DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

This document provides reopening guidance to Long Term Care Facilities (LTCFs) that are skilled nursing facilities (SNF) or assisted living residences (ALR). Given the critical importance of preventing COVID-19 from entering or spreading within LTCFs, decisions on relaxing restrictions should be made with careful review of the number of facility-level and community cases, and in consultation with DC Health. Because information is still being gathered on how much the vaccine will affect reduction in disease occurrence, severity, and transmission, and how long it may be protective, **residents and healthcare personnel should continue to follow all current infection prevention and control recommendations to protect themselves and others from COVID-19, regardless of their vaccination status.**

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
Definitions	Confirmed outbreak (as defined in the March 10, 2021 Health Notice: "COVID-19 Outbreak Investigation and Reporting Requirements") **OR** a suspected outbreak as determined by DC Health. **AND** Results from first round of facility-wide testing (i.e. outbreak testing) are still pending **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 March 10, 2021 Health Notice: "COVID-19 Outbreak Investigation and Reporting Requirements")	Confirmed outbreak (as defined in the March 10, 2021 Health Notice: "COVID-19 Outbreak Investigation and Reporting Requirements") **OR** a suspected outbreak as determined by DC Health. **AND** Results from the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility. **AND** Results from subsequent rounds of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility. **PLEASE NOTE**: DC Health must help make this determination.	No new COVID-19 cases in residents or staff for 14 days or as determined by DC Health.
Personal Protective Equipment/Source Control	**ALL residents** should wear face masks or cloth face coverings for source control when: • Outside their room. • Within 6 feet of a roommate and not separated by a barrier such as a curtain. Staff must follow *Required Personal Protective Equipment (PPE) for Healthcare Facilities* AND *Screening in a Healthcare Setting* at, coronavirus.dc.gov/healthguidance. • 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).	Fully vaccinated[1] residents should wear face masks or cloth face coverings for source control when: • Outside their room and not with a group of other fully vaccinated residents. • Anyone enters their room (for direct care or other services, such as cleaning). • Within 6 feet of an unvaccinated roommate and not separated by a barrier such as a curtain. Residents who are immunocompromised[2] (regardless of vaccination status) or NOT fully vaccinated should wear cloth face coverings when: • Outside their room. • 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. Staff must follow *Required Personal Protective Equipment (PPE) for Healthcare Facilities* AND *Screening in a Healthcare Setting* at, coronavirus.dc.gov/healthguidance. • Quarantine-level PPE (gown, gloves, respirators, and eye protection) should be used for residents who had a known exposure to a positive individual.	Fully vaccinated[1] residents should wear face masks or cloth face coverings for source control when: • Outside their room and not with a group of other fully vaccinated residents. • Within 6 feet of an unvaccinated roommate and not separated by a barrier such as a curtain. Residents who are immunocompromised[2] (regardless of vaccination status) or NOT fully vaccinated should wear cloth face coverings when: • Outside their room. • 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. Staff must follow *Required Personal Protective Equipment (PPE) for Healthcare Facilities* AND *Screening in a Healthcare Setting* at, coronavirus.dc.gov/healthguidance.

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[1] **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.

[2] Examples of such immunocompromising conditions likely include, but might not be limited to, receiving chemotherapy for cancer, hematologic malignancies, being within one year from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and taking immunosuppressive medications (e.g., drugs to suppress rejection of transplanted organs or to treat rheumatologic conditions such as mycophenolate and rituximab, receipt of prednisone >20mg/day for more than 14 days.)

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Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
Communal Dining	**Communal dining** is restricted.	**Limited communal dining** is permitted. **Residents who meet the following criteria may eat in the same room:** • Resident must <u>not</u> be from a unit/area experiencing an outbreak. • Resident never tested positive for the virus that causes COVID-19, • Resident was previously positive for the virus that causes COVID-19 **AND** has completed the symptom-based or time-based clearance method Fully vaccinated residents can participate in communal dining without the use of face masks for source control or social distancing provided **no unvaccinated residents are present.** If unvaccinated or vaccinated immunocompromised residents are present, **ALL** residents must maintain social distancing and wear a facemask for source control when not actively eating. **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 being positive for the virus that causes COVID-19 • Currently quarantined due to exposure to or having symptoms of 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 hand hygiene access, 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.).	**Limited communal dining** is permitted. **Residents who meet the following criteria may eat in the same room:** • Resident never tested positive for the virus that causes COVID-19, • Resident was previously positive for the virus that causes COVID-19 **AND** has completed the symptom-based or time-based clearance method Fully vaccinated residents can participate in communal dining without the use of face masks for source control or social distancing provided **no unvaccinated residents are present.** If unvaccinated or vaccinated immunocompromised residents are present, **ALL** residents must maintain social distancing and wear a facemask for source control when not actively eating. **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 being positive for the virus that causes COVID-19 • Currently quarantined due to exposure to or having symptoms of 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 hand hygiene access, 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.).

