

## Coronavirus 2019 (COVID-19): Guidance for Community Residence Facilities

This document provides best practice recommendations for community residence facilities (CRF) for people who are elderly and physically disabled (Chapter 34), with intellectual disabilities (Chapter 35) or with a mental health diagnosis (Mental Health CRF). **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.** This guidance is not intended for intermediate care facilities, nursing homes or assisted living facilities. For guidance on these other settings, please visit [coronavirus.dc.gov](https://coronavirus.dc.gov).

### **EVERYDAY PREVENTION MEASURES FOR PERSONS LIVING IN CRF**

- **Stay at home if you are sick** or meet criteria to quarantine<sup>1</sup> due to exposure to someone with COVID-19
  - You must not go to work and should separate yourself from others in the home.
  - Also notify your direct care staff<sup>2</sup> so appropriate precautions can be taken.
- **Practice social distancing as much as possible.** Keep six (6) feet of distance between you and other people **who are not living in your household.**
- **Well-fitting masks or respirators should be worn when persons supported are:**
  - Outside the home when indoors around people who are **not up to date**<sup>3</sup> with their COVID-19 vaccine or with unknown vaccination status.
  - Outside the home when in crowded or poorly ventilated indoor spaces.
  - Experiencing symptoms of possible COVID-19, positive for COVID-19, or under quarantine due to COVID-19 exposure, and are around others in the home
  - Inside the home whenever **in the presence of those NOT living in their household** (regardless of vaccination status or personal history of COVID-19 infection for anyone present)
- A mask is not a substitute for social distancing.
- **Clean hands** often with soap and water or alcohol-based hand sanitizer.

### **CONSIDERATIONS FOR COMMUNITY OUTINGS FOR PERSONS LIVING IN CRF**

- **Before engaging in community outings**, people living in CRF should work with their support team and interdisciplinary team to develop a person-centered plan to mitigate risk.
- **When deciding to go out into the community:**
  - Outdoor activities are preferred over indoor activities.
  - Crowded places and indoor spaces with poor ventilation should be avoided.
  - Interacting with groups of people that include individuals who are unvaccinated or with unknown vaccination status increases risk, especially in the absence of masking or social distancing.

### **CONSIDERATIONS FOR PERSONS LIVING IN A CRF WHO ARE UP TO DATE<sup>3</sup> ON THEIR COVID-19 VACCINE**

#### **Persons supported who are up to date on their COVID-19 vaccine MAY:**

- Participate in **normal activities** with members of their residence without the need to wear a mask or social distance
- Attend **outdoor gatherings** that include people from outside their residence without the need to

<sup>1</sup> For more information about quarantine see *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance)

<sup>2</sup> **Direct care staff:** Includes all staff who have direct contact and provide care or services to persons living in CRFs

<sup>3</sup> A person is considered **up to date** after they have received all recommended doses of the COVID-19 vaccine, including booster doses as applicable.

wear a mask or social distance

- Participate in a gathering of people who are all up to date on their COVID-19 vaccines (may include people from outside their residence) in an **indoor private setting** without the need to wear a mask or social distance.
- Persons supported who are up to date on their COVID-19 vaccine should continue to follow everyday precautions (e.g., wearing a mask and social distancing from people from outside their residence) **in all indoor settings outside their home** (e.g., restaurants, stores, places of worship, offices, schools).
- **NOTE: If a person supported is NOT up to date on their COVID-19 vaccine OR is immunocompromised, they should continue taking all the same precautions as unvaccinated people (such as masking, social distancing, avoiding crowds, and avoiding poorly ventilated indoor spaces).**
  - People who are immunocompromised may not be fully protected even if they are up to date on their COVID-19 vaccine.

