

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

This document provides reopening 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 |
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| 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) <p>OR</p> <ul style="list-style-type: none"> Does not have the expertise, resources, or ability to identify or manage all close contacts. |
| Personal Protective Equipment/Source Control | <p>ALL residents should wear a well-fitting face mask when:</p> <ul style="list-style-type: none"> Outside their room indoors Anyone enters their room (for direct care or other services, such as cleaning) Within 6 feet of a roommate and not separated by a barrier such as a curtain <p>Residents who are immunocompromised² (regardless of vaccination status) or NOT fully vaccinated³ should also wear masks when outdoors and around others.</p> <p>Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities AND Screening in a Healthcare Setting at, coronavirus.dc.gov/healthguidance.</p> <ul style="list-style-type: none"> Quarantine-level PPE (gown, gloves, respirators, and eye protection) should be used for residents who had 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). | <p>ALL residents should wear a well-fitting face mask when:</p> <ul style="list-style-type: none"> Outside their room indoors Anyone enters their room (for direct care or other services, such as cleaning) Within 6 feet of a roommate and not separated by a barrier such as a curtain <p>Residents who are immunocompromised² (regardless of vaccination status) or NOT fully vaccinated³ should also wear masks when outdoors and around others.</p> <p>Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities AND Screening in a Healthcare Setting at, coronavirus.dc.gov/healthguidance.</p> <ul style="list-style-type: none"> Quarantine-level PPE (gown, gloves, respirators, and eye protection) should be used for residents who had a known exposure to a positive individual. | <p>ALL residents should wear a well-fitting face mask when:</p> <ul style="list-style-type: none"> Outside their room indoors Anyone enters their room (for direct care or other services, such as cleaning) Within 6 feet of a roommate and not separated by a barrier such as a curtain <p>Residents who are immunocompromised² (regardless of vaccination status) or NOT fully vaccinated³ should also wear masks when outdoors and around others.</p> <p>Staff must follow Required Personal Protective Equipment (PPE) for Healthcare Facilities AND Screening in a Healthcare Setting at, coronavirus.dc.gov/healthguidance.</p> |

¹ **Concentric circle testing** is a focused method that relies on risk assessments and contact tracing in order to determine if 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 **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.

³ **Fully Vaccinated:** An individual is 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). More information can be found in *Guidance for Quarantine after COVID-19 exposure* at [coronavirus.dc.gov/healthguidance](#).

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

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| Communal Dining | <p>Communal dining is restricted.</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 never 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 <p>Fully vaccinated residents can participate in communal dining without social distancing provided no unvaccinated residents are present and masks are worn when not actively eating or drinking; however, social distancing remains the safest option.</p> <p>If unvaccinated or vaccinated immunocompromised residents are present, ALL residents must maintain social distancing and wear masks when not actively eating or drinking.</p> <p>Group size and dining space must allow for social distancing when required.</p> <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 Currently quarantined due to exposure to COVID-19 <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. Implement robust infection control measures (e.g., ensure ample access to hand hygiene supplies, ensure cleaning and disinfection of the dining area, etc.) and take measures that facilitate social distancing (e.g., remove chairs, space tables, stagger mealtimes, etc.).</p> | <p>Limited 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 never 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. <p>Fully vaccinated residents can participate in communal dining without social distancing provided no unvaccinated residents are present and masks are worn when not actively eating or drinking; however, social distancing remains the safest option.</p> <p>If unvaccinated or vaccinated immunocompromised residents are present, ALL residents must maintain social distancing and wear masks when not actively eating or drinking.</p> <p>Group size and dining space must allow for social distancing when required.</p> <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 Currently quarantined due to exposure to COVID-19 <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. Implement robust infection control measures (e.g., ensure ample access to hand hygiene supplies, ensure cleaning and disinfection of the dining area, etc.) and take measures that facilitate social distancing (e.g., remove chairs, space tables, stagger mealtimes, etc.).</p> |

