, ensure ample access to hand hygiene supplies, ensure robust cleaning and disinfection of activity space and equipment, etc.) and take measures to facilitate social distancing (e.g., remove chairs, space tables, stagger activity start and end times, etc.).

### On-site group activities can occur within the facility or the facility’s boundary.

Residents who meet the following criteria should not physically* be present for group activities:
- Resident has not tested positive for the virus that causes COVID-19.
- OR Resident was previously positive for the virus that causes COVID-19 AND has completed the symptom-based or time-based clearance method.

Residents who are up to date with their COVID-19 vaccine (who meet the above criteria) can participate in:
- Indoor on-site group activities while wearing masks, without social distancing, provided that no residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised are present.
- If any resident is present during an indoor activity who is unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised. ALL residents must wear masks.
- Outdoor on-site group activities without wearing masks or social distancing. Masks are still recommended in this scenario for residents who are unvaccinated, not up to date on their COVID-19 vaccine, OR immunocompromised.

Group size and activity space must allow for social distancing when indicated.

Residents who meet the following criteria should not physically* be present for group activities:
- Currently isolated due to COVID-19
- Currently experiencing symptoms of possible COVID-19
- Currently quarantined due to exposure to COVID-19

*Consider tele-participation

#### PLEASE NOTE: Group activities will increase the risk of COVID-19 spreading in your facility. Implement robust infection control measures (e.g., encourage residents to wear masks, ensure ample access to hand hygiene supplies, ensure robust cleaning and disinfection of activity space and equipment, etc.) and take measures to facilitate social distancing (e.g., remove chairs, space tables, stagger activity start and end times, etc.).
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<tr>
<td></td>
<td>Resident field trips are not permitted.</td>
<td>Resident field trips are permitted for those who ARE NOT on a unit/area experiencing an outbreak.</td>
<td>Resident outings and field trips are permitted.</td>
</tr>
<tr>
<td></td>
<td>Resident outings should be strongly discouraged.</td>
<td>Resident outings should be strongly discouraged for those who ARE on a unit experiencing an outbreak.</td>
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- Residents **who leave the facility** for non-medical community activities must follow the following guidelines:
  - Residents and those accompanying them should:
    - Wear masks during the entire outing (if possible) and maintain social distancing while in the community.
    - If a resident is up to date with their COVID-19 vaccine, they can choose to have close contact (including touch) with others in the community while wearing a mask. If taking a walk outdoors and not in close contact with the community, a mask is not necessary.
    - Residents who are up to date with their COVID-19 vaccine visiting friends or family that are also up to date may choose to interact without masks or physical distancing.
    - 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 social distancing, regardless of vaccination status.
  - Clean hands frequently, using alcohol-based hand sanitizer when soap and water is not available.
  - Keep a log of activities to assist in completing the risk assessment and allow for contact tracing if needed.
  - Residents and family members must be educated about potential risks of public settings and to avoid crowded, poorly ventilated areas.
  - Residents and family members must be informed if an outbreak investigation is in progress, and about associated risks and PPE requirements.
  - Upon return:
    - All residents must be screened for symptoms of COVID-19.
    - Facilities must complete a resident risk assessment to evaluate the need for quarantine for:
      - All residents in facilities where less than 85% of the residents are up to date on their COVID-19 vaccine.
      - Residents who are unvaccinated or not up to date on their COVID-19 vaccine and immunocompromised residents (regardless of vaccination status) in facilities where 85% or more of the residents are up to date on their COVID-19 vaccine.
    - If a risk assessment is completed, residents determined to have participated in a higher risk activity must quarantine.

**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 As Needed (PRN) & New/Readmission Testing section on page 8.

The “Risk Assessment for Community Visits” can be found at coronavirus.dc.gov/healthguidance.
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| Inter-Facility Activities (Same Campus) | 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. | Limited 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:  
- 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).  
- Outdoor activities are preferred over indoor when possible.  
- All individuals participating and facilitating the activity must follow the same standards for screening and logging as outlined in visitation 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. | 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:  
- 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).  
- Outdoor activities are preferred over indoor when possible.  
- All individuals participating and facilitating the activity must follow the same standards for screening and logging as outlined in visitation 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.  

Interfacility activities must be limited to the area designated for the activities. There must be specified entries, exits, and pathways to the dedicated space that minimizes exposure to other residents.  
Areas in 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.  
NOTE: Facilities must also follow ALL participation criteria, masking, and social distancing guidance outlined in the On-Site Group Activities section on page 5. |
Testing residents

Test all residents in the facility, regardless of vaccination status (excluding those isolated due to positive COVID-19 status at time of specimen collection and those positive within the previous 90 days and recovered) if:

- ≥1 case in a resident ≥14 days after admission/readmission;
- OR
- ≥3 cases in staff within 14 days;
- OR
- ≥3 cases in individuals (e.g., visitors, vendors) associated with a specific location/department within 14 days or epidemiological link within the facility.
- OR
- It is determined necessary by DC Health after investigation/contact tracing.