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Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
Non-Essential Medical Providers	**Exclude all non-essential healthcare personnel** from access to the facility or residence. • Consider telemedicine options as much as possible. 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.	**Allow entry of <u>LIMITED</u> 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 weekly testing (see *staff testing section* on page 7). • 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.	**Allow entry of non-essential healthcare personnel/contractors.** • Consider telemedicine options as much as possible • All non-essential personnel must undergo screening and weekly testing (see *staff testing section* on page 7). • 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.

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Leaving for Medical Reasons	**Avoid non-essential medical visits.**
	
	For essential medical visits outside the facility, ensure
	• residents who must leave the facility wear their cloth face coverings (or a facemask) whenever leaving the facility
	• the receiving medical facility is notified about the facility outbreak prior to arrival
		<u>LIMIT</u> 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 are not required to quarantine upon return, regardless of vaccination status, unless they were exposed to a person with confirmed COVID-19.
		  ○ Residents who leave the facility for medical appointments **AND** engage in <u>any</u> 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.
		• Travel for COVID-19 positive residents should be provided by medical transport, with prior notification.
			Allow all non-essential medical visits.
			• Residents may leave the facility for routine/elective medical appointments with the following considerations:
			  ○ Residents are not required to quarantine upon return, regardless of vaccination status, unless they were exposed to a person with confirmed COVID-19.
			  ○ Residents who leave the facility for medical appointments **AND** engage in <u>any</u> 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.
			• Travel for COVID-19 positive residents should be provided by medical transport, with prior notification.

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Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase

Non-medical personal care services	**Non-medical personal care services are restricted.**	**Limited non-medical personal care services that are provided within the facility** are permitted for residents on units/areas not experiencing an outbreak (see additional criterial below).
		• Strongly consider routine weekly testing of non-medical personal care service personnel who have not been fully vaccinated.
		
		For non-medical care services that occur outside the facility, see the "*Outings*" section on page 6).
		
		Permitted personal care services:
		• Barbers
		• Hairdressers
		• Non-medical nail care (manicures, pedicures, acrylics, etc.)
		
		Residents who meet the following additional criteria should not undergo personal care services:
		• Currently isolated due to COVID-19.
		• Currently quarantined because of exposure to or exhibiting symptoms consistent with COVID-19.
		
		Screen all personnel at the beginning of their shift for fever and 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:
		• Resident use of cloth face covering or face mask is required.
		• Non-medical personnel use of cloth face covering or face mask 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.
			Non-medical personal care services that are provided within the facility are permitted.
			
			For non-medical care services that occur outside the facility, see the "*Outings*" section on page 6).
			
			Residents who meet the following criteria should not undergo personal care services:
			• Currently isolated due to COVID-19,
			• Currently quarantined because of exposure to or exhibiting symptoms consistent with COVID-19.
			
			Screen all personnel at the beginning of their shift for fever and 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:
			Resident use of cloth face covering or face mask is required.
			• Non-medical personnel use of cloth face covering or face mask 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.

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
On-Site Group Activities	**Group activities are not permitted.**	**Limited on-site group activities** can occur within the facility or the facility's boundary. **Residents who meet the following criteria may be physically present during group activities**: • Resident must <u>not</u> be from a unit/area experiencing an outbreak. • Resident never tested positive for the virus that causes COVID-19, • Resident was previously positive for the virus that causes COVID-19 **AND** has completed the symptom-based or time-based clearance method **Fully vaccinated** residents (who meet the above criteria) can participate in on-site group activities without the use of face masks for source control or social distancing provided <u>no unvaccinated residents are present.</u> **If unvaccinated or vaccinated immunocompromised residents are present, <u>ALL</u>** residents must maintain social distancing and wear a facemask for source control. **Group** size and activity space must allow for social distancing when required. **Residents who meet the following criteria should not physically* be present for group activities:** • Currently isolated due to COVID-19 • Currently quarantined because of exposure to or exhibiting symptoms consistent with 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 a cloth face covering or medical facemask, ensure ample hand hygiene access, 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 may be physically present during group activities:** • Resident never tested positive for the virus that causes COVID-19, • Resident was previously positive for the virus that causes COVID-19 **AND** has completed the symptom-based or time-based clearance method **Fully vaccinated** residents can participate in on-site group activities without the use of face masks for source control or social distancing provided <u>no unvaccinated residents are present.</u> **If unvaccinated or vaccinated immunocompromised residents are present, <u>ALL</u>** residents must maintain social distancing and wear a facemask for source control. **Group** size and activity space must allow for social distancing when required. **Residents who meet the following criteria should not physically* be present for group activities:** • Currently isolated due to COVID-19 • Currently quarantined because of exposure to or exhibiting symptoms consistent with 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 a cloth face covering or medical facemask, ensure ample hand hygiene access, 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.).