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| Non-Essential Medical Providers | <p>Exclude all non-essential healthcare personnel/contractors from access to the facility or residence.</p> <ul style="list-style-type: none"> Consider telemedicine options as much as possible. <p>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.</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.</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 screening and testing (see <i>staff testing section</i> on page 7). All non-essential personnel must follow the same personal protective equipment requirements as for staff. <p>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.</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.</p> | <p>Allow entry of non-essential healthcare personnel/contractors.</p> <ul style="list-style-type: none"> Consider telemedicine options as much as possible All non-essential personnel must undergo screening and testing (see <i>staff testing section</i> on page 7). All non-essential personnel must follow the same personal protective equipment requirements as for staff. <p>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.</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.</p> |
| Leaving for Medical Reasons | <p>Avoid non-essential medical visits.</p> <p>For essential medical visits outside the facility, ensure:</p> <ul style="list-style-type: none"> 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. | <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 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” section of this document. Residents leaving the facility who require inpatient admission to another medical facility must follow the “Plan to manage new admissions” section of this document 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. | <p>Allow all non-essential medical visits.</p> <ul style="list-style-type: none"> Residents may leave the facility for routine/elective medical appointments with the following considerations: <ul style="list-style-type: none"> Residents do not need to quarantine upon return, regardless of vaccination status, unless they were exposed to a person with confirmed COVID-19. Residents with 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” section of this document. Residents leaving the facility who require inpatient admission to another medical facility must follow the “Plan to manage new admissions” section of this document 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. Travel for medical care for COVID-19 positive residents should be provided by medical transport. |

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

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| Non-medical personal care services ⁴ | <p>Non-medical personal care services³ are restricted.</p> | <p>Limited non-medical personal care services³ that are provided within the facility are permitted for residents <u>on units/areas not experiencing an outbreak</u> (see additional criteria below).</p> <ul style="list-style-type: none"> Strongly consider routine weekly testing of non-medical personal care service personnel who have not been fully vaccinated. <p>For non-medical care services that occur outside the facility, see the “Outings” 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>Residents who meet the following additional criteria should not undergo personal care services:</p> <ul style="list-style-type: none"> Currently isolated due to COVID-19 Currently experiencing symptoms of possible COVID-19 Currently quarantined due to exposure to COVID-19 <p>Screen all personnel at the beginning of their shift for fever and other symptoms of COVID-19</p> <ul style="list-style-type: none"> For full guidance on Screening in a Healthcare Setting and Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance. <p>Ensure additional precautions are maintained:</p> <ul style="list-style-type: none"> Residents must wear masks. Non-medical personnel must wear masks 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. | <p>Non-medical personal care services³ that are provided within the facility are permitted.</p> <p>For non-medical care services that occur outside the facility, see the “Outings” 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 Currently quarantined due to exposure to COVID-19 <p>Screen all personnel at the beginning of their shift for fever and other symptoms of COVID-19</p> <ul style="list-style-type: none"> For full guidance on Screening in a Healthcare Setting and Screening Tool Guidance, visit coronavirus.dc.gov/healthguidance. <p>Ensure additional precautions are maintained:</p> <ul style="list-style-type: none"> Residents must wear masks. Non-medical personnel must wear masks 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. |

⁴ **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).

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

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| On-Site Group Activities | <p>On-site group activities are not permitted.</p> | <p>Limited 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 never 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>Fully vaccinated residents (who meet the above criteria) can participate in:</p> <ul style="list-style-type: none"> Indoor on-site group activities without social distancing while wearing masks provided <u>no unvaccinated residents are present.</u> Outdoor on-site group activities without wearing masks or social distancing provided <u>no unvaccinated residents are present.</u> <p>If unvaccinated or vaccinated immunocompromised residents are present, ALL residents must maintain social distancing and wear masks.</p> <p>Group size and activity space must allow for social distancing when indicated.</p> <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 experiencing symptoms of possible COVID-19 Currently quarantined due to exposure to COVID-19 <p>*Consider tele-participation</p> <p>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.).</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 has never 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>Fully vaccinated residents (who meet the above criteria) can participate in:</p> <ul style="list-style-type: none"> Indoor on-site group activities without social distancing while wearing masks provided <u>no unvaccinated residents are present.</u> Outdoor on-site group activities without masks or social distancing provided <u>no unvaccinated residents are present.</u> <p>If unvaccinated or vaccinated immunocompromised residents are present, ALL residents must maintain social distancing and wear masks.</p> <p>Group size and activity space must allow for social distancing when indicated.</p> <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 experiencing symptoms of possible COVID-19 Currently quarantined due to exposure to COVID-19 <p>*Consider tele-participation</p> <p>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.).</p> |