### PREVENT THE INTRODUCTION OF COVID-19 INTO THE CRF

- **Require each person entering the CRF to perform hand hygiene** with alcohol-based hand-rub (ABHR) with at least 60% alcohol or with soap and water for at least 20 seconds.
- **All direct care staff<sup>2</sup> must be screened before entering the CRF:**
  - **Direct care staff who are feeling sick or meet criteria to quarantine must not enter the CRF.**
  - **Fever screen:** Those with a subjective or objective ( $\geq 100^{\circ}\text{F}$ ) fever must not be permitted into the residence and must follow up with their healthcare provider.
  - **Symptom check questionnaire:** Those with cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, nasal congestion or runny nose, nausea, vomiting, or diarrhea must not be permitted into the residence and should follow up with their healthcare provider. See **Screening Tool Guidance** at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).
  - **Please note**, if there are direct care staff that are sick and live at the residence, they must self-isolate and notify their supervisor to ensure appropriate staffing.
  - CRFs should follow guidance on **Screening in a Healthcare Setting** at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).
- **Encourage and support staff to get the COVID-19 vaccine** (including boosters and extra doses as needed) by providing leave options for vaccination and for if they experience common side effects.
- **Actively encourage sick direct care staff to stay home.** Inform all direct care staff in writing that they must not come to work if sick. Inform them of applicable paid leave provisions. Implement leave policies that are flexible and non-punitive and allow sick direct care staff to stay home.
  - Leave policies are recommended to account for the following:
    - Employees who report COVID-19 symptoms
    - Employees who are isolating due to testing positive for COVID-19
    - Employees who have been tested for COVID-19 (for reasons including symptoms, travel, or exposure) and are awaiting test results
    - Employees who need to quarantine due to close contact with someone who tested positive for COVID-19
    - Employees who need to stay home with their children if there are school or childcare closures, or to care for sick family members
    - Employees who need to get a COVID-19 vaccine,
    - Employees who are experiencing side effects from the COVID-19 vaccine.
- Learn about and inform your employees about COVID-related leave provided through new federal

law, the Families First Coronavirus Response Act (FFCRA) and all applicable District law relating to sick leave.

- **Direct care staff must continue to socially distance from co-workers and others in the home, when not providing care or support that requires close contact.**
- **Facilities must perform screening for any visitors or non-medical service providers before they enter the CRF.**
  - **Fever screen:** Those with a subjective or objective ( $\geq 100.4^{\circ}\text{F}$ ) fever must not be permitted into the residence.
  - **Symptom check questionnaire:** Those with cough, shortness of breath, difficulty breathing, fever or chills, fatigue, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea must not be permitted into the residence.
  - **Exposure check:** Those who have had prolonged close contact (i.e., within 6 feet for cumulative 15 minutes or more) with someone with confirmed COVID-19 while they were infectious during the previous the past 14 days must not be permitted into the residence.
  - CRFs should follow guidance on **Screening in a Healthcare Setting** at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).

### **Visitation in the facility**

- **All visitors must wear a mask while inside the home, regardless of vaccination status or personal history of COVID-19 infection.**
- It may be necessary to schedule visitors to ensure the number of visitors can be safely accommodated and that appropriate social distancing can be maintained.
- Outdoor visitation remains the safest option.
- If visitation occurs inside the residence, visits should take place in a well-ventilated area away from other people.
- The safest approach is for everyone to wear masks and maintain social distancing.
- Masking and social distancing are not required for **visitation** if all of the following are true:
  - The person supported is up to date<sup>3</sup> on their COVID-19 vaccine.
  - The visitors are verified to be up to date on their COVID-19 vaccine.
  - The visitation occurs away from other people in the facility.
  - **NOTE:** If a person supported is NOT up to date on their COVID-19 vaccine OR is immunocompromised, they should continue taking all the same precautions as unvaccinated people (such as masking, social distancing, avoiding crowds, and avoiding poorly ventilated indoor spaces).
- Visitors (regardless of vaccination status) should wear a mask at all times when visiting a person supported who is unvaccinated, partially vaccinated, or **not** up to date on their COVID-19 vaccine.
- **Persons supported who have symptoms of COVID-19, who are required to quarantine due to exposure to COVID-19, or who are isolated for COVID-19 infection, must not participate in visitation.**
- **Facilities must maintain a daily record of external visitors and staff for at least 30 days to facilitate contact tracing.**

### **PREVENT THE SPREAD OF COVID-19 WITHIN THE CRF**

- **Implement source control measures**
  - All direct care staff must wear a well-fitting mask or respirator while in the facility or any alternative setting where patient care services are provided.
  - Direct care staff must follow guidance, including eye protection<sup>4</sup> (i.e., goggles or face shields), as outlined in **Required Personal Protective Equipment (PPE) for Healthcare**

<sup>4</sup> Safety glasses are not recommended for use as eye protection for infection control purposes as they provide impact protection, but not the same level of splash or droplet protection as goggles.