NOTE: Those who have tested positive for COVID-19 (and recovered) within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing.

As Needed (PRN) & New/Readmission Testing

Test any resident as needed who meets the following criteria:

- Showing symptoms of possible COVID-19
- Exposed (regardless of vaccination status) to another resident, staff, or visitor who was confirmed to have COVID-19 AND the resident has not recovered from a COVID-19 infection within the previous 90 days.
  - Resident must be tested immediately (but not earlier than 24 hours after exposure) and, if negative, on days 5-7 and 9-10 after exposure.
- New/Readmissions or residents who have left the facility for greater than 24 hours, (regardless of vaccination status) AND have not recovered from a COVID-19 infection within the previous 90 days.
  - Resident must be tested immediately (see above) upon admission/return and, if negative, again 5-7 days after admission/return.
- Those who have tested positive for COVID-19 and recovered within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing.

Test any resident as needed who meets the following criteria:

- Showing symptoms of possible COVID-19
- Exposed (regardless of vaccination status) to another resident, staff, or visitor who was confirmed to have COVID-19 AND the resident has not recovered from a COVID-19 infection within the previous 90 days.
  - Resident must be tested immediately (but not earlier than 24 hours after exposure) and, if negative, on days 5-7 and 9-10 after exposure.
- New/Readmissions or residents who have left the facility for greater than 24 hours, (regardless of vaccination status) AND have not recovered from a COVID-19 infection within the previous 90 days.
  - Resident must be tested immediately (see above) upon admission/return and, if negative, again 5-7 days after admission/return.
- Those who have tested positive for COVID-19 and recovered within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing.

Test any resident as needed who meets the following criteria:

- Showing symptoms of possible COVID-19
- Exposed (regardless of vaccination status) to another resident, staff, or visitor who was confirmed to have COVID-19 AND the resident has not recovered from a COVID-19 infection within the previous 90 days.
  - Resident must be tested immediately (but not earlier than 24 hours after exposure) and, if negative, on days 5-7 and 9-10 after exposure.
- New/Readmissions or residents who have left the facility for greater than 24 hours, (regardless of vaccination status) AND have not recovered from a COVID-19 infection within the previous 90 days.
  - Resident must be tested immediately (see above) upon admission/return and, if negative, again 5-7 days after admission/return.
- Those who have tested positive for COVID-19 and recovered within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing.

If initial testing reveals no additional COVID-19 cases and existing cases are contained within a single area/unit, then PCR testing (regardless of vaccination status) of quarantined residents or affected units shall continue every 3-7 days.

Exclude residents from testing who:

- Are isolated due to positive COVID-19 status at time of specimen collection
- Have tested positive within the previous 90 days and recovered.

NOTE: Those who have tested positive for COVID-19 (and recovered) within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing.

Routine testing of all residents (for surveillance or outbreak purposes) is not required if:

- ≤2 staff test positive within a 14-day period
- 0 residents test positive within a 14-day period
- ≤2 cases in individuals (e.g., visitors, vendors) associated with a specific location/department within 14 days or epidemiological link within the facility.
- AND
- After there have been two consecutive weeks (i.e., >14 days) of no new test results in staff and residents from facility-wide outbreak testing (using an FDA approved PCR test)

NOTE: Those who have tested positive for COVID-19 (and recovered) within the previous 90 days who develop new symptoms of COVID-19 should be evaluated by an HCP for testing.

Testing staff

If initial testing reveals no additional COVID-19 cases and existing cases are contained within a single area/unit then weekly*** PCR testing (regardless of vaccination status) of exposed staff or staff on affected units continues.

**Routine testing intervals as indicated in “No Outbreak Phase” must still be followed.

**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.


Routine Data Reporting

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).

There is no need to report residents 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).

Submit at least weekly data to National Healthcare Safety Network (NHSN)

Skilled nursing facilities:

- 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
- Assisted living residences:
  - While ALRs do not have the same federal requirement to report to NHSN as nursing homes, their participation is encouraged.

Submit at least weekly data to National Healthcare Safety Network (NHSN)

Skilled nursing facilities:

- 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
- Assisted living residences:
  - While ALRs do not have the same federal requirement to report to NHSN as nursing homes, their participation is encouraged.

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).

There is no need to report residents 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).