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| Resident Outings/Field Trips | Resident outings and field trips are not permitted. | <p>LIMITED resident outings and field trips are permitted.</p> <ul style="list-style-type: none"> • Residents who are not on a unit/area experiencing an outbreak may leave the facility for non-medical community activities with the following guidelines: <ul style="list-style-type: none"> ○ Residents and those accompanying them must: <ul style="list-style-type: none"> ▪ Wear masks during the entire outing (if possible) and maintain social distancing while outside the facility. <ul style="list-style-type: none"> ➢ If a resident is fully vaccinated, 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. ➢ Fully vaccinated residents visiting friends or family that are also fully vaccinated may choose to interact outdoors without masks or physical distancing. ➢ Physical touch for an extended period of time with unvaccinated people 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. ▪ Facilities must keep a log of activities to assist in completing the risk assessment and allow for contact tracing if needed. ○ Residents and family members should be educated about potential risks of public settings and to avoid crowded, poorly ventilated areas. ○ Upon return: <ul style="list-style-type: none"> ▪ All residents must be screened for symptoms of COVID-19. ▪ Facilities must complete a resident risk assessment to evaluate the need for quarantine for: <ul style="list-style-type: none"> ➢ All residents in facilities where less than 85% of the residents are fully vaccinated. ➢ Residents who are not fully vaccinated and immunocompromised residents (regardless of vaccination status) in facilities where 85% or more of the residents are fully vaccinated. ○ If a risk assessment is completed, residents determined to have participated in a higher risk activity must quarantine. <p>The “Risk Assessment for Community Visits” can be found at coronavirus.dc.gov/healthguidance.</p> | <p>Resident outings and field trips are permitted.</p> <ul style="list-style-type: none"> • Residents may leave the facility for non-medical community activities with the following guidelines: <ul style="list-style-type: none"> ○ Residents and those accompanying them must: <ul style="list-style-type: none"> ▪ Wear masks during the entire outing (if possible) and maintain social distancing while outside the facility. <ul style="list-style-type: none"> ➢ If a resident is fully vaccinated, 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. ➢ Fully vaccinated residents visiting friends or family that are also fully vaccinated may choose to interact outdoors without masks or physical distancing. ➢ Physical touch for an extended period of time with unvaccinated people 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. ▪ Facilities must keep a log of activities to assist in completing the risk assessment and allow for contact tracing if needed. ○ Residents and family members should be educated about potential risks of public settings and to avoid crowded, poorly ventilated areas. ○ Upon return: <ul style="list-style-type: none"> ▪ All residents must be screened for symptoms of COVID-19. ▪ Facilities must complete a resident risk assessment to evaluate the need for quarantine for: <ul style="list-style-type: none"> ➢ All residents in facilities where less than 85% of the residents are fully vaccinated. ➢ Residents who are not fully vaccinated and immunocompromised residents (regardless of vaccination status) in facilities where 85% or more of the residents are fully vaccinated. ○ If a risk assessment is completed, residents determined to have participated in a higher risk activity must quarantine. <p>The “Risk Assessment for Community Visits” can be found at coronavirus.dc.gov/healthguidance.</p> |

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

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| Inter-Facility Activities (Same Campus) | <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 NOT permitted.</p> | <p>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:</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). 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, and 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>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.</p> <p>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.</p> <p>NOTE: Facilities must also follow ALL participation criteria, masking, and social distancing guidance outline in the “On-Site Group Activities” section of this document.</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). 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, and 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>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</p> <p>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.</p> <p>NOTE: Facilities must also follow ALL participation criteria, masking, and social distancing guidance outline in the “On-Site Group Activities” section of this guidance.</p> |

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

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| Testing residents | <p>Test residents 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:</p> <ul style="list-style-type: none"> • ≥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. | <p>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 continues every 3-7 days as instructed by DC Health.</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 • Have tested positive within the previous 90 days and recovered. | <p>Routine testing of all residents (for surveillance or outbreak purposes) is <u>not</u> required if:</p> <ul style="list-style-type: none"> • ≤2 staff test positive within a 14-day period AND • 0 residents test positive within a 14-day period AND • ≤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) |
| As Needed (PRN) 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 to another resident, staff or visitor who was confirmed to have COVID-19. <ul style="list-style-type: none"> ○ Resident must be tested immediately (but not earlier than 2 days after exposure) and, if negative, 5-7 days after exposure. • 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 | <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 to another resident, staff or visitor who was confirmed to have COVID-19 <ul style="list-style-type: none"> ○ Resident must be tested immediately (but not earlier than 2 days after exposure) and, if negative, 5-7 days after exposure. • 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 | <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 to another resident, staff or visitor who was confirmed to have COVID-19 <ul style="list-style-type: none"> ○ Resident must be tested immediately (but not earlier than 2 days after exposure) and, if negative, 5-7 days after exposure. • 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 |