Resident Outings/Field Trips	Resident outings and field trips are not permitted.	<u>LIMITED</u> resident outings and field trips are permitted. • Residents **who are not on a unit/area experiencing an outbreak** may leave the facility for non-medical community activities with the following guidelines: o Residents and those accompanying them must: ▪ Wear a mask during the entire outing (if possible) and maintain social distancing while outside the facility. ➢ If the resident is fully vaccinated, they can choose to have close contact (including touch) with others in the community while wearing a well-fitting face mask. If taking a walk outdoors and not in close contact with the community, source control (face mask) is not needed. ➢ Fully vaccinated residents visiting friends or family that are also fully vaccinated, may choose to interact without source control or physical distancing. ➢ Physical touch for an extended period of time with those either unvaccinated or of unknown vaccination status should be avoided. ➢ Immunocompromised residents should wear a mask and maintain social distancing at all times, 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. o Residents and family members should be educated about potential risks of public settings and to avoid crowded, poorly ventilated areas. o Upon return: ▪ **All** residents must be screened for signs & symptoms of COVID-19. ▪ A resident risk assessment to evaluate the need for quarantine is required for: ➢ 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. o **If a risk assessment is completed, residents determined to have participated in a higher risk activity are required to quarantine.**	Resident outings and field trips are permitted. • Residents may leave the facility for non-medical community activities with the following guidelines: o Residents and those accompanying them must: ▪ Wear a mask during the entire outing (if possible) and maintain social distancing while outside the facility. ➢ If the resident is fully vaccinated, they can choose to have close contact (including touch) with others in the community while wearing a well-fitting face mask. If taking a walk outdoors and not in close contact with the community, source control (face mask) is not needed. ➢ Fully vaccinated residents visiting friends or family that are also fully vaccinated, may choose to interact without source control or physical distancing. ➢ Physical touch for an extended period of time with those either unvaccinated or of unknown vaccination status should be avoided. ➢ Immunocompromised residents should wear a mask and maintain social distancing at all times, 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. o Residents and family members should be educated about potential risks of public settings and to avoid crowded, poorly ventilated areas. o Upon return: ▪ **All** residents must be screened for signs & symptoms of COVID-19. ▪ A resident risk assessment to evaluate the need for quarantine is required for: ➢ 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. o **If a risk assessment is completed, residents determined to have participated in a higher risk activity are required to quarantine.**