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Plan for Isolation, Quarantine, & New/Readmissions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Outbreak Initiation Phase</th>
<th>Controlled Outbreak Phase</th>
<th>No Outbreak Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedicate space for cohorting and managing care for each of the following:</td>
<td>Dedicate space for cohorting and managing care for each of the following:</td>
<td>Dedicate space for cohorting and managing care for each of the following:</td>
<td></td>
</tr>
<tr>
<td>• Isolating residents with COVID-19.</td>
<td>• Isolating residents with COVID-19.</td>
<td>• Isolating residents with COVID-19.</td>
<td></td>
</tr>
<tr>
<td>o Residents with COVID-19 <strong>must isolate for at least 10 days</strong> beginning from symptom onset OR positive test result (for asymptomatic infection).</td>
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<td>o Residents with COVID-19 <strong>must isolate for at least 10 days</strong> beginning from symptom onset OR positive test result (for asymptomatic infection).</td>
<td></td>
</tr>
<tr>
<td>o For Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings, visit coronavirus.dc.gov/healthguidance.</td>
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<td></td>
</tr>
<tr>
<td>• Quarantining residents (regardless of vaccination status) who were exposed to a person with confirmed COVID-19.</td>
<td>• Quarantining residents (regardless of vaccination status) who were exposed to a person with confirmed COVID-19.</td>
<td>• Quarantining residents (regardless of vaccination status) who were exposed to a person with confirmed COVID-19.</td>
<td></td>
</tr>
<tr>
<td>• Quarantine may be waived for residents who have had confirmed COVID-19 infection within the last 90 days.</td>
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<td>• Quarantine may be waived for residents who have had confirmed COVID-19 infection within the last 90 days.</td>
<td></td>
</tr>
<tr>
<td>• Quarantining residents who develop symptoms of possible COVID-19.</td>
<td>• Quarantining residents who develop symptoms of possible COVID-19.</td>
<td>• Quarantining residents who develop symptoms of possible COVID-19.</td>
<td></td>
</tr>
<tr>
<td>• Quarantining residents based on risk assessment.</td>
<td>• Quarantining residents based on risk assessment.</td>
<td>• Quarantining residents based on risk assessment.</td>
<td></td>
</tr>
<tr>
<td>• Quarantining new/readmissions with an unknown COVID-19 status who:</td>
<td>• Quarantining new/readmissions with an unknown COVID-19 status who:</td>
<td>• Quarantining new/readmissions with an unknown COVID-19 status who:</td>
<td></td>
</tr>
<tr>
<td>o Are unvaccinated or not up to date on their COVID-19 vaccine.</td>
<td>o Are unvaccinated or not up to date on their COVID-19 vaccine.</td>
<td>o Are unvaccinated or not up to date on their COVID-19 vaccine.</td>
<td></td>
</tr>
<tr>
<td>o Have NOT recently recovered from a confirmed COVID-19 infection within the last 90 days.</td>
<td>o Have NOT recently recovered from a confirmed COVID-19 infection within the last 90 days.</td>
<td>o Have NOT recently recovered from a confirmed COVID-19 infection within the last 90 days.</td>
<td></td>
</tr>
<tr>
<td>o Have been exposed to a person with confirmed COVID-19 regardless of vaccination status.</td>
<td>o Have been exposed to a person with confirmed COVID-19 regardless of vaccination status.</td>
<td>o Have been exposed to a person with confirmed COVID-19 regardless of vaccination status.</td>
<td></td>
</tr>
<tr>
<td>o Are being transferred or admitted from an area or facility with a confirmed COVID-19 outbreak.</td>
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<td></td>
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<td>More information on quarantine can be found in Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing at coronavirus.dc.gov/healthguidance.</td>
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<td>• Facilities must verify vaccination status before quarantine is deferred.</td>
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<td>• Facilities must verify vaccination status before quarantine is deferred.</td>
<td></td>
</tr>
<tr>
<td>• Acceptable forms of verification include:</td>
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<td>• Acceptable forms of verification include:</td>
<td></td>
</tr>
<tr>
<td>o Documentation in the medical record,</td>
<td>o Documentation in the medical record,</td>
<td>o Documentation in the medical record,</td>
<td></td>
</tr>
<tr>
<td>o CDC vaccination card.</td>
<td>o CDC vaccination card.</td>
<td>o CDC vaccination card.</td>
<td></td>
</tr>
<tr>
<td>• Verbal statement of vaccination must not be accepted.</td>
<td>• Verbal statement of vaccination must not be accepted.</td>
<td>• Verbal statement of vaccination must not be accepted.</td>
<td></td>
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</tbody>
</table>

More information on quarantine can be found in Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing at coronavirus.dc.gov/healthguidance.

Have plans in place to dedicate staff for cohorting and managing care for each of the following:

- Residents isolated for COVID-19 AND residents quarantined for symptoms of possible COVID-19.
- Facilities must verify vaccination status before quarantine is deferred.
- Acceptable forms of verification include:
  - Documentation in the medical record, CDC vaccination card.
- Verbal statement of vaccination must not be accepted.