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| Testing staff | <p>All staff are PCR tested weekly, regardless of vaccination status (excluding those isolated due to positive COVID-19 status at time of specimen collection or those positive within the previous 90 days and recovered) if:</p> <ul style="list-style-type: none"> • ≥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. | <p>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.</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 • Have tested positive within the previous 90 days and recovered. | <p>Frequency of staff testing is based on the extent of the virus in the community as reported on the “CDC COVID-19 Data Tracker”.</p> <ul style="list-style-type: none"> • Routine Testing Intervals by Level of Community Transmission can be found in “Table 2” in CMS Guidance QSO-20-38-NH REVISED at edit.cms.gov/files/document/qso-20-38-nh-revised.pdf. • Testing frequency may be increased as directed by DC Health based on other factors (e.g., the level of community transmission in an adjacent or neighboring county/state where a large number of staff may reside). • The “CDC COVID-19 Data Tracker” can be found at covid.cdc.gov/covid-data-tracker/#county-view. <p>PCR testing of staff is required for:</p> <ul style="list-style-type: none"> • Those who are NOT fully vaccinated. • Those who are more than 90 days from a prior COVID-19 infection AND NOT fully vaccinated. |
| <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, PCR, Antigen, and Antibody Tests at coronavirus.dc.gov/healthguidance Guidance for Healthcare Personnel Monitoring, Restriction, and Return to Work at coronavirus.dc.gov/healthguidance. See also: DC Health Notice SARS-CoV-2 Antigen Testing at dchealth.dc.gov/page/health-notices</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, 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 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. 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. 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> |

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

| Activity | Outbreak Initiation Phase | Controlled Outbreak Phase | No Outbreak Phase |
|--|---|---|---|
| Plan for Isolation, Quarantine, & New/Readmissions | <p>Dedicate space for cohorting and managing care for each of the following:</p> <ul style="list-style-type: none"> Isolating residents with COVID-19. <ul style="list-style-type: none"> Residents with COVID-19 must isolate for at least 10 days beginning from symptom onset OR positive test result (for asymptomatic infection). For Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings, visit coronavirus.dc.gov/healthguidance. Quarantining residents who were exposed to a person with confirmed COVID-19 regardless of vaccination status or previous COVID-19 infection. Quarantining residents who develop symptoms of possible COVID-19. Quarantining residents based on risk assessment. Quarantining new/readmissions with an unknown COVID-19 status who: <ul style="list-style-type: none"> Are NOT fully vaccinated. Have NOT recently recovered from a confirmed COVID-19 infection within the last 90 days Have been exposed to a person with confirmed COVID-19 regardless of vaccination status or previous COVID-19 infection. Are being transferred or admitted from an area or facility with a confirmed COVID-19 outbreak. <p>NOTE: Residents required to quarantine must do so for a full 14 days.</p> <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 New/readmissions requiring quarantine. AND Residents quarantined for symptoms of possible COVID-19 <p>Facilities must verify vaccination status before quarantine is deferred.</p> <ul style="list-style-type: none"> Acceptable forms of verification include: <ul style="list-style-type: none"> Documentation in the medical record, CDC vaccination card. Verbal statement of vaccination must not be accepted. | <p>Dedicate space for cohorting and managing care for each of the following:</p> <ul style="list-style-type: none"> Isolating residents with COVID-19. <ul style="list-style-type: none"> Residents with COVID-19 must isolate for at least 10 days beginning from symptom onset OR positive test result (for asymptomatic infection). For Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings, visit coronavirus.dc.gov/healthguidance. Quarantining residents who were exposed to a person with confirmed COVID-19 regardless of vaccination status or previous COVID-19 infection. Quarantining residents who develop symptoms of possible COVID-19. Quarantining residents based on risk assessment. Quarantining new/readmissions with an unknown COVID-19 status who: <ul style="list-style-type: none"> Are NOT fully vaccinated. 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