**Facilities** at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).

- Any person living in the home who is experiencing symptoms of possible COVID-19, is isolated for COVID-19, or is quarantined for exposure to a person with confirmed COVID-19, must wear a mask if they need to be around others in the home. **Masks must not be placed on anyone unconscious, incapacitated, or otherwise unable to remove the mask without assistance.**
- Avoid aerosol-generating procedures when possible (e.g., switch nebulizer treatments to metered-dose inhalers).
- **Facilities must provide supplies necessary to adhere to recommended infection prevention and control practices.**
  - Direct care staff must wear gloves during activities where standard or transmission-based precautions are indicated. Extended use of gloves during normal interactions should be avoided as it may spread germs and prevent appropriate hand hygiene.
    - If gloves are worn, they must be changed when soiled, between individuals, and as indicated after care activities (such as toileting).
    - Hand hygiene must be performed before and after putting on and removing gloves.
- **Rapidly identify and properly respond to persons living in the CRF with suspected or confirmed COVID-19.**
  - Facilities must identify space where COVID-19 related isolation or quarantine can occur.
  - As much as possible, limit direct care staff assigned to care for persons with known or suspected COVID-19, in order to decrease the risk of the virus spreading to others in the household.
  - COVID-19 positive or quarantined persons supported who need to leave the home for medical services should work with their provider team to ensure safe transport can be arranged. Transport should not be via public transportation or taxis/rideshares.
  - Persons with laboratory-confirmed COVID-19 who have not been cleared from isolation, and persons under quarantine, should only leave the residence for essential medical needs (i.e., dialysis), with prior notification of the receiving facility.
  - In accordance with, [DCMR Chapter 22B 201.1\(ff\)](#), [201.1 \(gg\)](#) and [208.2](#) cases of COVID-19 cases must be reported to Department of Behavioral Health or Department of Disability Services (whichever agency oversees your facility).

### **MAINTAIN ROBUST INFECTION CONTROL PRACTICES**

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

who are medically cleared and fit tested through their employer's respiratory protection program.

- Consider designating staff responsible for stewarding these supplies and monitoring and providing “just-in-time” feedback to promote appropriate use by staff.
- More information is available in **Required Personal Protective Equipment (PPE) for Healthcare Facilities** at [coronavirus.dc.gov/healthguidance](https://coronavirus.dc.gov/healthguidance).

### CONSIDERATIONS FOR SURVEILLANCE TESTING

- **DC Health does not recommend weekly testing of all persons living in CRF for the elderly and physically disabled<sup>5</sup> or for persons with intellectual disabilities<sup>6</sup> unless there is a specific reason to do so (such as an ongoing outbreak within a specific facility).**
  - Testing of asymptomatic persons in CRFs will be determined on a case-by-case basis.
- **Individual CRFs may consider having their staff undergo weekly surveillance testing, but it is currently not required.**
  - This should be determined based on the type of care being provided (such as the level of close contact between the staff and the person receiving care) and the risk level of the person receiving care.
  - Surveillance testing (i.e., non-outbreak testing) of direct care staff who are up to date on their COVID-19 vaccine is not recommended.
- **Persons in the residence should contact their medical provider if they display symptoms of a COVID-19 infection or have concerns about exposure.**
- **Outbreak testing, when needed, will be determined on a case-by-case basis and directed by DC Health.**

The guidelines above will continue to be updated as the situation evolves. Please visit [coronavirus.dc.gov](https://coronavirus.dc.gov) regularly for the most current information.

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<sup>5</sup> Chapter 34 Community residence facilities for the elderly and physically disabled.

<sup>6</sup> Chapter 35 Community residence facilities for individuals with intellectual disabilities.