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		The **"Risk Assessment for Community Visits"** can be found at coronavirus.dc.gov/healthguidance.	The **"Risk Assessment for Community Visits"** can be found at coronavirus.dc.gov/healthguidance.
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 or positive within the previous 90 days) 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.	Testing of all residents in the facility continues every 3-7 days, regardless of vaccination status (excluding those isolated due to positive COVID-19 status at time of specimen collection or positive within the previous 90 days)	Routine testing of all residents (for surveillance or outbreak purposes) is not required if: • ≤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	Test any resident as needed who meet the following criteria: • Showing possible signs or symptoms of COVID-19 • Exposed to another resident, staff or visitor who was confirmed to have COVID-19 • Those who are less than 90 days from discontinuation of isolation due to COVID-19 and develop new symptoms of COVID-19 should be evaluated by an HCP for testing	Test any resident as needed who meet the following criteria: • Showing possible signs or symptoms of COVID-19 • Exposed to another resident, staff or visitor who was confirmed to have COVID-19 • Those who are less than 90 days from discontinuation of isolation due to COVID-19 and develop new symptoms of COVID-19 should be evaluated by an HCP for testing	Test any resident as needed who meet the following criteria: • Showing possible signs or symptoms of COVID-19 • Exposed to another resident, staff or visitor who was confirmed to have COVID-19 • Those who are less than 90 days from discontinuation of isolation due to COVID-19 and develop new symptoms of COVID-19 should be evaluated by an HCP for testing
Testing staff	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 who are less than 90 days from discontinuation of isolation due to positive COVID-19 status).	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 who are less than 90 days from discontinuation of isolation due to positive COVID-19 status).	Weekly PCR testing of staff is required for: • Those who are not vaccinated • Those who are partially vaccinated (<2 weeks following receipt of the second dose in a 2-dose series, or <2 weeks following receipt of one dose of a single-dose vaccine) • Those who are >90 days from discontinuation of isolation due to having had a positive COVID-19 status AND partially or not vaccinated
	PLEASE NOTE: The COVID-19 vaccine will not result in a false positive PCR or antigen test. An individual who tests positive for COVID-19 infection must follow the same guidelines as any other positive individual regardless of vaccination status. Additionally, all positives diagnostic tests, regardless of testing method, must be treated as true positives despite any subsequent negative test results obtained through any other testing method. For more information please see: ***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, Personal Protective Equipment, 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		

Activity	Outbreak Initiation Phase	Controlled Outbreak Phase	No Outbreak Phase
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 (no need to report residents who are transferred into your facility with laboratory-confirmed COVID-19) **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 ALFs do not have the same federal requirement to report to NSHN 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 (no need to report residents who are transferred into your facility with laboratory-confirmed COVID-19) **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 ALFs do not have the same federal requirement to report to NSHN 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 (no need to report residents who are transferred into your facility with laboratory-confirmed COVID-19) **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 ALFs do not have the same federal requirement to report to NSHN as nursing homes, their participation is encouraged.

Plan to manage new admissions	Dedicate space for cohorting and managing care for the following:
	• Isolating residents with COVID-19
	• Quarantining new/readmissions with an unknown COVID19 status who:
	  o Are **NOT** fully vaccinated.
	  o Have **NOT** recently recovered from a confirmed COVID-19 infection within the last 90 days.
	  o Have been exposed to a person with confirmed COVID-19 regardless of vaccination status.
	  o Are being transferred or admitted from an area or facility with a confirmed COVID-19 outbreak.
	• Quarantining residents who develop symptoms.
	• Quarantining residents based on risk assessment.
	
	Have plans in place to dedicate staff for cohorting and managing care for each of the following:
	• Residents isolated for COVID-19 **AND**
	• New/readmissions requiring quarantine. **AND**
	• Residents quarantined for possible symptoms of COVID-19
	
	Facilities must verify vaccination status before quarantine is deferred.
	• Acceptable forms of verification include:
	  o Documentation in the medical record,
	  o CDC vaccination card.
	• **Verbal statement of vaccination must not be accepted.**
		Dedicate space for cohorting and managing care for the following:
		• Isolating residents with COVID-19
		• Quarantining new/readmissions with an unknown COVID19 status who:
		  o Are **NOT** fully vaccinated.
		  o Have **NOT** recently recovered from a confirmed COVID-19 infection within the last 90 days.
		  o Have been exposed to a person with confirmed COVID-19 regardless of vaccination status.
		  o Are being transferred or admitted from an area or facility with a confirmed COVID-19 outbreak.
		• Quarantining residents who develop symptoms.
		• Quarantining residents based on risk assessment.
		
		Have plans in place to dedicate staff for cohorting and managing care for each of the following:
		• Residents isolated for COVID-19 **AND**
		• New/readmissions requiring quarantine. **AND**
		• Residents quarantined for possible symptoms of COVID-19
		
		Facilities must verify vaccination status before quarantine is deferred.
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		  o Documentation in the medical record,
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			  o Have **NOT** recently recovered from a confirmed COVID-19 infection within the last 90 days.
			  o Have been exposed to a person with confirmed COVID-19 regardless of vaccination status.
			  o Are being transferred or admitted from an area or facility with a confirmed COVID-19 outbreak.
			• Quarantining residents who develop symptoms.
			• Quarantining residents based on risk assessment.
			
			Have plans in place to dedicate staff for cohorting and managing care for each of the following:
			• Residents isolated for COVID-19 **AND**
			• New/readmissions requiring quarantine. **AND**
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			Facilities must verify vaccination status before quarantine is deferred.
			• Acceptable forms of verification include:
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